

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD PART 1 MEETING

30 NOVEMBER 2016, 14:00, SEMINAR ROOM 6, ROYAL BLACKBURN HOSPITAL

AGENDA

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

OPENING MATTERS				
TB/2016/310	Chairman's Welcome	Chairman	v	14.00
TB/2016/311	Open Forum To consider questions from the public	Chairman	v	14.05
TB/2016/312	Apologies To note apologies.	Chairman	v	14.20
TB/2016/313	Declarations of Interest To note any new declarations of interest from Directors.	Company Secretary	v	
TB/2016/314	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 26 October 2016	Chairman	d✓	
TB/2016/315	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2016/316	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	
TB/2016/317	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	14.30
TB/2016/318	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d✓	14.40
QUALITY AND SAFETY				
TB/2016/319	Patient Story To receive and consider the learning from a patient story.	Director of Nursing	p	14.50
TB/2016/320	Corporate Risk Register To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Medical Director	d✓	15.00
TB/2016/321	Board Assurance Framework To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Medical Director	d✓	15.05
TB/2016/322	Serious Incidents Requiring Investigation Report To receive information in relation to incidents in month or that may come to public attention in month and be aware of the associated learning.	Medical Director	d✓	15.10
STRATEGY				
TB/2016/323	Sustainability and Transformation Plan	Chief Executive	d✓	15.20

TB/2016/324	Information Technology Management Strategy Implementation Progress Report	Acting Director of Finance	p	15.40
ACCOUNTABILITY AND PERFORMANCE				
TB/2016/325	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: <ul style="list-style-type: none"> • Performance • Quality • Finance • HR • Safer Staffing • Consultant Job Planning Exception Report 	Executive Directors	d✓	15.50
GOVERNANCE				
TB/2016/326	Finance and Performance Committee Update Report To note the matters considered by the Committee in discharging its duties (October 2016)	Committee Chair	d✓	16.05
TB/2016/327	Quality Committee Update Report To note the matters considered by the Committee in discharging its duties (October and November 2016)	Committee Chair	d✓	16.10
TB/2016/328	Remuneration Committee Update Report To note the matters considered by the Committee in discharging its duties	Committee Chair	d✓	16.20
TB/2016/329	Trust Board Part Two Update Report To note the matters considered by the Committee in discharging its duties (September and October 2016)	Chairman	d✓	16.30
FOR INFORMATION				
TB/2016/330	Any Other Business To discuss any urgent items of business.	Chairman	v	16.35
TB/2016/331	Open Forum To consider questions from the public.	Chairman	v	16.40
TB/2016/332	Board Performance and Reflection To consider the performance of the Trust Board, including asking: <ul style="list-style-type: none"> • Has the Board focussed on the appropriate agenda items? Any item(s) missing or not given enough attention? • Has the Board agenda the correct balance between formulating strategy and holding to account? • Is the Board shaping a healthy culture for the Board and the organisation? • Is the Board informed of the external context within which it must operate? • Are the Trust's strategies informed by the intelligence from local people's needs, trend and comparative information? • Does the Board give enough priority to engagement with stakeholders and opinion formers within and beyond the organisation? 	Chairman	v	16.55
TB/2016/333	Date and Time of Next Meeting Wednesday 25 January 2016, 14.00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.	Chairman	v	16.50

TRUST BOARD PART ONE REPORT

Item **314**

30 November 2016

Purpose Action

Title Minutes of the Previous Meeting

Author Miss K Ingham, Minute Taker

Executive sponsor Mr P Rowe, Vice Chariman

Summary:

The draft minutes of the previous Trust Board meeting held on 26 October 2016 are presented for approval or amendment as appropriate.

Report linkages

Related strategic aim and corporate objective As detailed in these minutes

Related to key risks identified on assurance framework As detailed in these minutes

Impact

Legal Yes Financial No

Maintenance of accurate corporate records

Equality No Confidentiality No

Previously considered by: NA

(314) Minutes of the Previous Meeting

EAST LANCASHIRE HOSPITALS NHS TRUST

TRUST BOARD MEETING, 26 OCTOBER 2016

MINUTES

PRESENT

Mr P Rowe	Non-Executive Director	Chair
Mr M Hodgson	Director of Service Development/Deputy Chief Executive	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Acting Director of Finance	
Miss N Malik	Non-Executive Director	
Mrs C Pearson	Director of Nursing	
Dr D Riley	Medical Director	
Mrs E Sedgley	Non-Executive Director	
Mrs G Simpson	Director of Operations	
Mr D Wharfe	Non-Executive Director	

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Company Secretary	
Mrs C Hughes	Director of Communications and Engagement	
Miss K Ingham	Minute Taker	
Mr B McBride	Caradigm	Observer/Audience
Mr K Moynes	Director of HR and OD	
Mr R Smyth	Associate Non-Executive Director	
Professor M Thomas	Associate Non-Executive Director	
Mr I Johnson	IMS Maxims	Observer/Audience
Mrs S Moorcroft	Pfizer	Observer/Audience
Mr B Todd	Member of the public	Observer/Audience

APOLOGIES

Professor E Fairhurst	Chairman
Mr K McGee	Chief Executive
Mr R Slater	Non-Executive Director

TB/2016/283

CHAIRMAN'S WELCOME

Mr Rowe welcomed Directors and members of the public to the meeting, in particular

Professor Thomas and Miss Malik, who were in attendance at their first Trust Board meeting.

TB/2016/284 OPEN FORUM

Mr Todd commented that Blackburn with Darwen Clinical Commissioning Group (CCG) had agreed a policy whereby older couples who require continuing healthcare following discharge from hospital can remain together in the same home. He asked that the Trust review the policy to ensure that this was the case.

He went on to comment that a number of years ago the Trust had agreed to a request made by the Older Peoples Forum to provide outpatient appointments to people of pensionable age after 9.30am to ensure that they could use free public transport to attend their appointments. He suggested that this no longer seemed to be the case and asked for this decision to be reviewed. Mrs Simpson reported that the vast majority of outpatient appointments were for people aged 65 and over and therefore an appointment after 9.30am was not always possible. She confirmed that patients were able to change their appointment times if the one allocated was not suitable

TB/2016/285 APOLOGIES

Apologies were received as recorded above.

TB/2016/286 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/2016/287 MINUTES OF THE PREVIOUS MEETING

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

TB/2016/253: Corporate Risk Register – Dr Riley confirmed that the correct term that should have been used was 'dose banding' rather than 'drug banding' as recorded in the minutes.

RESOLVED: The minutes of the meeting held on 28 September 2016 were approved as a true and accurate record pending the aforementioned amendment.

TB/2016/288 MATTERS ARISING

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

TB/2016/289

ACTION MATRIX

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

TB/2016/253: Corporate Risk Register – Mrs Bosnjak-Szekeres confirmed that the Terms of Reference for the Doctors in Difficulty had been amended to include a reference to the involvement of a Non-Executive Director.

TB/2016/268: Board Performance and Reflection – Mr Hodgson confirmed that the Lancashire and South Cumbria Sustainability and Transformation Plan (STP) would be made available in the coming days and discussions around public messages could take place following its publication.

RESOLVED: **The position of the action matrix was noted.**

TB/2016/290

INTEGRATED PERFORMANCE REPORT

Mrs Simpson presented the report and highlighted the revised format that is aligned to the Care Quality Commission (CQC) domains. Directors noted that there were specialty areas within the Trust that were struggling to meet the referral to treatment standard, with the main reason for this being the consequences of the junior doctor strike action. Mrs Simpson confirmed that there had been a need to open escalation areas, including surgical day case, which had a negative effect on capacity to meet elective surgery requirements. Delayed transfers of care remain above the threshold and each patient is managed on a case by case basis and work with partners continues to address the broader issues relating to delayed discharges. Mrs Simpson gave an overview of the work that is taking place across the community hospital sites to improve flow and discharges and confirmed that the work was beginning to have a positive effect.

The Trust failed the cancer 62 day target for the reporting month but was on track to meet the target for quarter two of the year. A comprehensive action plan is in place to bring performance back into line.

Performance against the Accident and Emergency 4 hour standard improved by 5% in the month, but it remains a significant challenge, as does the performance against the ambulance handover target. The Trust receives daily performance information for the 4 hour standard and Mrs Simpson confirmed that the Trust was now half way up the Trusts' performance table. Directors noted the actions that had been put in place to improve performance, including the implementation of an Executive Support Team on a 24 hour rota basis to assist with the flow and address performance matters. The team is made up of senior clinicians, nurses and Executive Directors and it is helping to dispel any myths and boost and develop staff's confidence in managing the pressures that are being experienced.

Mr Hodgson suggested and the Board agreed to make a statement thanking staff for their willingness and dedication, particularly those working on the 24 hour shift system.

Mrs Pearson confirmed that nurse staffing remains a challenge and referred Directors to the safer staffing information in the report for further details.

Mr Smyth commented that he had not seen any reference to provision of specific training being offered to staff in the Clostridium Difficile action plan. Mrs Pearson provided an overview of the training requirements in relation to infection prevention and control, she confirmed that this training commences at corporate induction and is tailored to specific staff groups depending upon the areas that they are working in. Core skills training is monitored closely at a corporate level. The Trust has recently taken part in an infection prevention and control collaborative and developed the 'Prompt to Protect' video relating to hand washing

In response to Mrs Sedgley's question about readmissions, Mrs Simpson confirmed that there was no specific information to suggest an issue, however if the level continued to rise in the current month, a detailed piece of work would be carried out to ascertain if there was an issue.

Mr Wharfe commented that there were a range of actions in place to manage and reduce agency costs, but it was difficult to gain an understanding of the effectiveness of the actions. He asked for a breakdown of the impact that each action was having. Dr Riley concurred that the point made by Mr Wharfe was very valid and agreed to present the national standard template to the Board at its next meeting to show a breakdown of the spend, number of shifts requested and the number that had been approved that were outside the capped costs.

Mrs Brown confirmed that the Trust had a deficit financial position of £1,600,000 at the end of September, which was in line with the year-end forecast position. She highlighted the risks to achievement of the required position at the end of March 2017, including the increasing need to use agency staff; risks to the achievement of the performance metrics which would affect the amount of sustainability and transformation funding (STF); and risks to achievement of the Safely Releasing Costs Programme (SRCP).

In response to Mr Rowe's query, Mrs Brown confirmed that the STF monies were paid on a quarterly basis and were dependent on meeting certain targets throughout the year. She confirmed that detailed mitigation plans had been developed and would be implemented if required.

In response to Mr Barnes's question, Mrs Brown reported that Mr McGee chairs the Accident and Emergency Delivery Board where the system issues are discussed and addressed. She confirmed that the Trust would receive resilience funding to manage the winter pressures.

Mr Rowe noted that the Board had received assurance that performance against the cancer

target would be back on track in the coming month.

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

TB/2016/291 WORKFORCE AND ORGANISATIONAL DEVELOPMENT

a) Workforce and Organisational Development Update

Mr Moynes provided a presentation to the Directors in relation to the current structure and work being carried out within the Human Resources (HR) and Organisational Development (OD) function. The presentation included a brief overview of the current make-up of the service; the challenges faced by HR services in the coming years; and the HR and OD related work that is currently being undertaken as part of the Pennine Lancashire programme. He provided an overview of the current Trust workforce including a breakdown based on age, gender and ethnicity profiling. Directors noted the current vacancy and sickness rates as well as the current employment pipeline.

He confirmed that staff engagement had improved significantly in the past three years and that had been reflected in the 2015 staff survey response rate. Directors noted the work that has been undertaken at a corporate level to improve staff engagement and morale.

In terms of staff health and wellbeing, Mr Moynes highlighted the positive work that takes place within the Trust and confirmed that mediation would become the initial route for addressing issues between staff. He reported that there had been significant amounts of work carried out in relation to workforce education and development, including the development of the Trust's leadership and people development programme, although further work was required in these areas.

Further traction is required in relation to the role of the Head of Workforce Transformation and this will be achieved by the development of a team around the role. Mr Moynes provided an update in relation to the role of the Staff Guardian and the work that has been undertaken in relation to the 'Engaging Managers Programme'. Retention of staff continues to be difficult and work is being undertaken to identify and address the contributory factors.

Directors noted that work will continue in encouraging any staff members who are retiring to return to work on a part time basis.

Mr Rowe thanked Mr Moynes for the presentation and the honest account of the work that is ongoing.

Mr Hodgson asked whether, given the recruitment challenges faced by the NHS in terms of recruitment and retention of certain roles, the organisation was considering developing different roles to address the issue. Mr Moynes reported that the Trust had already done this in a small number of areas, such as Ward Based Pharmacists; however, to date it had

been relatively opportunistic. He suggested that the Trust should develop a more strategic approach to the development of roles to address current and future workforce shortages.

In response to Mr Rowe's question, Mr Moynes commented that there was a need to understand the competencies of staff better and how they could be of benefit in redesign and delivery of pathways of care. He suggested that the acid test of success would be to be able to truly work across services and seamlessly co-produce services with partner organisations.

Directors discussed the scoping that was taking place, particularly around veterans and Professor Thomas agreed to meet with Mr Moynes to discuss further the opportunities for working with veterans outside the meeting.

b) Workforce Race and Equality Standard report

Mr Moynes provided an overview of the Workforce Race and Equality Standard report. Directors noted that the report highlighted important issues that the Trust needs to address. Mr Moynes gave a summary of the matters that had been raised by the report including the lack of diversity at senior management and Board level. Mr Moynes drew the Directors' attention to the action plan that had been developed and confirmed that a Black and Minority Ethnic (BME) Big Conversation event was being held on 8 December 2016, which would be opened by Mr McGee and Professor Singh. Miss Malik commented that it is the responsibility of all staff at all levels throughout the organisation to address these issues raised in the report, not just that of the Board. Directors agreed that progress reports would be presented to the Board in January and April 2017.

RESOLVED: Directors received and noted the information provided.
Progress reports on the action plan will be presented to the
January and April 2017 Trust Board meetings.

TB/2016/292 ANY OTHER BUSINESS

Dr Riley reported that the Trust has been accredited for uro-gynaecology excellence and the Trust was one of only 17 Trusts in the country to receive the award. Directors welcomed the news and expressed their congratulations to the team.

TB/2016/293 OPEN FORUM

Mr Todd commented that the Trust discharge patients to appropriate places of care to address physical needs but did not always consider the human needs, such as ensuring that the patient is close to or with their loved ones. Mrs Simpson reported that whilst this may be considered to be the ideal by the patient, it was not always possible due to a range of

reasons beyond the control of the Trust. She confirmed that the placement of patients in residential or nursing care was not within the gift of the Trust, but rather at the discretion of the Local Authority.

Mr Todd persevered in asking that the Trust should agree a policy such as the one adopted by the Blackburn with Darwen CCG that he referred to at the beginning of the meeting. Mr Rowe accepted the comments made, but confirmed that the Trust would be unable to agree to something that it could not deliver. He agreed that the Board would debate the comments made by Mr Todd outside the meeting and make a statement at its January Trust Board meeting.

TB/2016/294 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday, 30 November 2016, 14:00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.

TRUST BOARD REPORT

Item **316**

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
2016/155: Information Technology Management (ITM) Strategy	Regular progress reports on implementation of the ITM Strategy to be presented to the Board to ensure that the Board has a timely debate about the allocation of resources.	Acting Director of Finance	To be advised	Agenda Item November 2016
TB/2016/291b: Workforce And Organisational Development (Workforce Race and Equality Standard report)	Progress reports on the action plan will be presented to the January and April 2017 Trust Board meetings.	Director of HR and OD	January 2017 April 2017	Agenda Items January 2017 April 2017

TRUST BOARD REPORT

Item **318**

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

maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

National Updates

1. **NHS Operational and Contracting Planning Guidance for 2017/18 and 2018/19** - To help the NHS to plan more strategically, [NHS England and NHS Improvement have published this year's planning and contracting guidance](#) three months earlier than normal. For the first time, the planning guidance covers two financial years, to provide greater stability and support transformation. This is underpinned by a two year tariff and two year NHS Standard Contract. It provides local NHS organisations with an update on the national priorities for 2017/18 and 2018/19, as well as updating on longer term financial challenges for local systems.
2. **Engaging local people on Sustainability and Transformation Plans (STPs)** - Building on local engagement already taking place in many parts of the country, NHS England and its partners have published [a new guide](#) setting out how local areas can ensure people and communities are placed at the heart of this work through better engagement and consultation.
3. **NHS England prepares to invest in new inpatient units for mums with mental ill health** - NHS England is preparing to invest in [three new inpatient units for mums with serious mental ill health](#) to help them to stay with their babies. The new Mother and Baby Units (MBUs) will be in East Anglia: Cambridgeshire, Norfolk and Suffolk; the North West: Cumbria and Lancashire; and the South West: Cornwall, Devon and Somerset. The MBUs will provide inpatient support for women and their babies who require hospital care who are experiencing severe mental health crisis. Expanding capacity in MBUs is a key element of [NHS England's transformation programme for perinatal mental health services](#)
4. **NHS England supports World Mental Health Day** - This year's [World Mental Health Day](#) focussed on psychological first aid and the support people can provide to those in distress. NHS England supported the NHS in Brighton and Hove on their [#IAMWHOLE anti-stigma mental health campaign](#) that was launched on the day. The campaign aims to reach out to young people on social media, as well as parents, teachers, employers and services that provide mental health support for young people. On the day, people pledged their support by posting a selfie with the campaign symbol. [Heads Together, a charity campaign](#) fronted by the Duke and Duchess of Cambridge and Prince Harry, held a celebration event to thank people from across the country who had provided psychological and mental health first aid to someone in their time of need. In recognition of the need to accelerate plans for improving mental health services for children and young people, NHS England has

announced that it will be allocating [£25 million out of central budgets to increase funding to frontline services for children](#).

5. **Stay Well This Winter 2016 campaign** - Public Health England (PHE) has launched this year's [Stay Well This Winter campaign](#) with a national flu vaccination programme for children and people who are aged 65 or over, or who have a long term health condition. From early November 2016, the campaign will focus on preparedness to help ease the pressure on accident and emergency services during the winter period. NHS England will be encouraging people to seek advice from pharmacists at the first sign of a winter ailment, make sure that they have their prescription medicines before the Christmas period, and keep their homes warm.
6. **NHS England creates more opportunities for patient and public involvement** NHS England has created [a new Involvement Hub to provide tools, resources, best practice and training linked to patient and public participation](#). The hub is for healthcare commissioners who want further information about participation and patients and the public who want to find out about opportunities to get involved in NHS England's work, and in others parts of the NHS.
7. **NHS England launches biggest upgrade to NHS cancer treatment in 15 years** - NHS England Chief Executive Simon Stevens has announced a [£130 million investment to modernise radiotherapy](#) care across England. This investment follows last year's independent Cancer Taskforce's cancer strategy which identified how the NHS can achieve world-class cancer outcomes and save more lives. The significant improvements made across a number of high-impact areas can be read in our [Achieving world-class cancer outcomes: one year on update](#). Simon Stevens, said: "Up to half of NHS cancer patients who are cured benefit from radiotherapy. We're kick-starting the biggest single upgrade in NHS cancer treatment for at least the last fifteen years. Modern Linacs and software will mean hundreds of thousands of patients across England will now benefit from huge advances in precision cancer treatment."
8. **NHS England invests £42 million to improve pharmacy services** - NHS England has announced [a £42 million Pharmacy Integration Fund \(PhIF\) to support the development of clinical pharmacy practice](#) in primary care settings, focusing on new working practices and digital platforms, with the aim of achieving more integrated and effective NHS primary care for patients. This follows the launch of the [Department of Health's new Community Pharmacy Contractual Framework and associated funding](#), and comprises a package of proposals for 2016- 2018.
9. **Simon Stevens unveils actions to support and expand general practice and primary care** - NHS England Chief Executive Simon Stevens has unveiled [actions to support general practice and primary care to sustain and expand services](#). In line

with the General Practice Forward View, Simon Stevens announced the GP practices who will benefit from NHS England's Estates and Technology Transformation Fund to improve GP premises and technology. He also highlighted the launch of the first stage of delivery of expanded psychological therapies in primary care for patients with long term conditions, and a £5 million scheme to support GPs with indemnity costs for working in GP out of hours services and unscheduled care services during the winter period.

10. **Shared Lives Plus and NHS England join forces to help more people be cared for in a family home** - Shared Lives Plus has announced which five areas have been chosen to receive a share of the £1.75 million investment from NHS England to take forward an [innovative family based initiative to help more people to be cared for in a home, not a hospital](#). The new schemes will focus on reducing length of hospital stays, improving hospital discharges, and reducing unplanned admissions.
11. **NHS England reflects on progress made towards the Five Year Forward View** - This year's Annual General Meeting (AGM) brought together senior NHS leaders to discuss progress made over the last 12 months towards delivering on the Five Year Forward View (FYFV). Reflecting on progress over the last year, NHS England Chief Executive, Simon Stevens talked about the progress made on the agendas towards mental health services, cancer support, GPs and primary care support, and the broader redesign of urgent and emergency care – specifically investing a further £2.4 billion over the next five years for general practice development. [Further information about the AGM can be found on the NHS England website](#).

Local Developments

12. **Two top food Hygiene scores for ELHT Restaurants** - Both restaurants at East Lancashire Hospitals NHS Trust have achieved a five star food hygiene rating from the Food Standards Agency (FSA). Full premises inspections were carried out at Burnley General Hospital and Royal Blackburn Hospital restaurants in October, and both were awarded with the highest number given and a 'very good' status by the FSA. The hospital catering is run by East Lancashire Hospitals NHS Trust's Estates and Facilities Team.
13. **Health and Wellbeing Passport** - A new 'Health and Wellbeing Passport' to help children and young people with a learning disability communicate better with doctors and other health providers has been introduced into East Lancashire Hospitals NHS Trust. Developed by ELHT, NHS Blackburn with Darwen and NHS East Lancashire Clinical Commissioning Groups (CCG), the Health and Wellbeing Passport can help

doctors and nurses who care for children and young people with learning disabilities and/or complex needs know more about the patient, providing a better understanding of the support they require. This makes a visit to the hospital less stressful for child or young person with learning disabilities, as they can find this more emotionally distressing than others.

14. **Hypo Awareness Week Campaign** - The Trust is taking part in a national drive to raise awareness of a condition in people living with diabetes. Hypoglycaemia, also known as a hypo, happens when the blood glucose levels of people with diabetes drop too low and they can feel shaky, unwell and can even slip into a coma. East Lancashire Hospitals is staging a seven-day campaign to raise awareness about, and reduce episodes of, hypoglycaemia as part of Hypo Awareness Week, which runs from Monday 3 to Sunday 9, October 2016.
15. **One of a kind apartment to help neuro rehab patients** - Some of East Lancashire's most seriously injured NHS patients now benefit from the opening of a specially adapted apartment at **Burnley General Hospital's Rakehead Centre**. The stylish 1-bed apartment, built thanks to a £40,000 investment by East Lancashire Hospitals NHS Trust, helps patients with serious neurological problems to live independently in the days before they leave Rakehead Rehabilitation Centre and return to the real world.
16. **Boutique for Breast Cancer patients** - A boutique fitting room is to be created in the new Breast Care Unit at Burnley General Hospital so that women undergoing breast cancer treatment there can leave with "their heads held high", having been fitted with prosthetics but at the same time, been able to view the latest in specialist lingerie, swimwear, wigs and bandanas. Rosemere Cancer Foundation is funding what will be a relaxing environment, showcasing products but designed to help women better cope mentally and emotionally with any physical changes that their breast cancer and its treatment may have brought.
17. **ELHT Elective Centre** - Local NHS patients requiring surgery or minor procedures are expected to welcome the new East Lancashire Elective Centre now open at Burnley General Teaching Hospital. Phase 1 of the new £1 million centre, featuring an additional 14 beds for short stay surgery and a purpose-built procedure room, opened on schedule at the beginning of October.
18. **ELHT Chosen for Faster Diagnosis Standard initiative** - East Lancashire Hospitals NHS Trust (ELHT) has been chosen by NHS England to lead a national pilot scheme to look at ways of **speeding up the diagnosis of cancer**. In partnership with NHS East Lancashire Clinical Commissioning Group and NHS

Blackburn with Darwen Clinical Commissioning Group, ELHT's Cancer Services team will test and evaluate ways to speed up the diagnosis pathway initially for patients referred with suspected **lung** and **upper GI** (oesophageal and gastric) cancers.

19. **ELHT Communications Team Scoop Silver at Regional PR Awards** - The communications team at East Lancashire Hospitals NHS Trust celebrated their silver win at the Chartered Institute of Public Relations (CIPR) North West Pride awards last night (Thursday 3rd November) at the Midland Hotel in Manchester. The team was one of only six to be shortlisted and were recognised in the 'Best Publication' category for their 'Compassionate Care – A Series of Patient Stories' booklet. The publication included first-hand accounts of people's experiences of care from the Trust.
20. **ELHT rises up national research league table** - Almost 1,500 East Lancashire patients received the most advanced care in the NHS last year after participating in pioneering research studies run by staff at East Lancashire Hospitals NHS Trust (ELHT). East Lancs Hospitals performed extremely well in the national annual league table for clinical research, with 1,487 patients taking part in 79 studies in 2015/16, according to the annual Research Activity League Table published by the National Institute of Health Research.
21. **Beverley scoops national award** - Beverley Scragg who works at Burnley General Hospital is part of the Radiography Team of the Year awarded by the Society and College of Radiographers. Beverly has been an integral part of the WoMMeN project which has created an online space where women can speak about breast screening but also interact directly with health professionals. The blogs, information and two way communication is hugely innovative in the world of health care.
22. **National NHS campaign launches in East Lancashire urging people to stay well this winter** - A national campaign to help people in East Lancashire prepare for winter weather has been launched today by NHS England and Public Health England. The message is to Stay Well This Winter and to encourage people most at risk from cold weather, including those with long-term health conditions and the over 65s, to prepare for the lower temperatures.
23. **Alistair wins Building Better Healthcare Award** - Alistair Gray, Clinical Services Lead Pharmacist has scooped his third award of the year. Alistair instigated the Trust's Refer-to-Pharmacy service which won the Award for Best Evaluation or Monitoring Tool at the Building Better Healthcare Awards. Alistair believed that patients in hospital should routinely be referred to their community pharmacist for

post-discharge support with their medicines to ensure they are not re-admitted back in to hospital. Community pharmacists can support patients by ensuring they get the best from their medicines, this is beneficial for those with a long term condition and vulnerable elderly patients using multiple medicines.

Summary and Overview of Board Papers

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

Summary of Chief Executive's Meetings for October 2016

03/10/16	BBC Interview
05/10/16	Public Sector Operating Model Workshop – Chorley
06/10/16	Lancashire Planning Event – Preston
10/10/16	Fortnightly Meeting with M Youlton (East Lancashire CCG) and C Clayton (Blackburn with Darwen CCG)
11/10/16	HSJ Judging Day
12/10/16	Systems Teleconference
12/10/16	Board Development Session
13/10/16	Formal TSG Meeting – Walshaw House, Nelson
13/10/16	CEO Facilitated Session – Preston
14/10/16	Systems Teleconference
17/10/16	A&E Delivery Board Workshop – Walshaw House, Nelson
19/10/16	Healthier Lancashire and South Cumbria Programme Board – Chorley
19/10/16	Pennine Lancashire Transformation Programme System Leaders Forum – Blackburn
20/10/16	NHS Providers Regional Meeting – Wigan
24/10/16	Meeting with Russ McLean
26/10/16	CQC Dinner Invitation – London
27/10/16	Meeting with the Good Governance Institute (GGI) – London
27/10/16	Pennine Lancashire Solution Design Event – Burnley
28/10/16	Meeting with the CCG's and G Jones MP
31/10/16	Systems Teleconference
31/10/16	A&E Delivery Board Chairs – Launch
31/10/16	Team Brief AVH
31/10/16	Team Brief CCH

Summary of Chief Executive's Meetings for November 2016

03/11/16	Systems Teleconference
03/11/16	Meeting between ELHT, ELCCG and GGI – Walshaw House, Nelson
03/11/16	A&E Delivery Board
04/11/16	Jim Mackey and Simon Stevens NHS Planning – Leeds
07/11/16	Systems Teleconference
08/11/16	Urgent Emergency Care Network Group – Chorley
09/11/16	Systems Teleconference
09/11/16	Quality Committee
10/11/16	Systems Teleconference
11/11/16	Systems Teleconference
14/11/16	Systems Teleconference
14/11/16	Meeting with ELHT, ELCCG and Seamus McGirr - RBH
14/11/16	Health and Wellbeing Board Policy Development Session – Blackburn
16/11/16	Pennine Lancashire Transformation Programme System Leaders Forum – Blackburn
17/11/16	Action on A&E, Commissioning for Success – Leeds
18/11/16	Teleconference with Liam Richardson HSJ
21/11/16	Fortnightly Meeting with M Youlton (East Lancashire CCG) and C Clayton (Blackburn with Darwen CCG)
21/11/16	Teleconference with Steven Christian, NHSI
21/11/16	Meeting with Russ McLean
22/11/16	Meeting to discuss progress in the spending and contracting round/local delivery system – Preston
28/11/16	Executive Development Session - RBH
29/11/16	Acute and Specialised Services Meeting - Leyland
29/11/16	Meeting with Hill Dickinson
30/11/16	Trust Board

TRUST BOARD REPORT

Item **320**

30 November 2016

Purpose Action
Monitoring

Title	Corporate Risk Register
Author	Mr N Smith, Risk Manager Mr D Tansley, Associate Director Quality and Safety
Sponsor	Dr D Riley, Medical Director

Summary:

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

Recommendation:

It is recommended that the Board:

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

Report linkages

Related committee aim and duties	Oversight of Corporate Risk Register
	Oversight of Divisional Risk Registers
	Promoting openness and transparency
	Effectiveness of the divisional governance and risk management arrangements
	Effectiveness of corporate governance and risk management processes
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives
	Recruitment and workforce planning fail to deliver the

Trust objectives

Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways

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

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

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Introduction

1. Monthly Risk Assurance Meetings are undertaken and a review of the Corporate Risk Register carried out by the Risk Manager in consultation with the Associate Director of Quality and Safety. The review resulted in future work being identified to ensure consistency of scoring amongst risk owners and following the Patient Safety and Risk Assurance Committee meeting in September 2016 recommended the inclusion of the following risks on the Corporate Risk Register:
 - a) Risk 7017 – Aggregated risk – Failure to meet internal and external activity targets
 - b) Risk 7027 – Aggregated risk – Failure to meet internal and external financial targets
 - c) Risk 1810 – ED Pressures and Flow
 - d) Risk 6095 – Failure to secure timely MH treatment.
2. These risks were subsequently approved by the Quality Committee in October.
3. Risk 6095 was subsequently re-aligned to remain as an ICG risk and added as part of an aggregated risk to 7067.
4. The current Corporate Risk Register is attached at Appendix 1.

Risks to be considered for de-escalation within / from the Corporate Risk Register

5. There are no risks recommended for de-escalation.

Risks to be included on the Corporate Risk Register

6. **7067** - Aggregated Risk - Failure to secure timely mental health (MH) treatment impacts adversely on patient care and safety and quality. Executive lead Gill Simpson. This risk was previously approved by the Quality Committee, however was identified as Risk 6095. This risk is linked to risks:
 - a) 6095 – Failure to secure timely MH treatment
 - b) 2161 – Failure to provide sufficient skilled staffing for the needs of Tier 4 patients on Paediatric Ward
 - c) 4423 – Failure to provide sufficient skilled staffing for Tier 4 patients

Conclusion

7. Members are asked to note the assurances provided in relation to the ongoing management of the Corporate Risk Register and approve the proposed changes to it. A

full review of the Corporate Risk Register will be undertaken with risk leads on a monthly basis. The December review will focus on consistency of scoring of corporate risks.

Appendix 1: Current Corporate Risk Register

Title:	Failure to meet service needs due to lack of trust capacity impacts adversely on patient care				
ID	1810	Current Status	Live Risk Register – all risks accepted	Opened	05/07/13
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 3 Consequence: 3 Total: 9
Risk Handler:	Jill Wild	Risk Owner:	Gillian Simpson	Linked to Risks:	
What is the Hazard:	Lack of capacity across the Trust can lead to extreme pressure resulting in a delayed delivery of the optimal standard of care across departments. At times of extreme pressure this increase in the numbers of patients within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow		What are the risks associated with the Hazard:	Patients being managed on trolleys in the corridor areas of the emergency /urgent care departments impacting on privacy and dignity. Delay in administration of non-critical medication. Delays in time critical patient targets (four hour standard, stroke target) Delay in patient assessment Potential complaints and litigation. Potential for increase in staff sickness and turnover. Increase in use of bank and agency staff to backfill. Lack of capacity to meet unexpected demands. Delays in safe and timely transfer of patients	
What controls are in place:	Daily staff capacity assessment Daily Consultant ward rounds Establishment of specialised flow team Clinical flow teams Delayed discharge teams Clinical flow meetings on a regular basis daily Ongoing recruitment Ongoing discussion with commissioners for health economy solutions ED/UCC/AMU will take stable assessed patients out of the		Where are the gaps in control:	Trust has no control over the number of attendees accessing ED/UCC services	

	trolley space/bed to facilitate putting the unassessed patients in to bed/trolley ED/UCC/AMU will take stable assessed patients out of the trolley space/bed to facilitate putting the unassessed patients in to bed/trolley			
What assurances are in place:	Regular reports to a variety of specialist and Trust wide committees Consultant recruitment action plan Escalation policy and process Monthly reporting as part of Integrated Performance Report Weekly reporting at Exec Team	What are the gaps in assurance:	None identified	
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report
Current planned actions completed				
Notes: Next review 05/12/2016 Actions listed on the risk have been completed and a review of this risk will be scheduled for the next committee meeting.				

Title:	Aggregated Risk – Failure to meet internal and external activity targets in year will result in loss of autonomy for the Trust				
ID	7017	Current Status	Live Risk Register – all risks accepted	Opened	01/09/16
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 3 Consequence: 3 Total: 9
Risk Handler:	John Bannister	Risk Owner:	Gill Simpson	Linked to Risks:	1489 (DCS), 2310 (CEO), 4118 (FC), 6487 (ICG), 6509 (FC), 6893 (ICG)
What is the Hazard:	Non achievement of internal and external activity targets will result in increased external scrutiny and potential special measures		What are the risks associated with the Hazard:	Patient harm due to late/ no treatment Reputation of the Trust Special measures Contractual penalties	
What controls are in place:	Monitoring at Trust, Divisional, Directorate and service level Reporting to commissioners Reporting externally to regulators Data uploads e.g. Hospital Episode Data (HED) Strong monitoring of performance standards		Where are the gaps in control:	Demand for non-elective services impacting on planned service delivery	
What assurances are in place:	Action plans are in place for recovery of exceptions to performance reported on an ongoing basis Close monitoring of planned v actual activity and areas of pressure Continual monitoring and reporting of exceptions to expected performance Performance management processes in place to support appropriate escalation of issues and management of exceptions to expected performance Reviewed at Trust Board meeting and supporting committees Ongoing review at Executive Team meetings weekly		What are the gaps in assurance:		

Actions to be carried out	Action assigned to	Anticipated completion date	Progress Report
As per individual linked risk actions			
Notes: Due for review 05/12/2016 – J.Bannister			

Title:	Aggregated risk – Failure to reduce medical locum costs will adversely impact financial sustainability and patient care				
ID	5790	Current Status	Live Risk Register – All risks accepted	Opened	11/09/15
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 3 Consequence: 3 Total: 9
Risk Handler:	Simon Hill	Risk Owner:	Damian Riley	Linked to Risks:	908 (ICG), 4488 (ICG), 5702 (ICG),5703 (ICG), 6487 (ICG), 6637 (ICG), 6930 (ICG)
What is the Hazard:	Gaps in medical rotas require the use of locums to meet service needs at a premium cost to the Trust		What are the risks associated with the Hazard:	Escalating costs for locums Breach of agency cap Unplanned expenditure Need to find savings from elsewhere in budgets	
What controls are in place:	Divisional Director sign off for locum usage Ongoing advertisement of medical vacancies Consultant cross cover at times of need		Where are the gaps in control:	Availability of medical staff to fill permanent posts due to national shortages in specialties	
What assurances are in place:	Directorate action plans to recruit to vacancies Reviews of action plans and staffing requirements at Divisional meetings Reviews of action plans and staffing requirements at trust Board meetings and Board subcommittees Reviews of plans and staffing requirements at performance meetings		What are the gaps in assurance:		
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Per individual linked risks					
Notes: Data held by HR indicates that staffing costs are increasing since this risk was opened and is being reviewed weekly. Due review 03/12/2016					

Title:	Aggregated risk – Failure to reduce nursing and midwifery agency costs will adversely impact financial sustainability and patient care				
ID	5791	Current Status	Live Risk Register – all risks accepted	Opened	11/09/15
Initial Rating	Likelihood: 3 Consequence: 5 Total: 15	Current Rating:	Likelihood: 3 Consequence: 5 Total: 15	Target Rating:	Likelihood: 4 Consequence: 2 Total: 8
Risk Handler:	Christine Pearson	Risk Owner:	Christine Pearson	Linked to Risks:	3804 (ICG), 4640 (SAS), 4708 (DCS), 5789 (ICG), 6487 (ICG), 6637 (ICG), 6930 (ICG)
What is the Hazard:	Use of agency staff is costly in terms of finance and levels of care provided to patients		What are the risks associated with the Hazard:	Breach of agency cap Agency costs jeopardising budget management	
What controls are in place:	Daily staff teleconference Reallocation of staff to address deficits in skills/numbers Ongoing reviews of ward staffing levels and numbers at a corporate level 6 monthly audit of acuity and dependency to staffing levels Recording and reporting of planned to actual staffing levels E-rostering Ongoing recruitment campaigns Overseas recruitment as appropriate Establishment of internal staff bank arrangements Senior nursing staff authorisation of agency usage Monthly financial reporting		Where are the gaps in control:	Unplanned short notice leave Non elective activity impacting on associated staffing Break downs in discharge planning Individuals acting outside control environment	
What assurances are in place:	Daily staffing teleconference with Director of Nursing 6 monthly formal audit of staffing needs to acuity of patients Exercise of professional		What are the gaps in assurance:		

	judgement on a daily basis to allocate staff appropriately Monthly report at Trust Board meeting on planned to actual nurse staffing levels Active progression of recruitment programmes in identified areas		
Actions to be carried out	Action assigned to	Anticipated completion date	Progress Report
Per individual linked risks			
<p>Notes: Due for review on or before 05/12/2016</p> <p>Agency Support workers have now been restricted in use subject to Director approval.</p>			

Title:	Aggregated Risk – Failure to meet internal and external financial targets in year will adversely impact the Continuity of Service Risk Rating				
ID	7010	Current Status	Live Risk Register – all risks accepted	Opened	25/08/16
Initial Rating	Likelihood: 3 Consequence: 5 Total: 15	Current Rating:	Likelihood: 4 Consequence: 4 Total: 16	Target Rating:	Likelihood: 4 Consequence: 3 Total: 12
Risk Handler:	Allen Graves	Risk Owner:	Michelle Brown	Linked to Risks:	1487 (DCS), 1489 (DCS), 4118 (FC), 6115 (FC), 6229 (ICG), 6230 (ICG), 6487 (ICG), 6509 (FC), 6868 (FC)
What is the Hazard:	Failure to meet the targets will result in the Trust having an unsustainable financial position going forward and the likely imposition of special measures	What are the risks associated with the Hazard:	If Divisions deliver their SRCP and meet their Divisional financial plans the Trust will achieve its agreed control total. Breach of control totals will likely result in special measures for the Trust, adverse impact on reputation and loss of autonomy for the Trust Sustainability and Transformational funding would not be available to the Trust Cash position would be severely compromised		
What controls are in place:	Standing Orders Standing Financial Instructions Procurement standard operating practice and procedures Delegated authority limits at appropriate levels Training for budget holders Availability of guidance and policies on Trust intranet Monthly reconciliation Daily review of cash balances Finance department standard operating procedures and	Where are the gaps in control:	Individual acting outside control environment in place		

	segregation of duties		
What assurances are in place:	Variety of financial monitoring reports produced to support planning and performance Monthly budget variance undertaken and reported widely External audit reports on financial systems and their operation Monthly budget variance undertaken by Directorate and reported at Divisional Meeting Monthly budget variance report produced and considered by corporate and Trust Board meetings internal audit reports on financial system and their operation	What are the gaps in assurance:	
Actions to be carried out		Action assigned to	Anticipated completion date
Progress Report			
Per individual linked risks			
Notes: Due for review on or before 05/12/2016			

Title:	Failure to meet demand in chemotherapy units due to staffing and accommodation will result in treatment breaches preventing safety and quality being at the heart of everything we do				
ID	3841	Current Status	Live Risk Register – all Risks accepted	Opened	04/08/14
Initial Rating	Likelihood: 3 Consequence: 3 Total: 9	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 2 Consequence: 2 Total: 4
Risk Handler:	Deborah Sullivan	Risk Owner:	Gill Simpson	Linked to Risks:	
What is the Hazard:	Capacity pressures in the chemotherapy units at both Blackburn and Burnley sites due to staffing and accommodation issues. Capacity could potentially be unable to meet the demand of the service. This is having a significant effect on staff workload pressures	What are the risks associated with the Hazard:	Due to the increase in the number of patients requiring chemotherapy the chemotherapy units are at risk of being unable to cope with the demand for treatments due to capacity issues. This may result in patients breaching the cancer targets. In addition to the nursing staff, this presents pressure on the administration and reception support within the units. Accommodation in both units is not adequate		
What controls are in place:	All patients are scheduled using the Varian (medical oncology) oncology computer system to schedule chair and nurse time. Nursing and clerical staff work across both sites to ensure and flex to provide adequate cover. Ongoing staff recruitment Development of business case for additional resources.	Where are the gaps in control:	Patient deferrals and unexpected emergency treatment mean the Varian system is not always efficient. Unplanned leave by staff. Lack of flexibility in accommodation Lack of suitably qualified/ experienced applicants for recruitment		
What assurances are in place:	Monitoring of chemotherapy activity is now included in the monthly cancer directorate meeting Monthly meetings taking place with Business manager cancer services, lead Macmillan cancer nurse, and	What are the gaps in assurance:			

	the 2 chemotherapy sisters to monitor position and escalate as required		
Actions to be carried out	Action assigned to	Anticipated completion date	Progress Report
Operational Management Board paper to be considered	Deborah Sullivan	Nov operational delivery board	In progress
Response to be provided to CQC re concern raised	Juliette Mottram	30/09/16	completed
<p>Notes:</p> <p>Due for review on or before 05/12/2016</p> <p>Chemotherapy demand has increased significantly (6,000 cases in 2010 up to 17,000 cases in 2015 with a predicted 10% increase year on year going forward).</p> <p>Whilst we have recruited additional nurse and administration staffing (we have not been in a position to increase our number of chemotherapy chairs due to accommodation constraints The Trust has agreed to fund an additional 'preparation area to support pharmacy . This is due to be operational in early 2017 when staff are recruited.</p> <p>There is an option for BGH – a move into a new area which will provide some additional chairs – part of the re-configuration on the BGH site.</p> <p>Some chemotherapy activity has been sub contracted to the independent sector)</p>			

Title:	Failure to meet ICO requirements will lead to ICO intervention and financial penalties				
ID	6912	Current Status	Live Risk Register – all risks accepted	Opened	04/07/16
Initial Rating	Likelihood: 5 Consequence: 4 Total: 20	Current Rating:	Likelihood: 3 Consequence: 5 Total: 15	Target Rating:	Likelihood: 2 Consequence: 4 Total: 8
Risk Handler:	Frances Murphy	Risk Owner:	Michelle Brown	Linked to Risks:	
What is the Hazard:	Insufficient resources to support current demand for Data Protection / Freedom of Information / Information Governance (including potential litigation) requests have resulted in a number of ICO decision notices.		What are the risks associated with the Hazard:	Current involvement by ICO in a number of FOI and DPA requests escalates to enforcement action / sanctions resulting in potential fines Further decision notices being issued due to poor information governance practice across the Trust. The handling of FOI requests will be moving to the Company Secretariat in quarter 4 and a recovery trajectory will be submitted to the Executive Team to improve the position by the end of quarter 1.	
What controls are in place:	Temporary support for FOI's from Q&S admin staff - unsustainable due to other duties IG structure increased - no alignment to FOI function or other departmental SAR / health record / DPA request functions IG steering group - frequency and attendance are issues SIRO function		Where are the gaps in control:	Annual and unplanned leave arrangements Workload of two staff dealing with FOI does not always allow daily checking and follow up	
What assurances are in place:	Bi- monthly report to IG Steering Group Summary report from IG Steering Group to Patient Safety and Risk Assurance Committee Annual SIRO report to Trust		What are the gaps in assurance:	Occasional cancellation of IG Steering Group	

	Board on Information Governance IG Toolkit Audit annually		
Actions to be carried out	Action assigned to	Anticipated completion date	Progress Report
Review of IG arrangements for FOI, DPA and Access to Health Records	Frances Murphy	30/09/16	Initial draft review is ready but requires finance, IG and Health Records input
Notes: Due for review on or before 05/12/2016			

Title:	Aggregated Risk - Failure to secure timely Mental Health treatment impacts adversely on patient care & safety and quality				
ID	7067	Current Status	Live Risk Register – all risks accepted	Opened	06/10/2016
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 2 Consequence: 3 Total: 6
Risk Handler:	Jill Wild	Risk Owner:	Gillian Simpson	Linked to Risks:	4423 (FC), 2161 (FC) 6095 (ICG)
What is the Hazard:	Mental Health patients with decision to admit may have extended waits for bed allocation.	What are the risks associated with the Hazard:	Impact on 4 hour and 12 hour standards in ED Impact on patient care Risk of harm to other patients Impact on staffing to monitor/ manage patient with MH needs		
What controls are in place:	Frequent meetings to minimise risk between senior LCFT managers and Senior ELHT managers to discuss issues and develop pathways to mitigate risk including; Mental Health Shared care policy, OOH Escalation pathway for Mental health patients, Instigation of 24hrs a day Band 3 MH Observation staff. Ring fenced assessment beds within LCFT bed base (x1Male, x1Female). In Family Care – liaison with ELCAS	Where are the gaps in control:	Unplanned demand ELCAS only commissioned to provide weekday service Limited appropriately trained agency staff available		
What assurances are in place:	Ongoing meetings with LCFT and commissioners Regular review at Divisional and Executive team level	What are the gaps in assurance:			
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Per linked risks					
Notes: For review on or before 30/11/16					

Title:	Aggregated Risk – Failure to deliver stroke care within national guidance will adversely impact patient care and attract financial penalties				
ID	6828	Current Status	Live Risk Register – All risks accepted	Opened	03/05/16
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 2 Consequence: 3 Total: 6
Risk Handler:	Nick Roberts	Risk Owner:	Gill Simpson	Linked to Risks:	2051 (DCS), 6893 (ICG) 2256 (ICG)
What is the Hazard:	Lack of capacity combined with a model focused on inpatient care is leaving some patients without the level of quality care expected Therapy services do not meet the recommended levels of intervention in terms of frequency, intensity and range of service deliveries.		What are the risks associated with the Hazard:	Compliance against the quality indicators within SSNAP Care is provided below the standard expected by non-stroke specialists and will impact on patient outcome. Lack of therapy support leads impacts on outcomes, clinical flow, length of stay & performance	
What controls are in place:	Ongoing monitoring of SSNAP data Ongoing identification, and where possible, transfer of stroke patients not on stroke unit. Prioritisation of stroke services by therapies staff		Where are the gaps in control:	Unplanned demands for service	
What assurances are in place:	Monitoring through Stroke Steering Group Reporting to Operational Delivery Board Reporting to Divisional Quality and Safety Board		What are the gaps in assurance:		
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Per linked risks					
Notes: Reviewed by Dr Roberts. Due next review 20/12/2016					

Title:	Failure to meet HIMOR standards in staff residences at RBH adversely impacts the financial position and workforce				
ID	5180	Current Status	Live Risk Register – All Risks Accepted	Opened	29/04/15
Initial Rating	Likelihood: 5 Consequence: 4 Total: 20	Current Rating:	Likelihood: 4 Consequence: 4 Total: 16	Target Rating:	Likelihood: 2 Consequence: 4 Total: 8
Risk Handler:	Jim Maguire	Risk Owner:	Gill Simpson	Linked to Risks:	
What is the Hazard:	Failure to meet the HIMOR (Housing (Management of Houses in Multiple Occupation) Regulations 1990) in the staff residence buildings at Royal Blackburn Hospital will impact on the Trust's achievement of a sustainable financial position and its ability to develop and deliver a safe, competent workforce.		What are the risks associated with the Hazard:	The current residences do not meet the regulations under which accommodation must be provided to medical students on placement. This could result in: <ul style="list-style-type: none">• loss of accreditation to provide medical training• breach of statutory obligations• financial penalties• damage to reputation of the Trust.	
What controls are in place:	Faults are reported to BBW. Highlighted to head of Estates that action needs to be taken to rectify these faults immediately.		Where are the gaps in control:		
What assurances are in place:			What are the gaps in assurance:		
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Accommodation upgrade		Heather Henderson	November 2016	Funding allocated to achieve priority repairs by November 2016 Work commenced May 2016	
Notes: Priority work is due to be completed by the end of November 2016. Once complete, the risk will be reviewed to establish if it can be lowered in score. Due for review on or before 30/11/16.					

Title:	Failure to provide refurbished ward areas due to delays in refurbishment programme impacting on regulatory, contractual & national performance targets				
ID	1660	Current Status	Live Risk Register – all risks accepted	Opened	17/10/12
Initial Rating	Likelihood: 5 Consequence: 4 Total: 20	Current Rating:	Likelihood: 4 Consequence: 4 Total: 16	Target Rating:	Likelihood: 3 Consequence: 4 Total: 12
Risk Handler:	Jim Maguire	Risk Owner:	Gill Simpson	Linked to Risks:	
What is the Hazard:	Failure to gain access to patient occupied areas for a set period of time without patients being present will not allow PFI partners access to undertake statutory maintenance work, additional refurbishment work and Trust cleaning programs to be undertaken. Failure to undertake the refurbishment programme at the Royal Blackburn Hospital site will impact on the Trust's ability to achieve regulatory, contractual and national performance targets and achieve a sustainable financial position.		What are the risks associated with the Hazard:	Backlog maintenance continues to increase having a long and medium term impact on the physical estate and environment and implications for the PFI contract. Failure to implement the refurbishment programme may lead to suboptimal environments for the delivery of care and an inability to demonstrate compliance with regulatory and contractual requirements. This will impact on the delivery of care, trust performance, the imposition of financial penalties and reputational damage and may result in a requirement to derogate PFI provider from contractual responsibilities.	
What controls are in place:			Where are the gaps in control:		
What assurances are in place:			What are the gaps in assurance:		
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report	
Notes: Due for review on or before 30/11/2016					

TRUST BOARD REPORT

30 November 2016

Item **321**

Purpose Information
Action

Title Board Assurance Framework (BAF) Review
Author Mrs A Bosnjak-Szekeres, Company Secretary
Executive sponsor Dr D Riley, Medical Director

Summary:

The Executive Directors have reviewed the risks monitored on the BAF and updated the controls, assurances and actions in relation to each risk where appropriate.

As requested by the Board it can be confirmed that, in preparing this report the external context has been taken into account, such as legislative and regulatory requirements placed on NHS providers. Other elements such as local needs, trends and engagement with stakeholders have been considered and have influenced the review of the BAF risks.

Recommendation:

The Board is asked to discuss the BAF risks and the risk scores and note the report.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: by the Operational Delivery Board (23 November 2016).

1. The Executive Directors have updated the BAF risks and the following changes have been made since the document was last presented to the Board.
 - a) **Risk 1 – the risk score remains 12** (likelihood 3 x consequence 4). New potential sources of assurance identified include an internal audit of the transformation programme that is underway and will be presented to the Audit Committee in due course. Updates include the significant increase in the Programme Management Office (PMO) infrastructure, the PMO's primary focus on the emergency pathway due to it being identified as an increased risk (that has been reported to the Finance and Performance Committee), addressing clinical engagement through the development of specific models of care at Lancashire level and work that is starting on the 2017/18 transformation and Safely Reducing Cost Programme (SRCP) that will be presented to the Board by the end of the current financial year.
 - b) **Risk 2 – the risk score remains 12** (likelihood 3 x consequence 4). The section on gaps in controls has been updated and the increase in controls related to bank and agency in line with the national regulatory requirements has been added. Update on the actions includes the successful completion of the overseas recruitment campaign. The presentation of the work on the workforce transformation pilots and results of the pilots to the Quality Committee at the end has been moved from November to January to allow for collation of the results. Further updates include the development of a Workforce Transformation Strategy that will be presented to the Quality Committee in the New Year and the further increase in the controls for bank and agency that are being introduced imminently which corresponds with the update in the gaps in control.
 - c) **Risk 3 – the risk score remains 9** (likelihood 3 x consequence 3). A new potential source of assurance has been added relating to the agreement of the health improvement priorities for the Pennine Lancashire transformation programme and the new resource that has started in post working on developing new models of care against specific improvement priorities (e.g. paediatrics and respiratory medicine). The gaps in assurance section has also been updated in relation to the priorities of Clinical Commissioning Groups (CCGs) needing to be aligned with the priorities for internal pathway redesign (e.g. stroke).
 - d) **Risk 4 – the risk score remains 16** (likelihood 4 x consequence 4). The updates include the update of the section on gaps in control relating to the system leaders currently considering the development of the governance system for an Accountable Care System across Lancashire and an update to the section on

gaps in assurance with regards to the risks regarding the end product of the solution design phase in relation to the new models of care. The risk is around the lack of sufficient progress regarding the consultation with stakeholders. Mitigation is in place to manage this risk and progress the consultation. Further updates relate to the focused piece of modelling work to be undertaken at Lancashire level on potential service configurations.

- e) **Risk 5 – the risk score remains 16** (likelihood 4 x consequence 4). The section on gaps in control has been updated in relation to the risks around the Accident & Emergency (A&E), Referral to Treatment (RTT) and sustainability funding. The action plan has been updated to reflect the operational plans to recover the position that are underway. The additional workforce controls remain in place and divisions are held to account for the delivery of the transformation and SRCP schemes.
- f) **Risk 6 – following a review at the July Trust Boards the risk rating has increased from 15 to 20** (likelihood 5 and the consequence score increasing from 3 to 4) and the **risk score remains at 20**. The section on key controls has been updated to include the system wide approach as part of the new Accident & Emergency Delivery Board. A new potential source of assurance has been added relating to the cancer 62 day target improvement plan that is underway. The sections on gaps in control and assurance have been updated relating to the need for a wider system analysis of capacity in primary care and care sector and the risks around some of the national trajectories that have been identified. The actions update relates to the recovery plans being implemented to address the risks around the national trajectories. A further update relates to the target set to close all the 40+ days complaints being moved from the end of October to the end of December 2016.

- 2. The Board is asked to note the changes to the Board Assurance Framework.

Angela Bosnjak-Szekeres, Company Secretary, 14 November 2016.

Board Assurance Framework Report

Ref	Principle Director	Strategic Risk <i>What could prevent these objectives being achieved.</i>	Risk related to strategic objectives	Key Controls <i>What controls/systems, we have in place to assist in securing delivery of our objective.</i>	Potential Sources of Assurance <i>Where we can gain evidence that our controls/systems on which we are place reliance, are effective</i>	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control <i>Where we are failing to put controls/systems in place. Where we are failing in making them effective.</i>	Gaps in Assurance <i>Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.</i>	Actions Planned / Update <i>Dates, notes on slippage or controls/assurance failing.</i>
										Q1	Q2	Q3	Q4			
BAF/16/01	Director of Service Improvement	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation's corporate objectives	Aligned to Strategic Objectives 1,2,3 and 4.	Integrated transformation plans agreed at organisational level, overarching tracker for transformation and SRCP. Transformation Board meetings (internal and external stakeholders), divisional Transformation Boards report into the Transformation Board that reports into the Finance & Performance Committee. Membership of the Pennine Lancashire Transformation Board (6 workstreams). Transformation/business plans linked to the clinical strategy, high level workforce and estate interdependencies identified.	Monthly report demonstrating progress against key targets reported to the Transformation Board and the Finance & Performance Committee Presentation to the Quality Committee on the quality aspect of the transformation programme Board presentation on individual transformation projects Revised RAG rating should assist with assurance about the delivery. Internal Audit piece on transformation underway and will be presented to the Audit Committee in due course.	15	10	12	3x4	12	12			Capacity for delivery of transformation programme Service redesign methodology developed by the Trust (accepted by Pennine Lancashire). Workshops held at system level but ownership and training in relation to service redesign is outstanding.	Assurance in place about the process, but assurance about the delivery and benefits is still work in progress at this stage. Dependency on stakeholders to deliver key pieces of transformation.	New reporting format agreed following meeting with the NED's Using the Transformation Board meetings and our membership on Pennine Lancashire to influence delivery of transformation. Case for change at Pennine Lancashire level agreed, Trust senior leadership involved in the solution design phase. This is still ongoing. Resources allocated for the delivery of the transformation programme. PMO infrastructure significantly increased Ownership/training in relation to the service redesign to be driven by the clinical leadership and by identifying early engagers to deliver the service redesign. Update methodology presented to the Transformation Board and accepted for inclusion into the Pennine Lancashire Transformation Plan. Management of this issue is still ongoing. PMO primary focus on emergency pathway currently as it is identified as an increased risk and is highlighted to the Finance and Performance Committee in the last two reports presented. clinical engagement still an issue but we are doing it through the development of specific models of care at Lancashire level. Work started on 2017/18 transformation programme, within it specifically the SRCP programme for the forthcoming year, to be presented to the Board by the end of the current financial year.
BAF/16/02	Director of HR/OD	Recruitment and workforce planning fail to deliver the Trust objectives	Aligned to Strategic Objectives 2, 3 and 4.	Transformation plans relating to workforce in place monitored through Transformation Board. Divisional Workforce Plans aligned to Business & Financial Plans, Divisional Performance Meetings, Reports to Finance & Performance Committee, Workforce Controls Group, Population/Person Centric Workforce Planning Methodology	Performance measures, time limited focus groups with action plans, board and committee reports, regulatory and inspection agencies, stakeholders, internal audit	16	10	12	3x4	12	12			National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions Increase in controls for bank and agency to be introduced imminently in line with the national regulatory requirements .	Further work required on assurance reporting	Project Initiation Documents and project plans agreed for transformation programmes in relation to workforce. Overseas recruitment campaigns successfully completed with new recruits expected to be in place within six months. 3 distinct Workforce Transformation (WFT) Pilots identified. Update - pilots on three wards started at the end of July re person centric workforce planning methodology. First workshops held and are linking in with the Pennine Lancashire workstreams. Second round of workshops underway. Results of the pilot and actions will be presented to the Quality Committee in the new year. October Board will receive a presentation on workforce under the strategy item. Workforce Transformation Strategy is in the process of being drafted and will be presented to the Quality Committee in January 2017. Further increased controls to bank and agency to be introduced imminently.
BAF/16/03	Medical Director	Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways	Aligned to strategic objectives 3 and 4.	New clinical pathways agreed at Care Professional Group of Pennine Lancashire and reporting to the Transformation Steering Group. Governance controls in place feeding into the Clinical Effectiveness Committee and into the Quality Committee	Clinical Effectiveness Committee acting as a governance mechanism for the agreement of the internal pathways and guideline. Stroke pathway already included in the transformation programme. ELHT Transformation Board has urgent care pathway reporting process. Clinical effectiveness review planned. Health Improvement Priorities of Pennine Lancashire Transformation agreed Pennine Lancashire resource in post working on developing models of care against specific improvement priorities (eg paediatrics and respiratory).	9	6	9	3x3	9	9			Not all pathway developments linked in fully with the transformation programme No separate programme is place to consolidate internal clinical pathways. Mechanism for prioritisation of pathway development not in place at divisional/organisational level. Priorities of CCGs to be aligned with priorities for internal pathway redesign (eg stroke)		Prioritisation mechanism to be resolved at 2 levels - internally as part of the transformation programme & externally as part of the Pennine Lancashire Health improvement priorities initial assessment being reviewed at Care Professionals Board each month as part of the Pennine Lancashire Transformation Programme At Healthier Lancashire level the Medical Directors of the four Trusts agreed to focus on urology, vascular services, stroke, emergency department, interventional radiology and gastrointestinal bleed. Lancashire review of specialist services to serve the population is in progress.

Ref	Principle Director	Strategic Risk <i>What could prevent these objectives being achieved.</i>	Risk related to strategic objectives	Key Controls <i>What controls/systems, we have in place to assist in securing delivery of our objective.</i>	Potential Sources of Assurance <i>Where we can gain evidence that our controls/systems on which we place reliance, are effective</i>	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2015/16				Gaps in Control <i>Where we are failing to put controls/systems in place. Where we are failing in making them effective.</i>	Gaps in Assurance <i>Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.</i>	Actions Planned / Update <i>Dates, notes on slippage or controls/assurance failing.</i>
										Q1	Q2	Q3	Q4			
BAF/16/04	Chief Executive/ Director of Finance/ Director of Service Improvement	Alignment of partnership organisations and collaborative strategies (Pennine Lancashire and Healthier Lancashire) are not sufficient to support the delivery of sustainable services by the Trust	3,4,5	Senior Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decisions on key actions. Strengthen links between internal transformation and external change processes.	Verbal and written updates, where appropriate Board approvals will be established and permissions will be provided by the Board to let Executives to progress the generations of ideas and options with external stakeholders. At Pennine Lancashire level a Case for Change has been published and is currently in the solution design phase, senior leaders from Trust involved at a strategic level.	16	12	16	4x4	16	16			System leaders currently considering how to develop the governance system for an ACS across Lancashire. Risks regarding the end product of the solution design phase in relation to new models of care- consultation with stakeholders not progressed sufficiently, mitigation in place and hoped to progress in this matter.	Concise summarisation of discussions and decisions. Pennine Lancashire project entered solution design phase. A focused piece of modelling work to be undertaken at Lancashire level on potential service configurations.	Regular updates provided to Board Pennine Lancashire Memorandum of understanding was presented to the July Trust Board and principles agreed. Pennine Lancashire project entered solution design phase. A focused piece of modelling work to be undertaken at Lancashire level on potential service configurations.
BAF/16/04	Director of Finance	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with a single definition of success criteria.	3,4,5	Ensure suitable controls are in place to maintain budgetary control (income and expenditure). These controls need to extend to effective workforce arrangements. In addition to controls the Trust must ensure that measures are in place to close the financial gap (SRCP), via the Transformation and SRCP schemes effectively monitored by the PMO and the Finance Department.	Monthly reporting to Finance and Performance reports and the Board to reflect financial position. Separate reporting available to support assurances on the transformation programme.	16	12	16	4x4	16	16			Additional workforce controls to remain in place, policies and procedures may require amendments where they are no longer fit for purpose. Controls around transformation schemes and SRCP to be monitored by the PMO and the Finance Department with Division to be held to account via the PMO. Gaps in control regarding funding for A&E, RTT and STF Funding - recovery plans underway	Utilise the internal audit programme to test for assurance on core controls and SRCP.	Regular updates to Board and Finance and Performance Committee Finance risk around A&E, RTT and STF funding identified and operational plans to recover are underway.
BAF/16/06	Director of Operations/ Director of Nursing/Medical Director	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements	Aligned to strategic objectives 1, 3 and 4.	Divisional business plans, weekly operational performance meetings, quarterly divisional performance meetings feeding into the ODB and Finance and Performance Committee, emergency pathway and elective pathway work linking into the broader Trust wide transformation. Engagement meetings with CQC, quality and safety compliance assessed by each division, divisional assurance boards feeding into the operational sub-committees and the Quality Committee. Nursing Assessment Performance Framework System wide approach as part of the new A&E Delivery Board	IPBR reporting to the ODB and at Board/Committee level, regular reporting to the NHSI, monthly integrated delivery meeting with the NHSI and A&E Delivery Board. Positive feedback from the last CQC visit, regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignment with national priorities through the quality and safety governance mechanisms. Action plans developed for the must do's and should do's from the last inspection, owned by the Divisions and reporting on progress to the Quality Committee. ED performance improvement action plan aligned with the NHSI Rapid Improvement Collaborative Cancer 62 day target improvement plan underway	15	9	15	5x4	15	20			Timelines for the delivery of the transformation projects not in place. Staffing potentially not sufficient to deal with the impact of external environment & high demand, difficulties with discharges. Complaints are a potential source of action by the CQC. Work needed on improving standardised clinical multiprofessional care and addressing variability of care across the organisation via the Nursing Assessment performance Framework. Wider system analysis of capacity in primary care and care sector needed.	Change of provider rating from 'requires improvement' to 'good' Risks around some of the national trajectories identified. Recovery plans are being implemented.	Timeline for the transformation of the emergency pathway plan agreed. Working as part of the Emergency Care Delivery Board to resolve demand issues and participating in the delayed discharge collaborative with the NHSI. Work on reducing the number of complaints, 50+ days complaints, completed at the end of July. Target to clear all 40+ day complaints by the end of October 2016. Completion date extended to end of December 2016. Challenges of achieving the four hour standard are being worked on, measures put in place to address performance and action plan has been submitted to NHSI with a view to improve performance and sustain it in the longer term. Board received a presentation on the challenges surrounding the four hour standard at the July meeting, and will receive a presentation on the Emergency Pathway Transformation at the September meeting. Board to receive regular SRCP and transformation updates Work on the Ambulatory Emergency Care Model and Model Wards continues. Clinical redesign group to be launched in December. Recovery plans being implemented around achievement of national trajectories.

TRUST BOARD REPORT

Item **322**

30 November 2016

Purpose Information
Monitoring

Title Serious Incidents Requiring Investigation Report

Author Mrs S Nosheen, Patient Safety Manager

Executive sponsor Dr D Riley, Medical Director

Summary: This report provides a summary of the Serious incidents that have occurred within the Trust in September and October 2016.

This report also provides a summary themed analysis of “Deteriorating patients” and the current quality improvement plans that have either taken place or are in progress aimed at earlier recognition, response and treatment for deteriorating patients.

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
	Become a successful Foundation Trust
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements and the organisation’s corporate objectives
	Recruitment and workforce planning fail to deliver the Trust objectives
	Collaborative working fails to support delivery of sustainable, safe and effective care through clinical pathways
	Alignment of partnership organisations and

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

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

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: NA

Introduction

1. This paper provides the Board with:
 - a) **Part 1:**
 - i. An overview of all Serious Incidents Requiring Investigation (SIRIs) that have been reported during September 2016 and October 2016
 - b) **Part 2:**
 - ii. A Duty of Candour performance report
 - c) **Part 3:**
 - iii. Wider trends, themes and analysis of Deteriorating Patients
 - d) **Part 4:**
 - iv. Wider quality improvement projects taking place/completed which are aimed at improving the recognition, management and treatment of deteriorating patients.

Part 1: Overview of SIRIS reported

STEIS SIRIs reported in September 2016 and October 2016

2. There were 9 Strategic Executive Information System (STEIS) events reported in September and October 2016 which is a decrease of 3 compared with the last reporting period. All will undergo Root Cause Analysis (RCA) which will be performance managed by the Trust's SIRI Panel and East Lancashire Clinical Commissioning Group.

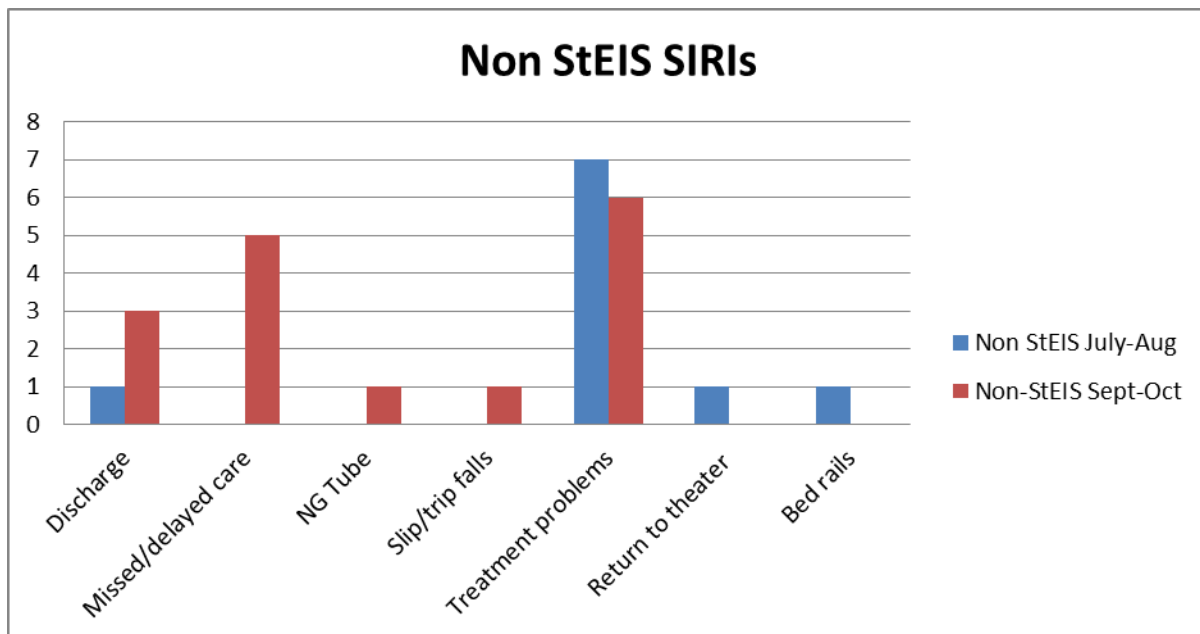
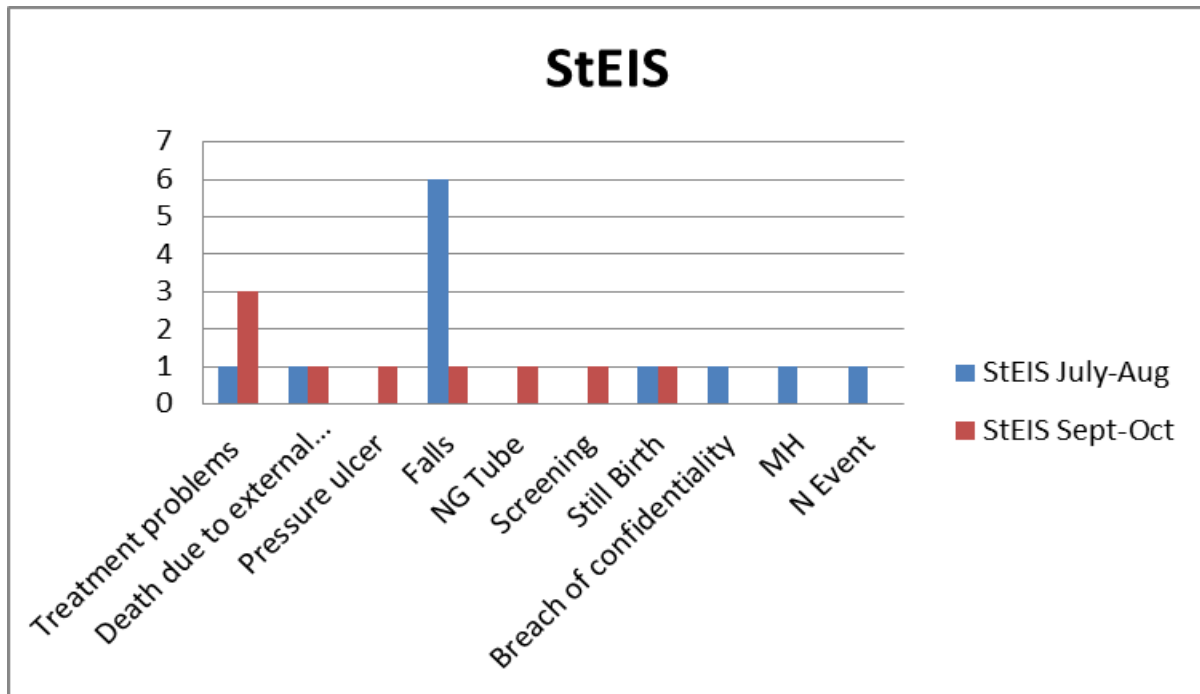
No	Eir1	Division	Ward/ dept.	Description
1	111146	ICG	ED	Treatment problems
2	115826	ICG	C4	G3 Pressure Ulcer
3	104957	ICG	AMU A	Head injury due to fall
4	114897	Family Care	Antenatal	Screening incident
5	113241	Family Care	Birth suite	Still Birth
6	115066	SAS	ED/STU	Treatment problems
7	112455	ICG	AMU B	Death due to external causes
8	112074	SAS	B22	NG Tube
9	109462	ICG	Respiratory	Treatment problems

Non STEIS SIRIs reported in September and October 2016

3. There were 16 non STEIS incidents deemed to be serious incidents requiring investigation in September and October 2016 compared to 10 in the previous reporting period. All will undergo RCA and will be performance managed by the Serious Incident Review Group (SIRG).

No	Eir1	Division	Ward/dept.	Description
1	113546	ICG	B4	Treatment problems
2	106307	SAS	B22	Treatment problems
3	112849	SAS	B24	Discharge/transfer
4	108494	Family Care	Birth Suite	Missed/delayed care
5	109082	ICG	D1	Missed/delayed care
6	111757	SAS	Ophthalmology	Missed/delayed care
7	112176	ICG	C5	Slip, trip & fall
8	114617	ICG	Endoscopy	Treatment problems
9	112769	ICG	AMU A	NG Tube
10	112840	Family Care	Obstetrics	Treatment problems
11	114056	SAS	Day case	Discharge/transfer
12	114200	SAS	C22	Missed/delayed care
13	114275	SAS	Theatres	Treatment problems
14	114369	SAS	C18	Discharge/transfer
15	114950	ICG	ED	Treatment problems
16	115041	ICG	ED	Missed/delayed care

Figure 1: STEIS and non STEIS SIRIs reported above compared with previous months in graphical format



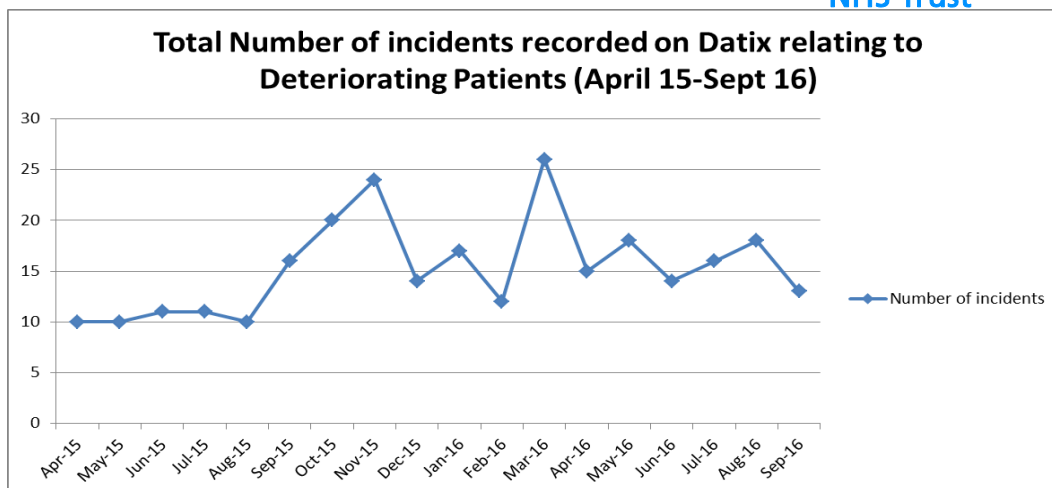
Part 2: Duty of Candour (DOC) performance report

4. 31 patient safety incidents graded as moderate or above were reported in September and October 2016 which was an increase on the 27 that were reported in the previous reporting period.
5. At the time of writing this report there are 5 incidents where Duty of Candour has not as yet been served within the 10 day timeline.
6. These incidents were subject to the DoC regulations which dictate that DoC should be served within a 10 day timeline.
7. An update report setting out the rationale for the non-completion of DoC is shared with the Deputy Medical Director on a daily basis. The aim of this report is to facilitate a discussion between the Deputy Medical Director and the senior lead clinician responsible for each of the DoC cases to resolve any perceived difficulties
8. In addition, a weekly meeting is held with the divisional governance leads to review any outstanding DoC cases and to agree plans to bring them back on track.

Part 3: Deteriorating patients: wider trends, themes and analysis

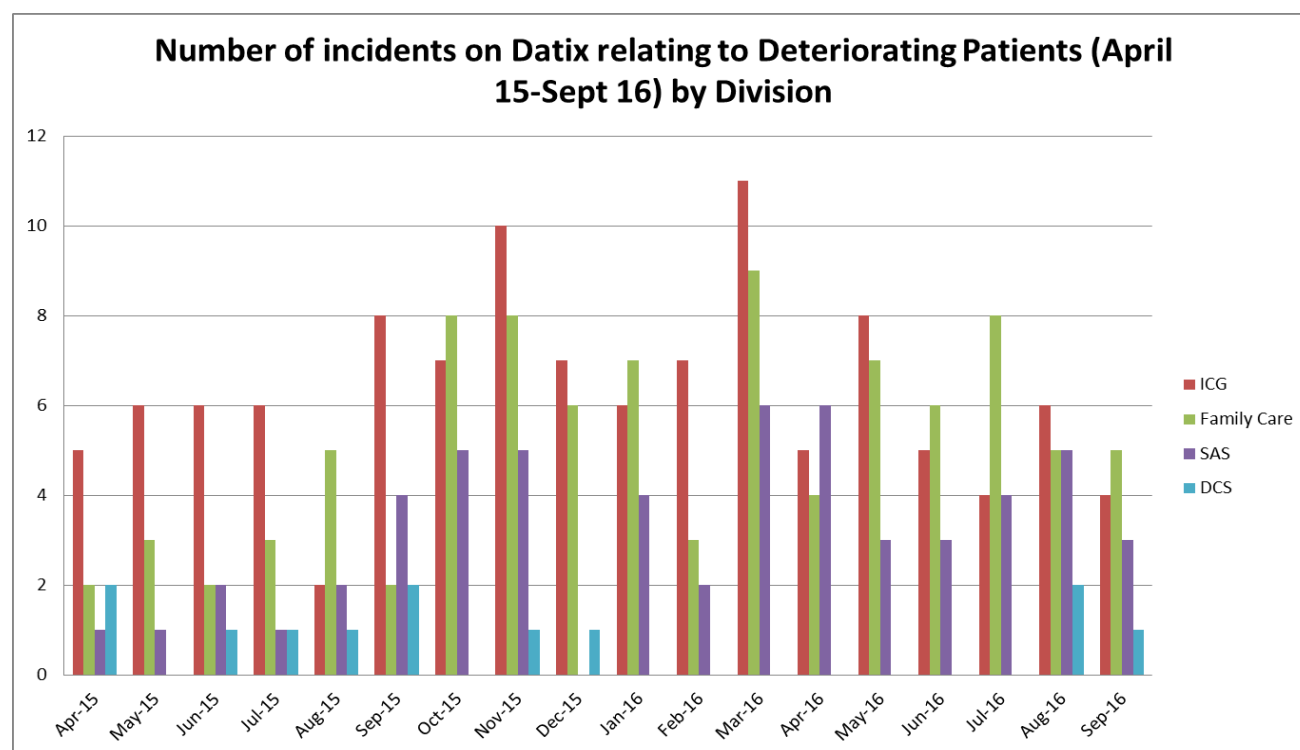
Definition

9. Clinical deterioration can happen at any point in a patient's illness, or care process, but patients are particularly vulnerable following an emergency admission to hospital, after surgery and during recovery from a critical illness.
10. The clinical scenarios where unexpected and potentially avoidable deterioration is recognised are sepsis and Acute Kidney Injury (AKI). Rapid clinical deterioration can result in cardiac arrest. The Datix system at East Lancashire NHS Trust demonstrates the number of these categories of incidents reported by month from April 2015 to Sept 2016 is as follows:



Method

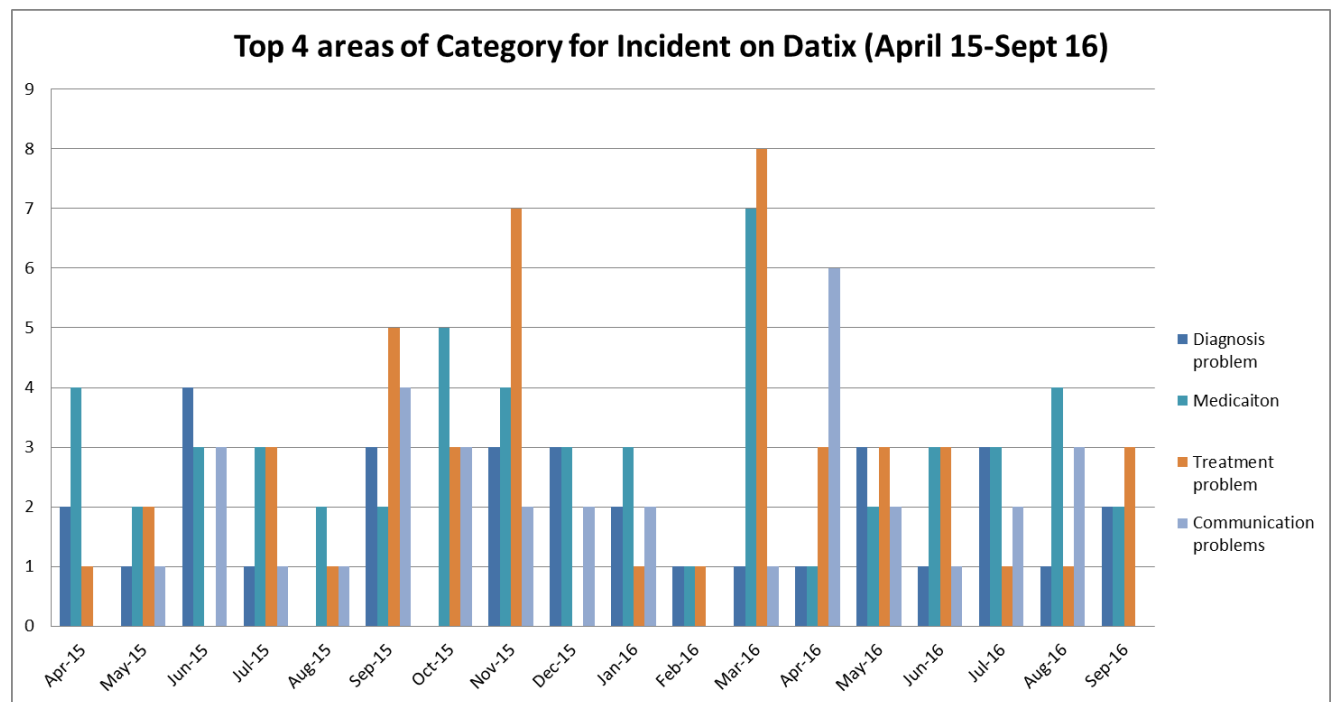
11. The figures have been extracted from Datix using search criteria for “sepsis” “septic” “AKI 2” “AKI 3” and “Cardiac arrest”. It is recognised the quality of the data is not all verified and there are potentially other incidents that were not extracted under this search criteria.
12. Further analysis of incident rates by Division is on the graph below:



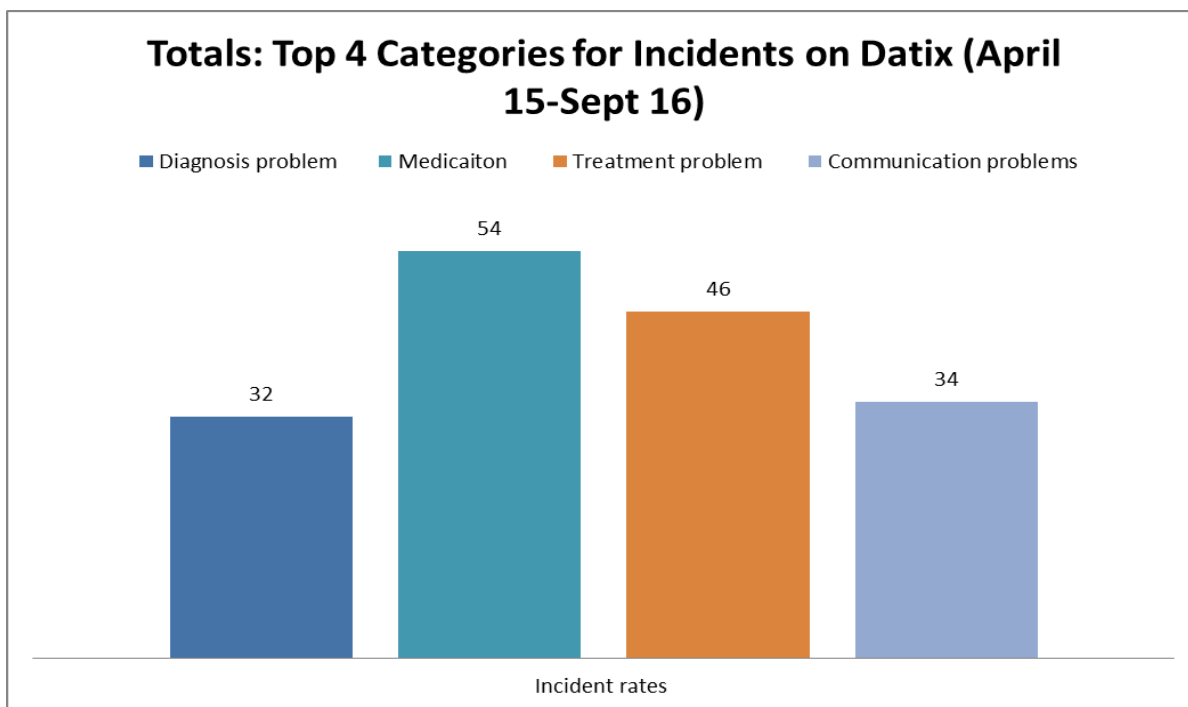
13. ICG has the most incidents relating to deteriorating patients as it is the largest Division. Family care also had a high rate of incidents relating to sepsis and the management of it. The majority of Family Care incidents did not transpire into any harm.

Category:

14. Further analysis of the incidents on Datix demonstrated the following categories as the top 4 areas of cause for the incident:



15. The graph below shows the overall totals for the 4 categories mentioned above:



16. Overall, the highest cause for deteriorating patient incidents was medication management, process, prescription and timing.

Lessons learnt

17. An analysis of these incidents showed that lessons could be learnt in the following areas in order to help prevent the same incident occurring again:
- a) Earlier recognition of sepsis:
 - i. Better use of Early Warning Scores, more accurate calculation of total score, and categorisation of patient as deteriorating.
 - b) Communication:
 - ii. Better and timelier escalation of deterioration so that treatment can commence sooner, also communication required strengthening between Family, Patients and staff groups.
 - c) Antibiotics:
 - iii. Ensuring they are given in the “golden hour” and all doses issued
 - d) Care plans:

- iv. More thorough and contemporaneous completion, and using notes to reference change in conditions and treatment goals against care plans, with escalation in a timely manner
- e) Medications:
 - v. Better timing of medications given to avoid missing doses of routine or usual medication, and continued administration of emergency doses
- f) Handover and SBAR:
 - vi. To increase the use of SBAR tool, leading to Improvement in the communication and handover documentation
- g) Training:
 - vii. For staff in terms of clinical signs that can help them detect deterioration/sepsis sooner

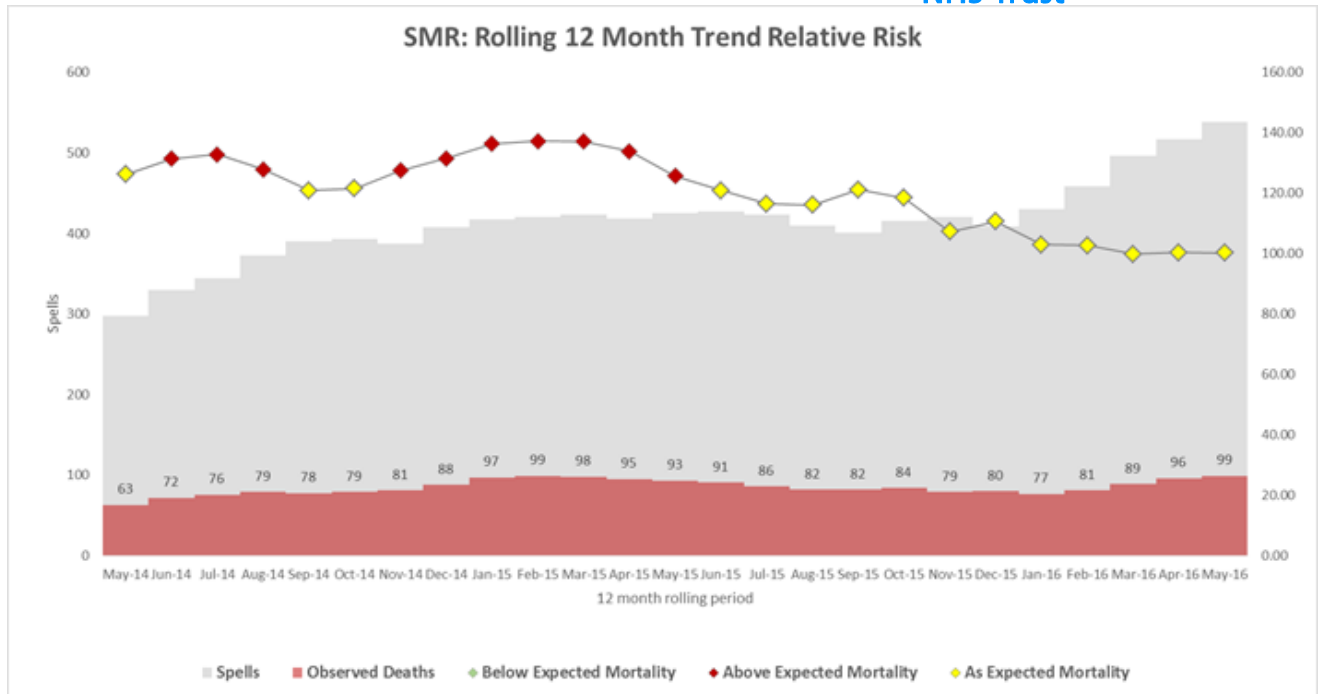
Conclusion

- 18. Overall, the incident analysis shows the common cause for patient safety incidents were relating to medications, diagnosis, treatment plans and communication. All of these also were reflected in the lessons learnt sections and are areas for improvement in the current Quality Improvement Programme: Deteriorating Patients which is managed by the Deteriorating Patient Faculty.

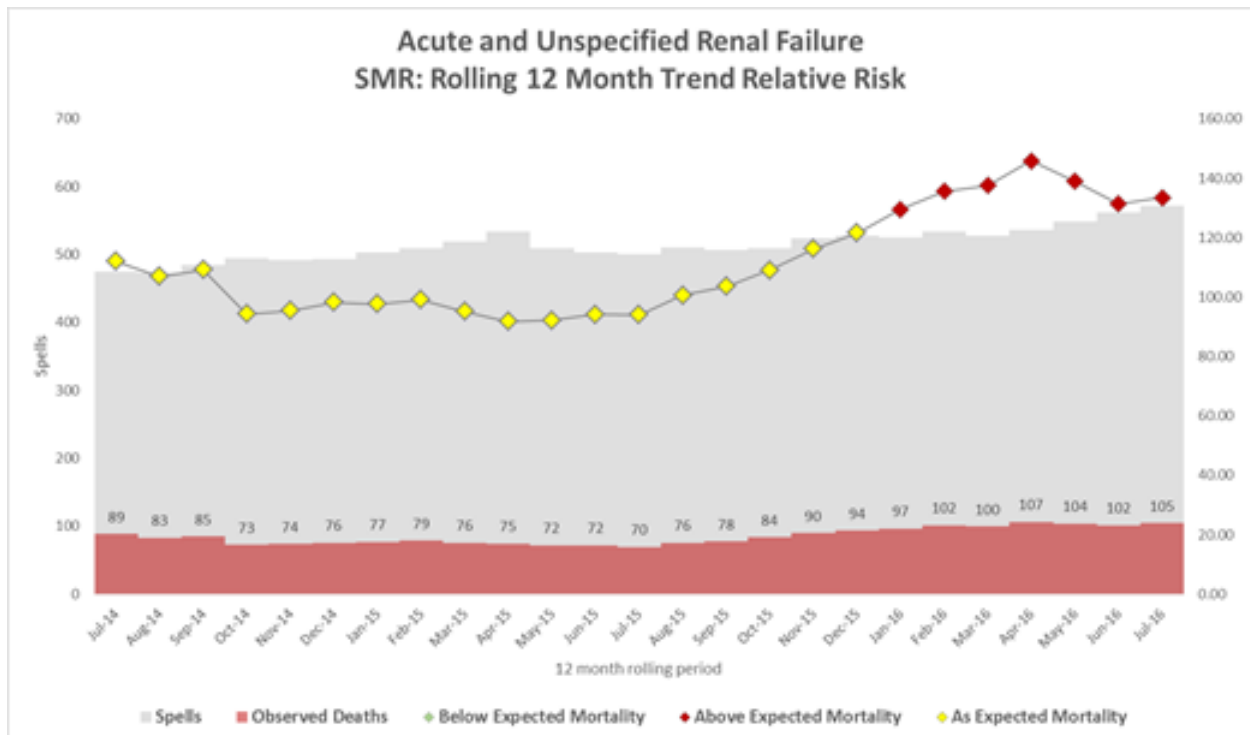
Part 4: Deteriorating Patients: Action plan example and quality improvements in progress/ completed

- 19. Within the Trust, there is a current Quality Improvement Programme with many sub-projects under it all aimed at improving the prevention, recognition and response to deterioration.
- 20. This work is overseen by a faculty led by Julie Molyneaux (Deputy Chief Nurse) and Dr Paul Dean (Consultant Anaesthetist). Much of the work of the faculty is supported by a Lead Nurse. The Faculty has clinical representation from divisions (SAS and ICG), the newly developing Acute Care Team, led by an Advanced Practitioner, as well as the education team and co-op members as required for specific projects – for example Community and Maternity Early Warning Scores and Observation charts

21. The Faculty is supporting divisions to develop and implement standardised EWS systems from the community, through the acute trust and back out into the community again for all adults and children and has adopted where applicable national systems to standardise further. The ultimate aim being an electronic patient observation recording system, which will then advise what action to take based upon Early Warning Scores, this will also provide an accurate and real time audit tool enabling further drives in improvement.
22. Sepsis, its recognition and management remains a priority for the trust. The faculty oversees the work of a strategic sepsis task force (with membership from all Divisions) and an operational inpatient task force. The strategic task force is implementing changes to the Sepsis care bundle to bring it in line with recently issued NICE guidance and is supporting the use of electronic systems to improve the recognition of developing sepsis as in patients. Performance measures indicate good performance against the sepsis six for the most severe sepsis group. The operational group is dedicated to improving sepsis management within local areas within the Trust, especially high acuity area such as ED, STU and AMUs. This group is also involved with AQuA improvement programs to try and further improve the care we deliver. Our mortality from sepsis has as a result fallen.
23. Improving the timely recognition and treatment for Acute Kidney Injury (AKI) across the Trust remains a challenge and our AKI mortality is higher than we would like. All pathology lab results now contain an AKI score. Use of information technology has now allowed areas of high numbers of AKI patients to be identified and through the use of reporting mechanisms back to divisions and clinical areas we aim to drive improvement. Awareness campaigns and bundle re design are also key to improving our mortality. We are in an enviable position whereby AKI scores are also reported to the Acute Care Team, who can visit these patients, ensure bundles of care are in place to reduce harm and where necessary escalate care. Again, we have accessed AQuA improvement projects in order to champion this work and spread the Quality Improvement message through the organisation. The use of both Task forces and local improvement teams is in development. In using similar methodology to sepsis, we hope to see similar improvements in mortality.
24. Below is the current HSMR trend graph relating to sepsis mortality:



25. The current data demonstrates the standard hospital mortality ratio for sepsis has been improving month on month rolling trend and is within the expected ranges.
26. Below is the current HSMR trend graph relating to Kidney/renal mortality:



27. The current data for the standard hospital mortality ratio for acute and unspecified renal failure/Acute Kidney Injury has been increasing month on month and is currently outside the expected range, however slight decrease is noted in the final 3 months but it is still outside the expected range.
28. Fluid balance monitoring is key to AKI prevention and monitoring alongside other important implications, traditionally, nationally this has been a challenge. The Lead Nurse is supporting an improvement drive around fluid balance monitoring, again through chart redesign, but also through the introduction of fluid balance SOPs, making it very clear who should have a fluid balance monitored and how best to achieve it, We aim where possible to include patient participation in completion of these charts, involving them in their own care.
29. There are a number of quality improvement projects throughout the trust which impact on the deteriorating patient project, which members of the faculty support either through provision of data, knowledge or skills and there are a number of other projects which have been identified within the faculty for future development or support.
30. As part of the Trust's "Sign up to Safety" pledges, the aim is to improve the recognition and response to acutely deteriorating patients with a resultant decrease in unexpected cardiac arrests by 50% by 2018. The faculty continues to monitor the number of cardiac arrests through the trust via the National Cardiac Arrest Audit. We are also developing local electronic dashboards which will feed this information back to Divisions and Wards in order for them to identify themes or locations which may require support. One of our main drives is around the appropriate use of DNACPR decisions and the Faculty supports the work being developed through the end of life steering group in relation to the introduction of a "goals of care" concept.
31. Learning and education are a vital part of improving care; The Faculty has supported the decision to move to using the AIMS course to provide a standard baseline, for the care we expect deteriorating patients to receive. Cardiac arrests are all reviewed by the Resuscitation Training Officers and themes and areas for improvement are fed back into the harm free care groups, this is again overseen by the Faculty. Future plans include developing ways to further learn from incidents and reviewing unplanned admissions to Critical Care in order to learn for the future at an individual and system level.
32. The faculty has supported the development by an Advanced Practitioner of a vascular access service, this, currently in pilot phase, is designed to reduce the number of delays in treatment through lack of difficult venous access and improve the quality of care that

patients receive by ensuring they have the most appropriate venous access (PICC, CVC, Hickman, simple cannula) at the time they need it. This is already having an impact on patient satisfaction and should further impact on the prevention of deterioration, with patients getting the right care at the right time.

33. The Lead nurse is currently exploring bed side handovers as a way of improving the prevention and recognition of deterioration.
34. We aim to have all the information developed by the Faculty on OLI imminently as a further QI project, with specific pages for Sepsis and AKI, with links to care bundles and national and international information.
35. The Deteriorating Patient Faculty also incorporates findings from SIRS investigations. Below is an example of an action plan that was developed as part of a SIRS investigation for a deteriorating patient which has been acted upon and had oversight of completion was by the Deteriorating Patient Faculty:

Outcome	Action	Lead Person	Timescale	Mechanism Of Assurance
Improved Recognition of Deteriorating Patient	Specific deteriorating patient faculty with lead Clinician and lead Nurse to be established with specific actions to improve recognition of deterioration: <ul style="list-style-type: none"> • Re-launch of Observation Chart • NEWS introduction • Electronic system to capture data 	Lead Nurse for Deteriorating Patients	Immediate and on-going	Patient Safety & Risk Committee (bi-monthly reports to Committee)
Improved Response to deteriorating patient including better Care Bundle compliance	<ul style="list-style-type: none"> • Junior Doctor Forums and teaching • E-system for alerting • NEWS introduction and education of ward staff 	Consultant Lead for Deteriorating Patients Project Lead Nurse for Deteriorating Patients	Completed	Teaching session records E-Health Board Report to Patient Safety & Risk Committee

Outcome	Action	Lead Person	Timescale	Mechanism Of Assurance
Increase awareness amongst staff of impact of not getting things right	<ul style="list-style-type: none"> Use of case at Junior Doctor Forums and teaching sessions Use of video 	Consultant Lead for Deteriorating Patients Project Lead Nurse for Deteriorating Patients	Completed	Teaching session records
Improved handover of unwell patients between medical teams	<ul style="list-style-type: none"> Re-development of medical handover 	Medical Director	Completed	Trust Education Board minutes

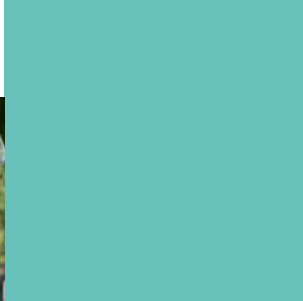
Conclusion

36. Overall, the Trust has made great progress in learning and carrying out improvements from previous incidents relating to deteriorating patients. All the lessons learnt from reported patient safety incidents form part of the quality improvement projects to help reduce harm caused to patients.
37. The Deteriorating Patient Faculty is now moving towards education, training and compliance of the changes that have been put in place and have engaged with a wide range of stakeholders to embed the new processes.

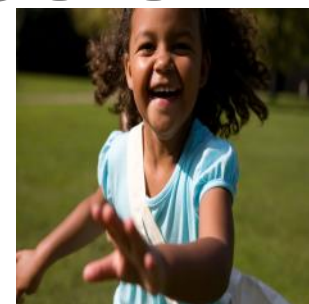
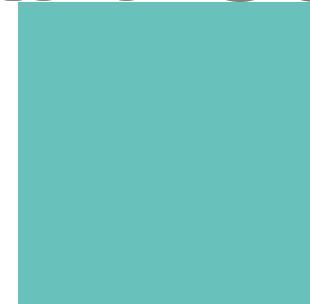
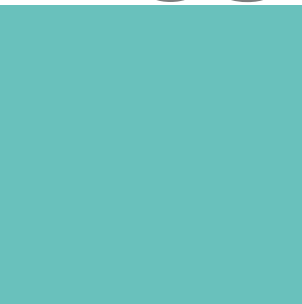
Mrs S Nosheen, Patient Safety Manager

Dr P Dean, Consultant Anaesthetist

3 November 2016



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Healthier Lancashire and South Cumbria

Sustainability and Transformation Plan 2016/17-2020/21 Draft

Third submission to NHS England

21st October 2016

Draft Version 7.7



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Action	Date	Note
Submission of 1 st Draft to NHS England	9 th April 2016	Feedback given
Submission of 2 nd Draft to NHS England	30 th June 2016	Feedback given
1:1s with NHSE / NHSI	May and July 2016	Feedback given
Lancashire & South Cumbria STP Leadership Forums	Forums held approx every 6 weekly throughout 2016	Contribution to each submission. LDPs shared. Feedback on STP given.
Cumbria Health & Wellbeing Board	4 th October 2016	Had oversight of key elements of STP and discussed alongside the North Cumbria STP
Lancashire & South Cumbria STP Leadership Forum	18 th October 2016	Extensively reviewed. Amendments agreed. Agreed recommendation to support 3 rd Draft Submission
Lancashire Health Overview & Scrutiny Committee	18 th October 2016	Discussion and challenge noted.
HLSC Programme Board	19 th October 2016	Extensively reviewed. Amendments agreed. Agreed recommendation to support 3 rd Draft Submission
Specially convened Joint Blackburn, Blackpool and Lancashire Health & Wellbeing Board	19 th October 2016	Agreed recommendation to support the submission. No amendments
Cumbria County Council Cabinet Briefing	20 th October 2016	Agreed recommendation to support the submission with 1 minor amendment

The NHS and local care services are needed by us all. They are valued and trusted, even if they don't always meet our expectations. A discussion about changing these services is difficult, but this document describes why this conversation is necessary. Change creates uncertainty, but if considered and developed together, provides stability and progress.

On behalf of the health and social care organisations across Lancashire and South Cumbria we present this document, which provides an overview of the case for change and the state of our local health and care services. It describes the evidence-based process to identifying and understanding what health outcomes and quality of care we aspire to, and a projection of the impact of an ageing population, increasing needs, and constrained resources. Local GPs and consultants and other care professionals working in local practices, hospitals and care services hear stories from patients and families day in, day out about how good services are. However, many people have experiences that demonstrate that cracks are appearing – and these cracks will only widen if we do not jointly consider how to re-design the care system to meet our residents' needs.

People have told us they often feel uninformed and have no involvement in decisions about their care, and are overly dependent on a system that is fragmented, uncommunicative and, at times, uncooperative. Care staff tell us they experience barriers or restrictions in their ability to care because of organisational or contractual barriers. This leads to duplication, waste and gaps in care. Services can be redesigned to address these issues, but before we do this, we need to understand the changing needs of people, especially as medical advances, higher standards and increased complexity requires more care from fewer resources.

We are proud of the services we have here in Lancashire and South Cumbria – our doctors, nurses, care workers and health professionals are doing all they can to provide high quality care. Collectively we are keen to retain and improve our local services, but with no change, excellent will become average, and average will become poor. There is a point where this will affect us all – and accessing and receiving the highest quality, safest care will be threatened, resulting in poor health outcomes, and **avoidable** lives lost.

We all want high quality services, as local as possible, delivered by motivated, highly skilled and committed staff. We passionately believe that by understanding the issues that face our communities and the opportunities we have to reshape services to meet our needs, prevent us from becoming ill, and support us when we do, we can jointly define how services need to change.

Our populations deserve better. Our workforce deserve better. We deserve better.



Dr Amanda Doyle
STP lead for Lancashire & South Cumbria and Chief Clinical Officer, Blackpool CCG

The NHS and local care services are needed by us all. They are valued and trusted, even if they don't always meet our expectations. A discussion about changing these services is difficult, change creates uncertainty, but if considered and developed together, provides stability and progress.

In 2015 the health and care organisations across Lancashire undertook an overview of the alignment of their plans and the state of our local health and care services. It was an evidence-based process to identifying and understanding what quality of care we aspire to, and a projection of the impact of an ageing population, increasing needs, and reducing resources. Local GPs and consultants and other care professionals working in local practices, hospitals and care services hear stories from patients and families day in, day out about how good services are. However, many people have experiences that demonstrate that cracks are appearing – and these cracks will only widen if we do not jointly consider how to re-design the care system to meet our residents' needs.

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This national consensus put forward in the 5 Year Forward View (NHSE December 2014) has been echoed across the Lancashire and South Cumbria Sustainability and Transformation (STP) footprint. The footprint comprises of nine Clinical Commissioning Groups (CCGs), more than 200 GP practices, five acute NHS hospital trusts, a health and wellbeing trust and a single specialty learning disability trust. Social care is provided by Lancashire County Council and Cumbria County Council and the two unitary authorities of Blackburn with Darwen and Blackpool. Additionally, there is an active third sector supporting health and social care. Within this community there is now a clear sense of common purpose and a sense of urgency around the need for change.

Name of footprint: Lancashire & South Cumbria

Region: North

Nominated lead of the footprint: Dr Amanda Doyle, Chief Clinical Officer, Blackpool CCG

Organisations by Local Delivery Plan footprints

(* organisation within geography but also within another STP)

Central

Greater Preston CCG
Chorley & South Ribble CCG
Preston City Council
Chorley Council
South Ribble Council
Ribble Valley Council
Lancashire Teaching Hospitals FT

Fylde Coast

Blackpool CCG
Fylde & Wyre CCG
Blackpool Teaching Hospitals FT
Blackpool Council
Fylde Council
Wyre Council

West Lancashire

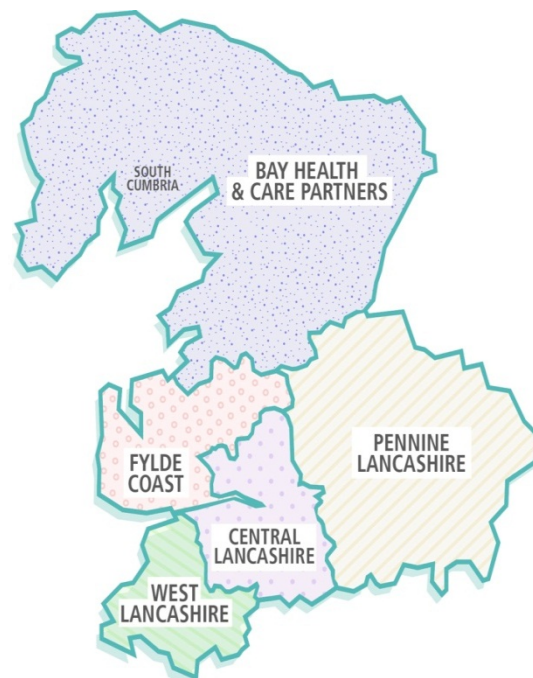
Southport & Ormskirk Hospitals*
West Lancs CCG
West Lancashire Council

Bay Health & Care Partners

University Hospitals of
Morecambe Bay FT
Cumbria Partnership FT*
Lancashire North CCG
Cumbria CCG (South)
Cumbria County Council
Barrow-in-Furness Council
Lancaster City Council
South Lakeland Council

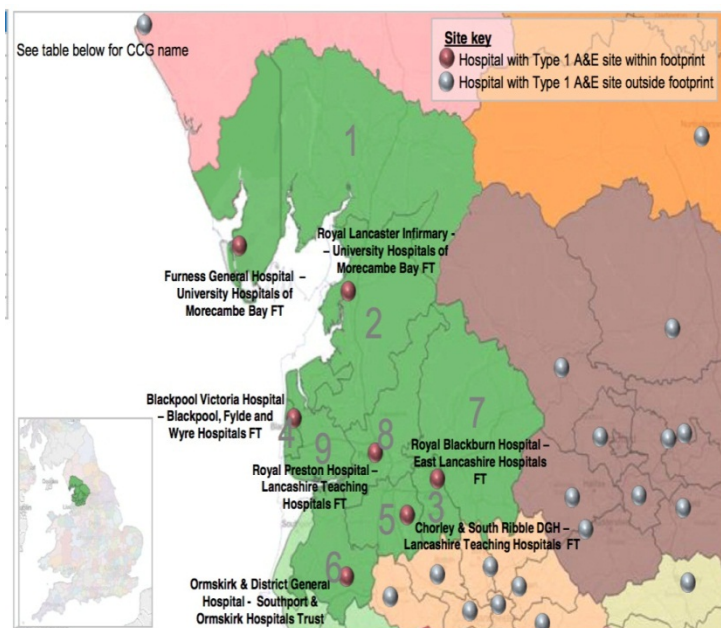
Pennine

Blackburn with Darwen CCG
Blackburn with Darwen Council
East Lancashire CCG
East Lancashire Hospitals Trust
Burnley Council
Hyndburn Council
Pendle Council
Ribble Valley Council
Rossendale Council



Overarching Organisations

Lancashire County Council
MerseyCare Trust*
Lancashire Care FT
NHS England
North West Ambulance Service*



NHS England Map of A&E provision across L&SC

CCG Name	GP registered population 2016/17	Area sq km	People per sq km	% total pop in rural location	% total pop in urban location
Categorisation	Small <100k		Low <250 High >4k	High >50	High >50
Blackburn with Darwen	171,592	137	1,252	4	96
Blackpool	171,813	35	4,909	0	100
Chorley & South Ribble	180,177	236	763	19	81
East Lancashire	375,035	913	411	13	87
Fylde & Wyre	151,419	266	569	16	84
Greater Preston	211,390	383	552	10	90
Lancashire North	158,258	759	209	38	62
West Lancashire	111,986	347	323	39	61
Cumbria South Cumbria 39% total CCG	521,623 203,433	6,768	77	63	37

No	CCG Name
1	NHS Cumbria CCG
2	NHS Lancashire North CCG
3	NHS Blackburn with Darwen CCG
4	NHS Blackpool CCG
5	NHS Chorley and South Ribble CCG
6	NHS West Lancashire CCG
7	NHS East Lancashire CCG
8	NHS Greater Preston CCG
9	NHS Fylde & Wyre CCG

Lancashire & South Cumbria	Value	Rank (/44)
GP registered population	1.7m	11
Footprint deficit 2015/16	(£91m)	
Aggregated CCG surplus	£19m	
Aggregated provider deficit	(£78m)	
Aggregated Local Authority adult social care deficit	(£32m)	
Total CCG place based budget allocation 2016/17	£3bn	5
Aggregate NHS provider performance vs 4 hr A&E target 2015/16	91.90%	15
Aggregate NHS provider performance vs 18wk RTT target 2015/16	93.80%	10
Number of Vanguard's impacting on footprint	3	
Number of pioneers impacting on footprint	1	
Number of GP practices in footprint	226	10
Number of dental care practices in footprint	327	6

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Executive Summary

Consensus across Lancashire and South Cumbria: Over the past 2 years, commissioners and providers from the NHS, local government and the voluntary sector, have united behind a common purpose of transforming services across Lancashire and South Cumbria. This has been driven by a shared desire to improve outcomes and experience for citizens within the context of limited resources. This resulted in the initiation of the *Healthier Lancashire and South Cumbria Change Programme*.

Developing the Sustainability and Transformation Plan (STP): Our Sustainability and Transformation Plan builds directly on this commitment and collaboration – this third submission, to NHSE England, responds to the requirements set out in Annex 4 of the NHS Operational Planning Guidance 2017-2019, and sets out in more detail how we intend to implement the shared aims and priorities for action. This slide deck summarises the schemes, partners, deliverables and milestones that will see us move to a radically transformed health and care system by 2020/21, including the impact on our triple aims of our short term solutions to achieve sustainability by 2018 and the alignment of these solutions with individual organisations' 2 year operational delivery plans.

Drawing upon the earlier *Healthier Lancashire: Alignment of Plans Report*; the *Healthier Lancashire Forward View*; and the subsequent *Healthier Lancashire & South Cumbria Case for Change*, all partners have agreed a high-level aim for transforming services across the health and care economy, and a set of collective priority transformation schemes that will deliver the components of a new system designed to close our identified health and wellbeing; care and quality; and finance & efficiency gaps. This document maps the implementation of local priorities to address the 9 national must do's described in the NHSE/NHSI planning guidance; sets out the governance arrangements within which the delivery of our plan will be assured; and describes our intended engagement process with patients and the public.

Our priorities: We aim to ensure that the people of Lancashire and South Cumbria receive the highest quality health and social care both now and in the future. By working together more effectively and creating a seamless one system approach we want to make sure quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed. We want everyone to know where, when and how they can access the support they need and that this support will be available at the times and in the right places. While the NHS is expected to get an increase of funding over the next five years, demand is still set to outstrip this and when coupled with the impact of cuts in Local Authority budgets, we have to avoid growth in more expensive acute care and use our collective resources more effectively. This requires us to:

- Ensure sustainability is achieved through implementation of standardised RightCare approach, with effective out of hospital management of Ambulatory Care conditions and minimal interventions of limited clinical value (ILCV) activity
- Focused case finding based on predictive analyses for those patients most likely to end up in hospital to target for appropriate support
- Implement short term high-impact secondary prevention measures to reduce demands on services, whilst mobilising our population health model to implement primary prevention initiatives
- Transform the 'regulated care' market including a comprehensive capacity and demand analysis and market management
- Establish integrated care models in each LDP to effectively manage in the community the anticipated growth in demand for secondary care
- Develop plans to address the delivery of the most fragile clinical services within the context of the service consolidation intentions of specialised commissioners.

Considerations in respect of delivery: This STP sets out ambitious plans to develop a sustainable services platform in respect of developing local accountable care systems and place based new models of care aimed at preventing ill health and reducing the reliance on services provided within acute hospitals. At the same time we are beginning the process to transform our health and care system to improve health outcomes, whilst avoiding the predicted financial gap of £572m by 2020/21.

Context

Health and social care organisations across Lancashire & South Cumbria have come together to develop the Healthier Lancashire & South Cumbria Sustainability & Transformation Plan (STP). This STP aims to ensure that the citizens of Lancashire and South Cumbria will receive good quality, affordable health and care both now and for the future. Improvements are planned to every part of the health and care system - to better join up all the parts of what can be a complicated mix of services. This plan aims to deliver better health outcomes, better care, a better experience for patients and the best use of available resources. We want to make sure that quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed. We want people to know where, when and how they can access the support they need and that this support will be available at the right time and in the right places.

Some facts:

- 27% of people seen by their GP could have had their issue resolved in another way
- 25%-50% of hospital beds are used by people who don't need to be there
- In the region of 30% of attendances at Accident and Emergency departments could have been avoided by receiving support with community or primary care services
- The gap between the cost of demand on services and the available funding will reach some £572m by 2021 if we do nothing to manage demand and service provision more effectively

The STP is guided by some key objectives established by partners in the Programme:

- To set out a clear direction of travel for the unified health and care system in Lancashire and South Cumbria as the Five Year Forward View has across England
- To achieve fundamental and measurable improvements in health outcomes
- To reduce health inequalities across Lancashire and South Cumbria
- To achieve parity of esteem for mental health and physical health across Lancashire and South Cumbria
- To ensure greater focus on ill-health prevention, early intervention and self-care where this improves outcomes
- To ensure change is supported by a clear evidence base or an evaluation structure where evidence is not available
- To remove organisational or professional boundaries that get in the way of progress
- To make maximum use of new technology when this will improve the quality of care provided

If we fail to achieve these objectives, if we do not embrace change where needed, health outcomes in Lancashire and South Cumbria will get worse, the quality of care will decline, individual services will fail, costs will rise and quite rightly a deterioration in patient satisfaction.

We already have:

- An agreed and working governance structure, this is designed to allow us to make collaborative decisions at the required pace of change
- A detailed evidential case for change which has informed the assumptions and principles that partners are working on in their local systems and a consistent and well tested process to bring about the transformation on the required size and at the necessary speed that our population needs require
- An emerging future health and care system proposal, that is built on the strength of our five local health and care economies as the delivery mechanisms; providing integrated services to local populations, ensuring stronger primary and community services to provide a greater range of services closer to people's homes.
- Agreed priority workstreams across the STP footprint, with clear scope to ensure that we are able to sustainably reduce the demands on hospitals and ambulance services of avoidable admissions and stays – allowing better care quality and a focus on efficient pathways of care for more complex conditions. Allowing investment in preventative and community based services – allowing improvements in quality of services, including urgent and emergency care and making them more accessible to the whole population, (right care, right time, right place) – allowing quality standards to be enhanced over a one service approach for services such as cancer, mental health and learning disabilities.

We should not however, underestimate the level of challenge we still face in respect of developing, implementing and delivering plans at an organisational, local system and STP level. The transformation tomorrow of our health and care system is only possible if we have a strong, stable, sustainable system today, so it is imperative that in the next two years:

We still need to:

- Deliver already agreed plans, and utilise the opportunities through agreeing two year contracts by December 2016. Deliver evidence based, best practice recommendations such as sharing back office functions and other efficiencies detailed in the Carter Report and the RightCare initiative
- Implement agreed policies such as those around procedures with a lower clinical impact
- Agree the resources to mobilise the STP footprint workstreams to undertake the gold standard solution design process around
 - urgent and emergency care to ensure a model that is high quality and affordable
 - hospital and out of hospital services to ensure they are joined up, integrated and focused on population need and achieve agreed standards
 - Transformation of primary care as the nucleus of a personal, wellbeing, community based model of care
 - Ensuring mental health needs are equal to physical health
- Make the most effective use of the resources (funding, people, technology) available to us
- Maximise the opportunities around new technology and free the workforce across the system to build on existing achievements and provide better outcomes for patients and communities. Making sure all our staff have sustainable career prospects, learning opportunities and are able to make the difference to peoples' health and wellbeing they want to.

This ambitious, draft plan has already been influenced by the public, local and national politicians and officials and the great workforce we have in Lancashire and South Cumbria across all our health and care organisations. This has involved engagement events with the public, local councils workforce and volunteer organisations through our established and robust governance structures and Local Development Plan areas. Plans for even further and more widespread engagement activity are agreed and will be advertised over the coming weeks.

Our priorities

What are our gaps?

Health and well being

- The population is ageing with increasingly complex needs
- Economic deprivation in pockets across Lancashire and South Cumbria is contributing to poor health outcomes
- Heart failure, peripheral arterial disease, COPD, asthma and depression are particularly prevalent across the footprint
- Issues relating to alcohol consumption, smoking and poor diet are leading to avoidable long term conditions and emergency admissions related to harmful alcohol intake and self-harm
- Quality of life for people with long-term mental health conditions and long-term conditions is poor
- Depression prevalence is higher than the national average in all CCG areas

Care and quality

- High neonatal mortality and stillbirths
- All A&E departments failing to meet the 4 hour target
- Low cancer survival rates in some areas of the region
- Almost a quarter of GPs in each CCG area are over the age of 55, presenting a potential future gap in the GP workforce
- Unplanned admissions for chronic conditions are high across the footprint
- Increasing incidents of self harm in young people

Recent CQC inspections have concluded that providers require improvement across a range of domain

Finance and efficiency

The Lancashire and South Cumbria financial gap is forecast to be £91m in 2016/17. This is projected to grow to £572m (£443m for Health and £129m for social care) by 2020/21 if no action is taken to prevent present rates of illness or demand on a 'do nothing' scenario.

The Carter review (in 15/16) identified efficiencies totaling £176m across acute providers within the footprint.

The RightCare Commissioning for Value packs identified efficiencies totaling £118m across CCGs within the footprint.

Transformation measures will ensure longer term sustainability.

What is our case for change?

How do we explain the case for change to our staff, our patients and our population?

The health and care outcomes and quality of life for our population are amongst the worst in the country.

- Our children are more likely to die young, experience life limiting conditions or suffer from mental health issues, leading to injury and self harm.
- We generally drink too much, smoke too much and are overweight.
- Too many of our people die from Cancer and Coronary Heart disease.
- We are more likely to die early and experience the poorest of health in our last years of life.

If we do nothing different then we will find that demand for health and care services will continue to outstrip the resources we have to deliver them, and our health outcomes will remain poor or possibly deteriorate.

We are already committed to create a health and care system fit for the future and by doing so ensuring improved health outcomes for the general population and sustainable and affordable health and care services for those people with greatest need.

We need to continue to strive towards opportunities to improve efficiency, reduce variation and achieve quality standards so that we are not only financially sustainable, but improve the patient experience as well as impact on health outcomes.

Our population deserve better, our workforce deserve better, we deserve better

What are our STP priorities? 2016 - 2021

A greater emphasis on achieving sustainability by accelerating the priority initiatives within the local health and care economies and existing programme work streams to keep pace and momentum in delivery of known gaps – Carter, RightCare, Vanguards, LDPs

Introduce population health model at scale across the footprint, with prevention strategies, comprehensive health promotion & well being programme, community resilience & mobilisation and support to people to co-produce health gains.

Our population based care delivery model will need to maximise the learning from our Vanguards in developing comprehensive wraparound aligned mental health and physical health services for;

- Urgent Care
- Integrated primary and community services
- Prevention, self help & education
- Regulated care

A one service approach to our acute physical and mental health services to ensure specialties are delivered at the clinically correct scale within the necessary co-dependencies of related disciplines.

Optimise our population based care delivery model to understand the impact and roadmap for implementation of;

- Technology
- Workforce
- Partnerships
- Estates

Following the gold standard solution design process and to then develop a business case(s) which describes the scale of transformation required, the critical path for delivery, the benefits framework for the programme and a plan for implementation and consultation

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Once the population based delivery model is defined, refocus the programme, workstreams and interventions to start towards delivering the critical path priorities.

Local Authority colleagues have always been, and remain integral members of Healthier Lancashire & South Cumbria. Local Authority Chief Executives, Operational, Finance and Communications & Engagement officers are contributing hugely both in their local districts and Local Delivery Plans, but also the STP footprint workstreams as well as in the decision making process.

Adult Social care is covering a savings requirement of £32m in 2016/17 and the shortfall is expected to grow to £129m by 2020/21 even after assumptions on BCF growth, savings and the rates precept (this relates to setting council tax levels) are factored-in. Some of the major difficulties being experience by the four social care departments are:

- Low yields expected from the levying of the social care rates precept across Lancashire and Cumbria insufficient to cover extra costs arising from the living wage and rising demand of circa +5% per annum
- Increased instability and reducing supply in residential and nursing care
- Capacity shortfalls in supply of home care provision with reductions in support packages
- Carer breakdown leading to greater unplanned pressure on health services
- Larger caseloads for social workers and occupational therapists
- Reductions in non statutory services like re-ablement to protect statutory provision will impact on health services
- Timing difference between immediacy of social care positions and the speed at which any health mitigations could be developed

Children's Social Care has seen a general and overall rise in demand. National figures (which are Department for Education validated) from 2015 show Looked after Children numbers at their highest level in 30 years. Anecdotal evidence is that this has continued to rise, 2015 – 16 and beyond, illustrating a growing national pressure. This demand increase comes with an increase in complexity of case and numbers of care proceedings are going up nationally (CAFCASS estimating 22%). Local Authorities have seen a 65% increase in initial contacts to children's social care (since 2007 – ADCS, Safeguarding Pressures), numbers of Child Protection enquiries per 10,000 have risen by 124% and the rate of children starting to be looked after, 94%. There is also a general shortage of residential placements and a move to this becoming a buyers' market with the resultant increase in placement costs. The challenge of retaining experienced social workers is increasingly difficult as agency work is now becoming the career choice for many professionals. This increased demand is putting enormous financial pressure on already stretched organisations, with Blackpool seeing an in year pressure of 10.4%. This pressure has already led to the reduction of preventative services and will likely see more reductions following the autumn statement. Not only is this threatening to put additional stress on health services for children it also means that options for cost reduction outside of adult social care are severely limited.

These additional challenges in the our Health and Care System are driving priorities within our Healthier Lancashire and South Cumbria Programme. This specifically relates to the Regulated care sector workstream and the new models of care design processes of Healthier Lancashire & South Cumbria are looking to address and resolve these risks. These new models of care look to multi disciplinary integrated teams and new generic and holistic roles for professionals within those teams. This also will take account of work being undertaken across Lancashire County Council, with Price Waterhouse Cooper (PWC) around a new operating model for the public sector. Discussions are also beginning in relation to developing proposals for an integrated commissioning function for Lancashire, building on the existing Collaborative Commissioning Board and the Joint Committee of CCGs responsible for the decisions around the Healthier Lancashire & South Cumbria Programme.

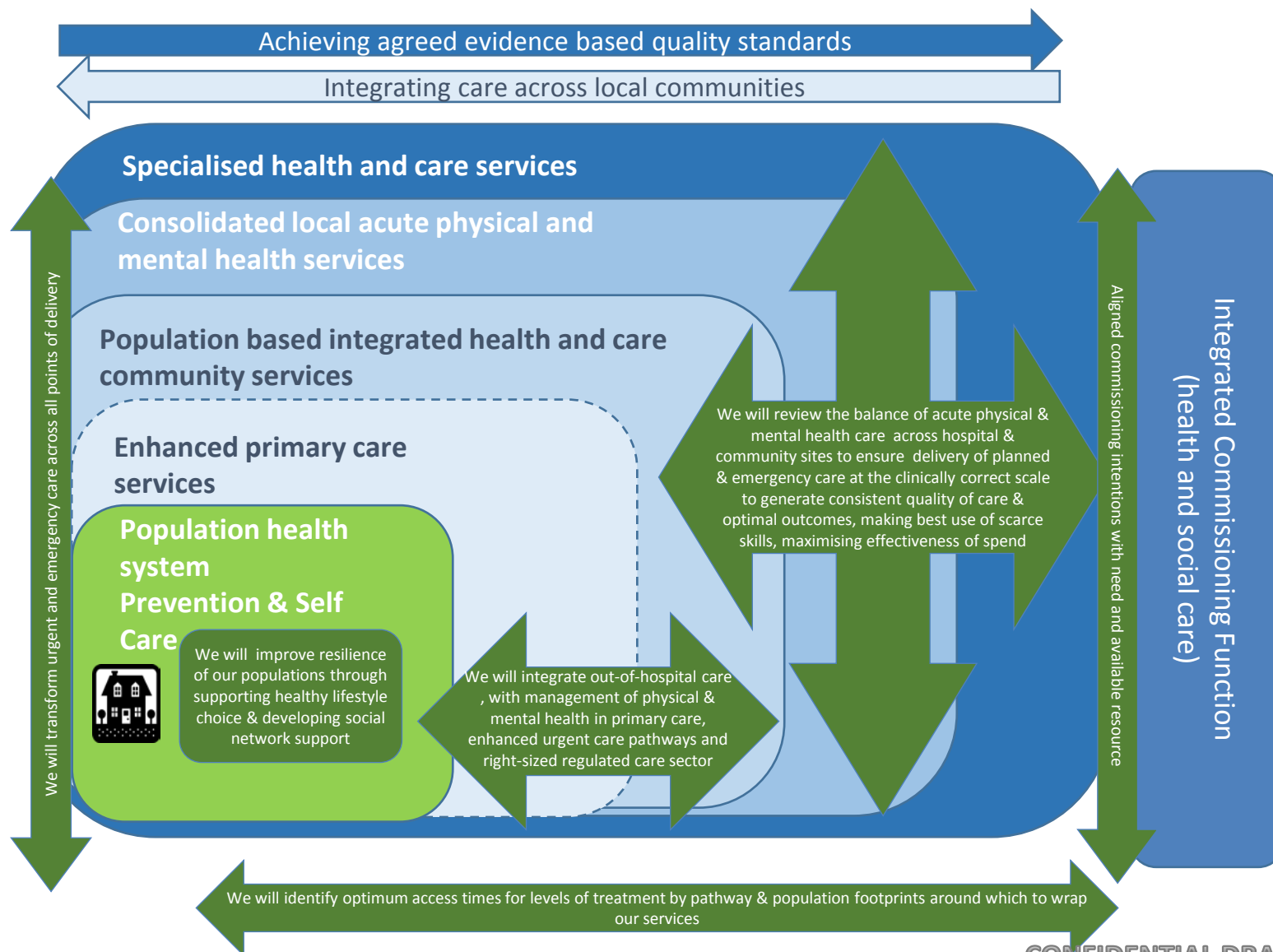
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Our NHS provider trusts, who currently deliver acute hospital, community services and mental health care have been working together to develop a proposal for an NHS Provider Trust Forum. This will provide a previously unprecedented collaborative, which will have an agreed structure and governance arrangements, through which our provider trusts will work together and more effectively develop and provide services to maximise opportunities for efficiency, quality improvement and manage workforce challenges. In the next year:

- We plan to deliver robust district general hospital services within each local health economy within our footprint, offering an integrated pathway between out of hospital and in hospital services for children, adults and the elderly and frail.
- As we invest in prevention interventions, primary care and develop a modern 7 day health care service giving us world class outcomes and which remains financially sustainable into the future - then we need to configure and deliver some of our acute and specialist services differently.
- To respond to our significant workforce challenges (ageing, recruitment, retention) we recognise that we will need to bring together expertise and configure and deliver some of our acute and specialist and indeed our community integrated services differently.
- We have commenced a piece of detailed modelling work to review options for optimal configuration of acute services, focusing initially on those services where a different delivery model will significantly improve clinical outcomes, those where workforce issues make it difficult or impossible to offer a robust service from multiple locations, and those services where rota consolidation may offer significant financial efficiencies.

Big questions	What we will do
How are you going to prevent ill health and moderate demand for healthcare?	Our population health system development will focus on prevention of ill health and enhanced support for self care, thereby moderating demand for primary community and ultimately hospitals care
How are you engaging patients, communities and NHS staff?	Our engagement strategy will deliver a step-change in that involvement so that our people become part of the change. Collectively we will co-design strategies, working towards a radically different, people-centric preventive system, addressing the wider determinants of health and so less reliant on costly infrastructure.
How will you support, invest in and improve general practice?	Our population based integrated care model will be wrapped around enhanced primary care, where we will invest in general practice and manage demand to increase capacity and the effectiveness of its use
How will you implement new care models that address local challenges?	Our Vanguard is testing new models of care – learning from the rapid evaluation of the vanguards will be shared to inform development of models across the footprint
How will you achieve and maintain performance against core standards?	Our focus during 2016/17 will be to deliver organisational operational plans. Including achievement of NHS constitution and mandate standards and associated financial control totals
How will you achieve our 2020 ambitions on key clinical priorities? (Ca MH LD maternity)	As we mobilise our collective workstreams, we will identify clinical priorities for early action in line with local need and national expectations
How will you improve quality and safety?	Our acute sector workstream will roll-out the four priority seven day hospital services clinical standards for emergency patient admissions and achieve a significant reduction in avoidable deaths. We will ensure that most providers are rated outstanding or good that and none are in special measures. We will also improve antimicrobial prescribing and resistance rates
How will you deploy technology to accelerate change?	Our digital health strategy will support the delivery of our triple aim through the electronic sharing of health records to support safe effective care; implement digital tools to support self care; deploy technology enabled care to support independence; and underpin changes to our acute sector configuration
How will you develop the workforce you need to deliver?	Our workforce strategy will enable and ensure that both the workforce itself and the requirements of new models of care are effectively planned for and delivered. We need a workforce that is sustainable, engaged, motivated, highly skilled and agile.
How will you achieve and maintain financial balance?	Our financial strategy will focus on the delivery of sustainability in 2016/17; early investment in enablers and double running to support transformational change; and the ultimate reinvestment of current spend to maximise health gain generated

A transformed health and care system



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NB: This represents the discussions and evidence to date around a future transformed health and care system, each LDP is developing its vision in response to this, in relation to its local population needs and service demands. This proposal and graphic still requires development to help support our discussions with stakeholders around the vision for the future.

We need to:

- Encourage people to take their health seriously and assume greater responsibility for their own good health
- Develop robust integrated care services across Lancashire that are based in local communities and reduce the reliance on acute hospital-based services
- Create a multi-skilled, flexible and responsive workforce
- Enhance the role of the third sector to support mainstream services
- Establish joint system leadership across Lancashire's entire health and social care environment.

The organisations that comprise the health and social care system in Lancashire and South Cumbria can only address the challenges effectively if they address them together. Success requires a whole system approach. Nobody can fix this alone. The time has come for us to look beyond the interests of our individual organisations and towards the future development of the whole health and care economy in Lancashire and South Cumbria building on what is already working well.

It is time for:

- The active and responsible person - To benefit from a fair and sustainable society - in which everyone has an improved chance of a longer, independent life - we all have responsibility to participate more in our own health and wellbeing. It is all about keeping people fit and healthy for longer.
- We have added years to life but not life to years. If we fail to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness. Prevention and Population Health Programme is integral to the transformation and sustainability of Lancashire and South Cumbria health and care system. We have identified key priorities and high impact actions to establish early momentum and underpin future work. Our principle is to shift resources that will enable behaviour changes to prevent ill health, provide more proactive care and reduce demand; whilst promoting fully engaged communities and place based health and care system.
- Primary care is considered to be the bedrock of the NHS and the setting for 90 per cent of all NHS patient contacts. However, primary care and in particular general practice, is under unprecedented strain and struggling to keep pace with rising demand, and it has become clear that action is needed to secure a responsive NHS, fit for the future. The vision: A Sustainable, high quality primary care with reduced variation and inequalities that underpins the development of new models of care in each of the LDP's. The Model: Primary care providers working at scale through wider use of primary care staff and embracing new roles with access to routine medical care 7 days per week underpinned by high quality primary care estate, maximised use of technology with the integration and maximised utilisation of all 4 independent primary care contractors.

We do not have any predetermined solutions or options at this stage. We are working with all our partners and residents of Lancashire and South Cumbria to understand the challenges we collectively face and gather ideas and potential solutions to meet those challenges. Our local clinical, health and social care leaders believe all those living in Lancashire and South Cumbria should:

HAVE ACCESS TO MORE INFORMATION

- In 'plain English' and other languages, delivered with compassion and humanity with a treatment plan, including when specific treatments will happen, what they are to be and what effect is expected
- Providing guidance on a healthy and active lifestyle, and on how to best use local services when they need them
- To be actively listened to, as a patient, parent, child, partner or carer

BE SUPPORTED BY NEW, BETTER COMMUNITY SERVICES

- Such as 'wellness services', helping people to live healthy and active lifestyles, reduce social isolation and loneliness, and provide support for carers
- Such as friendly, helpful, listening and supportive care staff across community and social services, GP practices and hospitals, who treat people as individuals
- With a flexible appointment system to suit needs, advise and signpost accordingly
- Acting with compassion, empathy and respect, putting the patient and their family / carers at the centre
- With care staff sharing information between themselves and with the patient, carer and their family, to build a trusting, well-informed relationship and stop patients having to repeat their story over and over again
- Know that the implications of a Registered Lasting Power of Attorney – which covers health and welfare – are understood and acted upon by all staff who deal with the public, and that all staff and public information documents cover this.

HAVE ACCESS TO IMPROVED SPECIALIST SERVICE

- including the very best specialist care, 24 hours a day, seven days a week
- with senior hospital doctors and specialist nurses working more closely with their GP and primary care colleagues
- and could be assured of excellent, early and constructive care, to prevent the worst aspects of long-term conditions from impacting on the lives of sufferers and their carers.

To achieve this, we will need to:

- promote self-care and management, health promotion, education and individual responsibility where appropriate, and for professionals and patients, carers and services users to work together with access to the required support and facilities to make this happen
- ensure collaborative working between health and social care workers and colleagues in the private, voluntary and third sector to meet the needs of people, and respecting the needs of staff to achieve this
- promote innovation, and encourage new ideas from patients/service users, carers and staff.

There is much national evidence about how this kind of care can be achieved based on the experiences of service users and research evidence. National Voices states that this kind of best practice, integrated care should form a new model of partnership with people and communities: our key principles

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequalities
- Carers are identified, supported and involved
- Voluntary, community & social enterprise and housing sectors are involved as key partners and enablers
- Volunteering and social action are recognised as key enablers

Our Sustainability and Transformation Plan 2016-2019

9 Must Do's	What needs to be better?	What we will do
1. Develop a high quality and agreed STP, and subsequently achieve what you determine are your most locally critical milestones for accelerating progress in 2016/17 towards achieving the triple aim as set out in the Forward View.	<ul style="list-style-type: none"> • We have planned services in organisational silos • While there are some examples of joined up plans and the delivery of Lancashire and South Cumbria service e.g. vascular and stroke, these have been too few • No significant history of joined up plans across the STP footprint, that include our local authority and voluntary sector colleagues • We have not created or exploited sufficient opportunities to learn from each other or from best practice examples nationally and internationally 	<ul style="list-style-type: none"> • Implemented a robust, tested and legal governance and supporting transformation programme arrangements • We will develop these further to incorporate the development, deliver and implementation of current and sustainable plans for 2017/18 • The STP has been built up from the 5 local health and care economies and their Local Delivery Plans (LDPs), this iterative work between the transformation programme and delivery at a local level will continue • Set out or plans for 2017/19 with milestones and with agreed owners and the risks and delivery requirements identified • Resource and mobilise the STP priority workstreams
2. Return the system to aggregate financial balance . This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality.	<ul style="list-style-type: none"> • The health and care system organisations have been focussed on their own cost improvement plans and there has been very little industrial scaling up of what is known to work or of doing things together • Existing plans, when aggregated, do not provide sufficient assurance that they will be able to meet the demand challenges within the given resources • The impact of social care funding reductions • Not maximising economy of scale opportunities • Insufficient clinical engagement in the RightCare discussions regarding pathways 	<ul style="list-style-type: none"> • We will implement at scale and pace agreed policies (e.g. ILCV) • We will implement Carter recommendations and utilise RightCare Programme • We want to make sure services work together to support our population. NHS, local councils, voluntary organisations and other public sector organisations will work together to deliver more joined up health and care. This will improve the quality and experience of care. • We want health and social care to be coordinated around the individual. Our focus will include: prevention and early intervention, supporting people to look after themselves, creating a single point of contact, setting up locally based teams. • We will build on recent progress to make sure NHS and local councils are planning jointly and make sure services are joined up. For example making sure the right home care or residential care is in place to come back home following an operation.

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9 Must Do's	What needs to be better?	What we will do
<p>3. Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.</p> <p>See Annex: Primary Care Plan on a Page (slide 61)</p>	<ul style="list-style-type: none"> • We have an under established workforce. The Health Education England North West Region has the lowest GP coverage of any other region having 63.4 GPs per 100,000 population. • All CCGs have 17-20% of the GP workforce aged 55 or over and therefore likely to retire over the next ten years • A significant number of single handed or small practices, operating out of poor estate. • Capacity struggling to keep up with demand • The requirement to delivery 7/7 services • Limited GP services at evening and weekends could be linked to the high numbers of the working population using A&E 	<ul style="list-style-type: none"> • We will develop and transform primary care services so that we are able to offer seamless out of hospital services for our patients, including in the evenings and at weekends. • We will deliver the GP Forward View, increasing the proportion of overall spend which we spend out of hospital , focusing on integrating primary and community services within neighbourhoods. • We will learn from the enhanced primary care approach being implemented in vanguard sites and apply this learning across the whole of our footprint. • We will apply risk stratification methods across our population using BI tool to enable us to differentiate the care we offer, with proactive intervention for those at highest risk of hospital admission, robust, evidence based pathways of care for those with long term conditions and timely access to care for those with episodic care needs. • We will use our GP practices as the front line in our battle to prevent ill health and improve health outcomes, with systematic implementation of evidence based primary and secondary prevention strategies. • Our GPs will work with colleagues in community pharmacy to promote best access for those with minor self limiting conditions, those on multiple medications and those needing medicines management support. • We will implement innovative approaches to the challenge of ensuring an adequate primary care workforce with local training, development and recruitment strategies for GPs, Nurse Practitioners, Clinical Pharmacists, Practice Nurses and paramedic practitioners as well as new generic roles which offer wellbeing support. • We will ensure that we make changes only where they deliver clear benefits and will maintain local, GP services offering neighbourhood access and continuity of care which we know is important to our population. • We will roll out the best of new models of care from the vanguards to other areas starting now and over the next 12 months, to include risk assessment, patient segmentation, moving care out of hospitals, MCP /PACS or ACOs, learning from the accelerator site for population based capitated budgets, and Enhanced primary care.

9 Must Do's	What needs to be better?	What we will do
<p>4. Get back on track with access standards for A&E and ambulance waits, ensuring more than 95 percent of patients wait no more than four hours in A&E, and that all ambulance trusts respond to 75 percent of Category A calls within eight minutes; including through making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.</p> <p>See Annex: Urgent and Emergency Care Plan on a Page (Slide 66)</p>	<ul style="list-style-type: none"> • All A&E departments failing to meet the 4 hour target • Unplanned admissions for chronic conditions are high across the footprint • Ambulance service failing to achieve response time targets • High numbers of unplanned admissions (3rd and 4th quartile across Lancashire) suggests that patients with chronic conditions are not able to effectively self manage their condition in an out of hospital setting. This is particularly acute in Pennine Lancashire • The highest users of A&E (Southport & Ormskirk Hospital NHS Trust) are individuals from 0-9 years of age and 10-19, compared to people predominantly in the 20-29 age group across Lancashire • Lancashire Teaching Hospital NHS Foundation Trust, the sole acute hospital provider in Central Lancashire, has the lowest proportion of patients discharged, transferred or admitted to A&E under four hours within the STP footprint. • Higher than average unplanned admissions for chronic ambulatory care sensitive conditions suggests patients are not receiving services within the community to enable them to proactively manage their condition 	<ul style="list-style-type: none"> • We will continue our implementation of the national urgent and emergency care review recommendations, building on our existing single point of access to urgent care services via 111 with our developing clinical hub and seamless coordination with GP out of hours services. • We will offer increased access to primary care services in the evenings and at weekends using a hub approach. • We will offer integrated mental health crisis services including liaison psychiatry. • We have commenced a detailed, evidence based review of A+E services and Urgent Care Centres across the footprint and have committed to supporting the configuration which offers the best clinical outcomes for our population within the resources and workforce available , taking account of the evidence.

9 Must Do's	What needs to be better?	What we will do
5. Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment , including offering patient choice.	<ul style="list-style-type: none"> High neonatal mortality and stillbirths RTT performance has a 6% range across Lancashire. Lancashire North and Cumbria CCG are bottom quartile performers compared to West Lancashire which is first quartile Poor performance in respect of delayed transfers of care targets 	<ul style="list-style-type: none"> Local hospitals will work in partnership with one another and as part of networks to deliver care across the whole system There will be robust district general hospital services within each local health economy within our footprint; offering an integrated pathway between out of hospital and in hospital services for children, adults and the elderly and frail All of our hospital trusts will ensure they meet quality, safety and waiting time standards and will continue to provide care to their local populations for general hospital services We will ensure we deliver the 4 hour A+E waiting time standard, as well as improving the length of wait before a senior doctor assesses a patient and ensure that the outcome of our A+E review maximises the times that consultants are on hand to deliver care to our most seriously ill patients We are carrying out a piece of detailed work to look at configuration of specialist services (tertiary care), to deliver expert care in the right place at the right time to treat complex conditions to improve clinical outcomes and produce significant financial efficiencies. The evidence suggests that more specialised surgery, some cancer and other services could benefit from centralisation in centres of excellence with better outcomes for patients and fewer deaths. We will work to make sure people are given consistent access to the best possible specialist treatments. Creating these centres of excellence networked with local hospitals will help save more lives.
6. Deliver the NHS Constitution 62 day cancer waiting standard , including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.	<ul style="list-style-type: none"> 6 out of 8 Lancashire CCGs assessed as either in the 'greatest need for improvement' or 'need for improvement' under CCG assessment on Cancer performance 7 out of 8 CCGs have less than 50% of Cancer diagnosed at an early stage 6 out of 8 CCGs have less than 90% of urgent referrals seen within 62 days 5 out of 8 have less than 70% one year survival rates 	

9 Must Do's	What needs to be better?	What we will do
<p>7. Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.</p> <p>Also: Ensure that 50% of acute hospitals meet the 'core 24' standard for mental health liaison as a minimum, with the remained aiming for this level. Provide 24/7 Crisis Response and Home Treatment teams as an alternative to acute admissions. To continue to meet dementia diagnosis rate of at least 2/3s of the estimated number of people with dementia. Provide additional psychological therapies for people with anxiety/depression, with the majority of the increase integrated with physical healthcare. Eliminate out of are placements for non-specialist acute care. Increase access to Individual Placement Support for people with Severe Mental Illness. Increase access to evidence-based specialist perinatal mental health care. Ensure that 50% of people experiencing 1st episode of psychosis start treatment within 2 weeks of referral. Reduce suicides by 10% with local government and partners.</p> <p>See Annex: Mental Health Plan on a Page (slide 62)</p>	<ul style="list-style-type: none"> • All CCGs across Lancashire carry out more physical examinations on people with a serious mental illness vs comparator CCGs • Self harm amongst 10-24 year olds in Blackpool, benchmark value of 399 with Blackpool at 1239, more than three times higher than comparator CCG clusters. Self harm in West Lancashire is up +33% and +18.4% in South Ribble (JSNA, 2014) • High Levels of emergency admissions for people with mental health problems. Recent increase in people with mental health problems attending emergency departments • Commissioning effective 24/7 Crisis Resolution and Home Treatment Teams (CRHTs) • Delayed transfers of care in mental health inpatient settings • Average PICU Length of stay is a national outlier • People with dementia experience longer stays in Acute Hospitals because of their diagnosis • Lancashire is a national outlier for suicide 	<ul style="list-style-type: none"> • IAPT access standard and 24 hour A&E liaison including improved access to Early Intervention Psychosis, perinatal and Eating Disorders. We will also improve access. • Capacity modelling work will ensure the appropriate capacity in both inpatient settings and mental health crisis teams. STP plans are committed to eliminating the practice of Out of Area Treatment beds (OATS) by no later than 2020/21. • Develop prime provider models for both CAMHS and secure services to deliver financial efficiencies and improve outcomes for patients. These include the opportunity to manage patients in the least restrictive setting and come closer to home. • Prevention and early intervention are key with a particular focus on reducing self-harm and suicide and continuing to build upon our strong track record of diagnosing dementia as early as possible and offering robust post diagnostic support.

9 Must Do's	What needs to be better?	What we will do
<p>8. Deliver actions set out in local plans to transform care for people with learning disabilities and/or autism, including implementing enhanced community provision, reducing inpatient capacity, and rolling out care and treatment reviews in line with published policy.</p> <p>See Annex: Pan Lancashire Learning Disabilities and/or Autism Transformation Plan on a Page (slide 67)</p>	<ul style="list-style-type: none"> • Reduce reliance on, and long term use of hospital placements • Achieve parity of esteem, as people with learning disabilities and/or autism have a shorter life expectancy than those who don't • Improve access to mainstream health and prevention services • Community services need to be enhanced to enable them to meet the needs of the population for all ages • Development of housing and care models to meet the variety of needs of individuals from standard through to complex • Person centred planning to ensure the individuals health and social needs can be met and to provide the same opportunities as for the rest of the population, such as in education, employment, choice over where to live and social activities 	<ul style="list-style-type: none"> • Production of a Pan-Lancashire Housing Strategy , with market position statement and map demand to supply • Implementing procurement systems • Undertake a communication and engagement programme • Develop an integrated community service specification, commission and implement. • Adopt National care and treatment review policies • Deliver a physical health and prevention, increase GP registers, annual health checks, health action plans and hospital passports • Outline the requirements to establish a safe, sustainable workforce • Develop pooled budget arrangements with robust governance arrangements to support it • Continue to safely discharge patients that have been in hospital long term and ensure adequate hospital provision for future needs
<p>9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.</p> <p>Also: suicide prevention; improving emotional resilience in CYP; improve dementia diagnosis. Diabetes prevention, Workplace health and wellbeing to reduce sickness absence and improve productivity Cancer prevention, screening and early detection Addressing RightCare priorities to reduce unwarranted clinical variation, in particular improve the uptake of shared decision making, Supporting improvement of patient safety and reducing avoidable mortality.</p> <p>See Annex: Prevention Health Plan on a Page (slide 60)</p>	<ul style="list-style-type: none"> • In general (based on the NHS and PH outcomes framework), there are approximately 3500 deaths across our STP area per year that are considered preventable, and 1900 deaths per year that are due to causes considered amenable to healthcare. It is estimated that 40% of all deaths are related to lifestyle factors like alcohol, tobacco, physical inactivity, overweight and obesity. <p>Child health - The majority of CCGs perform worse than the England average across the child health metrics outlined below.</p> <ul style="list-style-type: none"> • East Lancashire CCG, Fylde and Wyre CCG and Blackpool CCG perform in the 4th quartile (worse 25% of CCGs) for over 10 indicators. • Blackpool CCG has the worst rates in England for four of the metrics. • Across the footprint, all CCGs are in the 4th quartile for admissions caused by injuries in children (0-14 years). 	<ul style="list-style-type: none"> • A key focus of our plan is to scale up our strategies to prevent ill health so that, in the medium to longer term we have a healthier, more health literate population, engaged in, and with the knowledge to adopt lifestyles which promote good health- particularly with regard to smoking, alcohol and obesity. • Our population will be supported to have the confidence to manage their own care at home when suffering from minor, self-limiting conditions, thus limiting the burden on primary and urgent care services. • Those with Long Term Conditions such as COPD , Diabetes and Heart failure will benefit from structured education and support to help them to manage the own condition as effectively as possible . • We will focus primary care teams on systematic, evidence based secondary prevention to reduce the risk of further complication or deterioration in those already suffering from long term conditions. • Population health approach to risk stratification to achieve Proactive, anticipatory, joined up community based support for the top 5% complex individuals and families <u>across all ages</u> • Supporting self care and health coaching for the next tier (6%-20%) of the risk stratified population • Fully engaged confident and connected communities for health, wellbeing and resilience

Our overarching aims are to improve the health of our population and ensure our health and social care services are able to deliver what is needed within the context of finite resources. Our specific planning assumptions are:

- We are planning to hold hospital capacity broadly at current levels and make these organisations as efficient as possible so that we are able to deliver services with the staffing establishments we have now. We do not expect or plan for reductions in hospital activity. Our aim is to prevent growth in this areas by prevention and out of hospital care closer to home initiatives.
- Overall health services funding will increase by just over 11% between now and 2020/21 and we plan to use this to develop more and better primary and community services for people with physical, mental health and social care needs - this will require more staff to be employed in this sector and overall we plan to have more staff by 2020/21 than we do now
- Funding for local authority services will continue to reduce over the next four years and if this is not resolved it will pose a major challenge to the delivery of our STP.
- We are planning to find better ways of developing combined integrated ways of delivering health and care services to support people with long term conditions, closer to home, more effectively.
- The planned 20% increase in primary and community services will enable us to stop the increase in demand for expensive hospital services and will also enable us to work with our populations on preventing and/or delaying the onset of serious chronic illness
- Where we can reduce unnecessary activity within hospitals we will and, for example outpatient follow-ups is an important area that could release significant resources. There are a number of other areas we are considering.
- We envisage a one specialised hospital services approach within Lancashire and South Cumbria in order to make the best use of scarce staff and ensure those services meet the high standards expected by patients, staff and regulators, especially in relation to the safety criteria.
- We will review the best way to deliver emergency, urgent and acute care across our communities to meet their needs in each area.
- We will reduce variation across pathways by standardised approaches and utilising agreed standards across the health and care system.

Healthier Lancashire & South Cumbria (HL&SC) recognise that transforming the health and care system that we envisage, will not be possible without achieving sustainability over the next two years and creating the stable foundation necessary. CCGs are planning to meet their business rules for 2017/18 onwards, which means at least an in-year breakeven position. NHS providers are planning to meet their control totals, which in aggregate is a deficit of £65m in 2017/18 and a deficit of £49m in 2018/19, before STF funds are applied. These forecasts are based on the assumption that each organisation will deliver their financial plans in 2016/17. Some significant risks are apparent at month 6. Our key financial assumptions are:

- Potential provider expenditure increases are estimated at £355m, comprising £212m inflation and £143m related to demand growth.
- Additional spending on new models of care of £132m enables the demand growth to be avoided. Primary and Community services will be developed and implemented to consume the demand growth through a combination of primary and secondary prevention, better management of exacerbations of underlying conditions, delaying the onset of serious chronic conditions, reductions in Delayed Transfers of Care and reduced lengths of stay.
- The additional Primary and Community services will be designed to achieve parity of esteem for mental health and integration of health and social care enables the effects of local authority funding cuts on those services to be mitigated.
- Providers will need to meet their inflation costs through efficiency savings and the opportunities identified by Lord Carter will comprise a large proportion of their savings. Programme management arrangements have been agreed by providers to ensure that the collaborative working across them can be assured.
- As the additional Primary and Community services develop, they will, in years four and five, enable some acute capacity to be reduced in response to a reduction in demand for inpatient and outpatient services.
- In 2017/18 and 2018/19 commissioners will focus on extracting efficiencies identified through the RightCare methodology to reduce drugs costs (£23m) and reduce elective demand in providers (£53m). This reduction in demand is pending the extra community and primary care services coming on-stream to take over the main driver of demand avoidance from 2018/19 onwards.
- Any surpluses in CCGs will be used to offset the potential shortfalls in providers and as we develop our plans the means by which commissioners are able to share these gains will be finalised so that financial resources are deployed where they are needed.
- HL&SC is looking for one control total but with special recognition of the position in Morecambe Bay, where high level discussions with NHSE/I have yet to be concluded.
- HL&SC estimates that it will require £160m across 2017/18 and 2018/19 in order to develop new models of care **and** achieve the changes in hospital services (see the estates slides).
- HL&SC will be seeking a proportion of the transformation funding available to the STP from 2017/18 in order to enable ICT, prevention and workforce changes to be implemented, in addition to the STF support for providers. We will need £21.7m in 2017/18, £26.7m in 2018/19 and £14.6m in 2019/20 to support transformational activities.

- The Lancashire & South Cumbria system footprint is the population of 1.7million people registered with GPs across nine CCGs
- Our starting point across the triple gaps is mixed – health & well being is amongst the worst in the country, care quality and efficiency of spend are mixed
- We do however have a track record of working collectively to achieve change, and a commitment across partners to create further system change
- The system is experiencing increasing demand on services and our modelling of the demography and financial challenges clearly shows that we need to respond with much greater transformation if we are to address our 'do nothing' gap of £572m by 2020/21.
- We have identified five priorities for change, underpinned by four transformational enablers, which taken together will help us to eliminate our financial gap by 2020/21. In years one to two we will progress six key initiatives to establish early momentum and underpin future work.
- All of our plans are built on collaborative relationships and consensus amongst our system leaders which we will continue to develop to ensure the success of our STP, and which provide the foundations for an integrated health and social care system in the future.

Initiatives upon which we will focus in 2016/17 – 17/18

P1

- Priority 1: Introduce population health model at scale across the footprint, with prevention strategies, comprehensive health promotion & well being programme, community resilience & mobilisation and support to people to co-produce health gains

P2

- Priority 2: Our population based care delivery model will need to maximise the learning from our Vanguards in developing comprehensive wraparound aligned mental health and physical health services for Urgent Care, Integrated primary and community services, Prevention, self help & education, Regulated care

P3

- Priority 3: Achieve sustainability by accelerating the priority initiatives within the existing programme work streams to keep pace and momentum in delivery of known gaps – Carter, RightCare, Vanguards, LDP:

P4

- Priority 4: A one service approach to our acute physical and mental health services to ensure specialties are delivered at the clinically correct scale within the necessary co-dependencies of related disciplines.

P5

- Priority 5: Optimise our population based care delivery model to understand the impact and roadmap for implementation of Technology Workforce Partnerships and Estates

1. Ensure **sustainability** is achieved through implementation of standardised RightCare approach, with effective out-of-hospital management of Ambulatory Care conditions and minimal PLCV activity
2. **Focused case finding** based on predictive analyses for those patients most likely to end up in hospital to target for support
3. Implement short term high-impact **secondary prevention** measures to reduce demand on services, whilst mobilising our population health model to implement primary prevention initiatives
4. Transform the '**regulated care**' market including a comprehensive capacity and demand analysis and market management.
5. Establish **integrated care models** in each LDP to effectively manage in the community the anticipated growth in demand for secondary care
6. Develop plans to address the delivery of the **most fragile clinical services** within the context of the service consolidation intentions of specialised commissioners.

Analysis of Impact against Triple Aims

Health & Wellbeing

Improved wellbeing - more effective care at home & fewer admissions

Improved wellbeing - care at home & fewer admissions .

Improvements in health from better supported self care

Health & social needs better met in less acute environment

Health & social needs better met in less acute environment

Improved health & well being from improved outcomes from acute care

Improved Life expectancy and delivering parity of esteem

Care & Quality

Improved outcomes from LTC management

Improved outcomes from personalised LTC management

Improved outcomes from better supported self care

Improved quality from wider market of assured providers

Improved outcomes from wrap around care of LTCs

Improved outcomes and quality of acute care – improved stability of service provision

Finance & Efficiency

Deliver provider and commissioner efficiencies

Spend increasing health resources (+11%) more effectively

Seek to mitigate impact of social care pressures through the design of new models of care

Stop growth in demand for acute services through transformation of primary and community services (NMoC)

An underpinning programme of transformational enablers including

- A. Becoming a single health & care system with a **collective focus on the whole population**. B. **Developing communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their communities. C. **Developing the workforce** across our system so that it is able to deliver our new models of care. D. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

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Sustainability initiatives in 2017 - 19- Key milestones, Owners, Risks, Governance & Interdependencies

Ref	Initiatives which we will focus in 2017/18 – 18/19	Scheme Owner	Risks	Governance arrangements	Main Interdependencies
A	Delivery of Carter and other provider efficiencies (£67m in 17/18 and £121m in 18/19)	Various	Speed of delivery	Provider Trust Group	LDPs
B	Delivery of RightCare Savings – Medicines management (£15m in 17/18 and £23m in 18/19)	Collaborative Commissioning Board	National pricing decisions	Collaborative Commissioning Board (CCB)	CCG plans, clinical engagement
C	Delivery of RightCare Savings – ILCV (£10m in 17/18)	ILCV lead	Thresholds are lower than expected	CCB	ICT, clinical engagement
D	Delivery of RightCare Savings - £10m in 17/18 and £35m in 18/19 for elective services	LDP project leads	Double counting the benefits	LDPs and CCB	LDPs, NMoC
E	Starting NMoC roll out (avoidance of growth in acute demand of £36m in 17/18 and £72m in 18/19) – with emphasis on prevention, early intervention in the community and support for early discharge. Risk stratification to identify individuals most at risk of hospital admission as focus for extensive care support. Transform the ‘regulated care’ market including a comprehensive capacity and demand analysis and market management.	Vanguard programme leads MH programme SRO	Scale and speed at which NMoC can be implemented, staff recruitment. Ability of community based solutions to avoid demand in secondary care. Lack of social care funding.	Vanguard programmes and LDPs MH workstream	Vanguard programmes
F	Specialised services, mitigation of demand growth, price efficiency measures and service consolidation (£11m in 17/18 and £23m in 18/19)	Specialised services lead commissioner	Speed at which upstream measures can be implemented, speed of service consolidation	Specialist services SCOG	LDPs
G	Primary care - continue implementation of GP 5 Year Forward View. Delivery 7 day access, implement second wave of new models of care and shift focus to early intervention.	Primary Care Workstream SRO	Investment requirements.	Primary Care Workstream, Co-commissioning Board, Joint Committee	LDPs and Vanguards and Workstreams

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Transformation initiatives in 2017-19 Key milestones, Owners, Risks, Governance & Interdependencies

Ref	Initiatives which we will focus in 2017/18 – 18/19	Scheme Owner	Risks	Governance arrangements	Main Interdependencies
H	Urgent and Emergency Care Review - Data / evidence base.	Urgent and Emergency Care Workstream SRO	Lack of analytical & BI capacity & capability across the system. Lack of stakeholder engagement to tackle issues	UEC Group	Acute & Specialised workstream
I	Maximising potential of Apprenticeships levy provides	Workforce Workstream SRO	Implementation, not been done previously, orgs may struggle to support apprentices	Via LWAB and Programme Board	All organisations
J	Implement Digital Roadmap	Digital Health Programme Director	Capacity & Capability, access to funding	Via Programme Group	All organisations and workstreams
K	Establish 5 Accountable Care Systems/Organisations	SROs in each area	Failure to agree approach or gain commitment locally – need right people, right relationships	Through LDPs	Lancashire & South Cumbria system
L	Acute and Specialised workstream - consolidation of resources and map interdependencies and agree priorities. Develop plans to address the delivery of the most fragile clinical services within the context of the service consolidation intentions of specialised commissioners.	Acute & Specialised Workstream SRO	Failure to agree approach, capacity & capability	Programme Group, Programme Board and Joint Committee	All organisations and NHS Provider Trust Group
M	Solution Design Process – across priority workstreams, from quality standards, to shortlisting of options and involving the public, staff, politicians and utilising a robust evidence base	Healthier Lancashire & South Cumbria Programme Director	Capacity & capability, agreement of resources	Programme Board and Joint Committee	All organisations
N	Prevention and population health implement plans for high impact initiatives and national must dos, (primary and secondary prevention)	Prevention & Population Health Workstream SRO	Current planned reductions in public health funding	Programme Board and Joint Committee	LDPs and all workstreams, all organisations

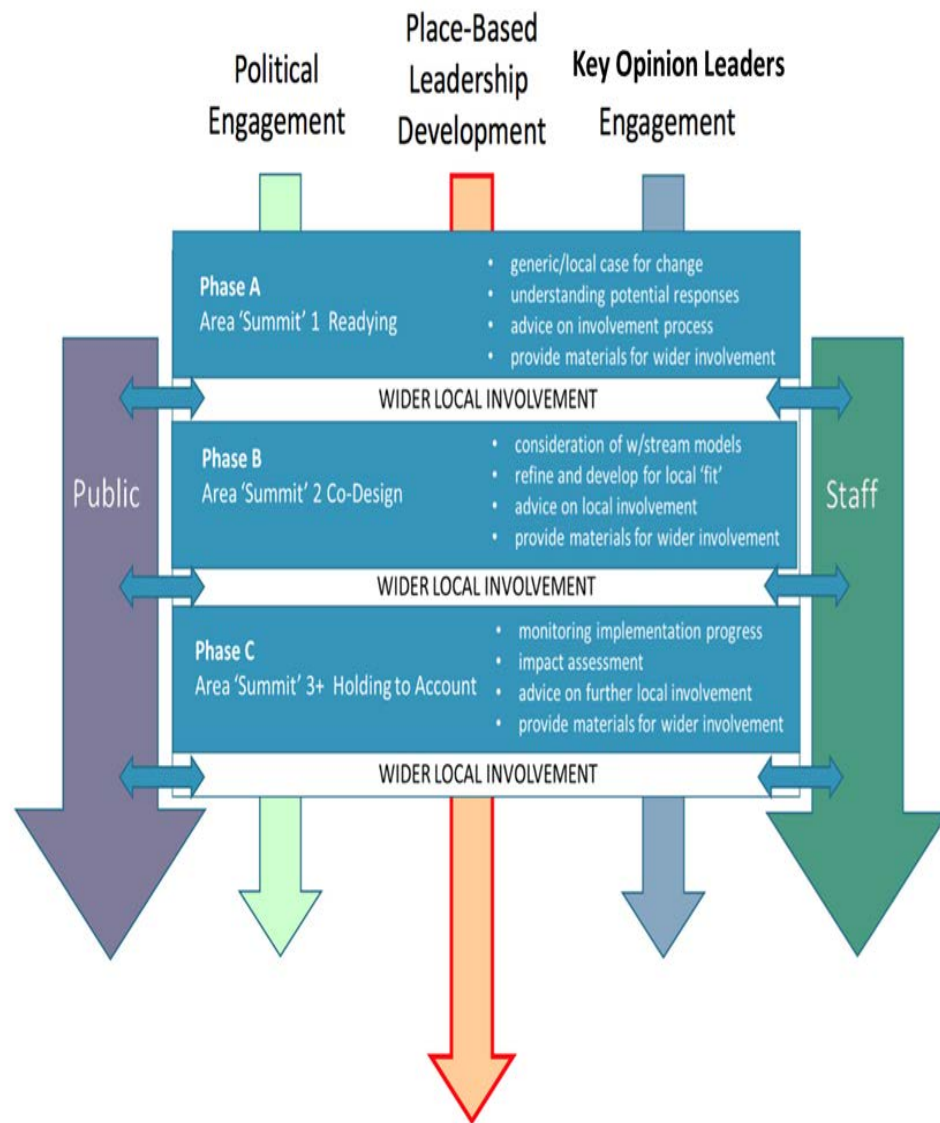
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An inclusive process

Everything we do will be for the benefit of all of the people of Lancashire & South Cumbria. We will build upon the collaborative change programmes that we are already delivering, within which we have undertaken extensive engagement on planning changes to service delivery. Collectively we are co-designing strategies and solutions, working towards a people-centred system, addressing the wider determinants of health. **Over 20 public engagement events have been undertaken in 3 of the 5 LDP areas already**, with plans for the other 2 area programmes to start in November 2016 – **this is in addition to staff side solution design events** and is supplemented by digital, social media and advertising activity. **Phase A: July-December 2016, Phase B: January-June 2017, Phase C: June-December 2017.** (see graphic)

We recognise that changes over the next five years can only be made by common consent with patients, the public, staff, local politicians & media and system partners – **We have already undertaken Westminster MPs briefings, established an MPs panel, offered quarterly 121s with each MP, attended regular HWBs, attended Oversight & Scrutiny Committees and briefed Council Groups at both unitary, County and District levels of local Government.** We intend to share the STP with MPs and Council Groups in the coming days.

Our ICE programme will create widespread understanding of the need for change; raise awareness of what individuals and communities can do to improve their health and what support is needed, resilience and behaviours; and ensure that change proposals are developed through co-design with clinicians, the public, local representatives and service users. **We plan to publish our STP in the coming weeks with pro active media briefings and interviews with clinicians including Dr Amanda Doyle (STP lead & GP), Dr Andy Curran (HL&SC Medical Director) & Dr Mark Spencer (Healthier Fleetwood) and other programme representatives.**



We have been developing a Lancashire & South Cumbria health and social care estates strategy that will underpin delivery of our STP. Individual organisations currently have their own strategies and have made substantial progress in implementing them. It is clear that there are still opportunities to go further to ensure that estate efficiencies enable resources for front line services to be maximised.

- Our assessment is that there is a high level of commonality in the estates agendas across all parts of Lancashire and South Cumbria including: maximising efficiency/utilisation of the acute estate, ensuring that community premises are fit for purpose, increased utilisation of the back office functions based on changes in working practices.
- Taking a 'one public services' perspective – the partners in Lancashire have already achieved some success in accessing facilitation funding from this programme, which will open up broader opportunities for our wider estates strategy.
- Rationalisation of clinical support/general support services and back office functions.
- Constraints on capital are understood and the option of non-NHS sources will be examined carefully across the geography.
- Alignment of provider and commissioner funding policy in relation to use of expensive facilities.
- Substantial progress has already been made to extract savings through estates rationalisation (e.g. improvements in utilisation rates of 16% at LCFT, 17% at ELHT by 2017) and further savings require clinical needs to be articulated to achieve changes in working practice - but further substantial savings could be made in line with Carter estimates.
- There is agreement to continue to collation of existing estates information to build a Lancashire and South Cumbria-wide picture of the public estate as the basis for a larger, more robust strategy.
- The partners in LSC are planning to comply with the requirements of the estate aspects of the Carter report and current plans will deliver 38% non-clinical floor space and only 2.5% unoccupied or under-used space. By April 2017 new plans will enable the full 35% requirement to be delivered. In addition, it is acknowledged that current utilisation in community facilities, which is generally accepted to be as low as 40% in some areas, could be increased up to 80 to 85% in buildings which are identified as being required for the longer term. This will include accommodation such as LIFT and major 3PD investment
- Partners also acknowledge that estate will need to be dovetailed with IM&T and workforce planning across the STP area. In addition, aspirational targets arising from pathway redesign, such as, for example, the transfer of outpatient activity from acute to community settings would enable modelling work to be done that informs the estate planning.
- **Capital requirements** – in 2017/18 and 2018/19 it is estimated that about **£95m** will be required to enable services to be hospital specialties to be consolidated across all the hospital sites and (**£65m**) to enable premises in the community to be adapted and/or built to facilitate the transformational aspects of primary and community services developments, excluding the requirements being discussed by NHSE/I and Morecambe Bay partners. A further **£35m** will be required in 2019/20 for onwards for primary and community service changes plus another £69m for NHS providers. These will be subject to the usual business case process to determine investment priorities.

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Workforce is a key enabler within Healthier Lancashire and South Cumbria (HL&SC). The primary objective for Workforce over the next 5 years is to enable and ensure that both the workforce itself and the requirements of new models of care are effectively planned for and delivered. As well as being an enabler Workforce is a driver given the scale of challenge for recruiting and retaining talent, this is a key risk across all the STP and LDPs.

The HL&SC Workforce workstream will work with all 5 LDP Workforce Groups to bring economies of scale to the solutions designed, to share best practice, reduce variation and duplication.

As a new workstream we recognise that there are already many workforce initiatives and programmes in train across Lancashire and South Cumbria, where impact on the triple aims is great, we will seek to scale up and spread to bring greater benefit to the population of Lancashire and South Cumbria.

Priority 1: A trained and sustainable workforce for Lancashire & South Cumbria care models with a first priority phase of an 'upsized' Primary & Community model across 5 LDP areas. Ensure the workforce are delivering services appropriate to their skills.

Priority 2: Working with the workforce and education establishments to design new roles and ways of working that bring about a flexible and multi skilled workforce that meet the needs of our population.

Priority 3: A Workforce that leads an empowered population to wellbeing, self-care and the delivery of the whole system prevention model.

Priority 4: A workforce that works to common values, behaviours and standards across health, care and wider public sector

Priority 5: An innovative, technologically enabled workforce – wholly interdependent with the Digital Health. Coherent, consistent training and development to maximise the benefits of tech and its place in bringing care closer to home and paper-free.

Initiatives which we will focus in 2016/17 – 17/18

1. Support LDPs in implementation of Carter & RightCare to ensure sustainability in 17/18, 18/19.
2. Rapidly develop the opportunities the Apprenticeship levy (April 2017) provides e.g. Public Sector Apprenticeships with joint placements.
3. Work with LDP Workforce SROs and HL&SC SROs and their workgroups as they go through Solution Design phase and develop their new care model components - the workforce requirements, its feasibility and implications.
4. As the workstream work programme is developed and emerges from the priority care workstreams further initiatives will require resource and a plan.
5. Work has commenced on additional training places for medical & nursing workforce started (2017/18) to address needs.

Analysis of Impact against Triple Aims

Health & Wellbeing

- Clinically sustainable services leading to better staff satisfaction
- Re-training of existing staff for new roles
- Apprenticeships to open-up health and social care opportunities to younger people across L&SC

Care & Quality

- Clinically sustainable services leading to motivated and expert staffing providing excellent services
- Services linked to research and development programmes making them attractive to clinicians and other staff
- ICT literate staff able to deliver integrated care

Finance & Efficiency

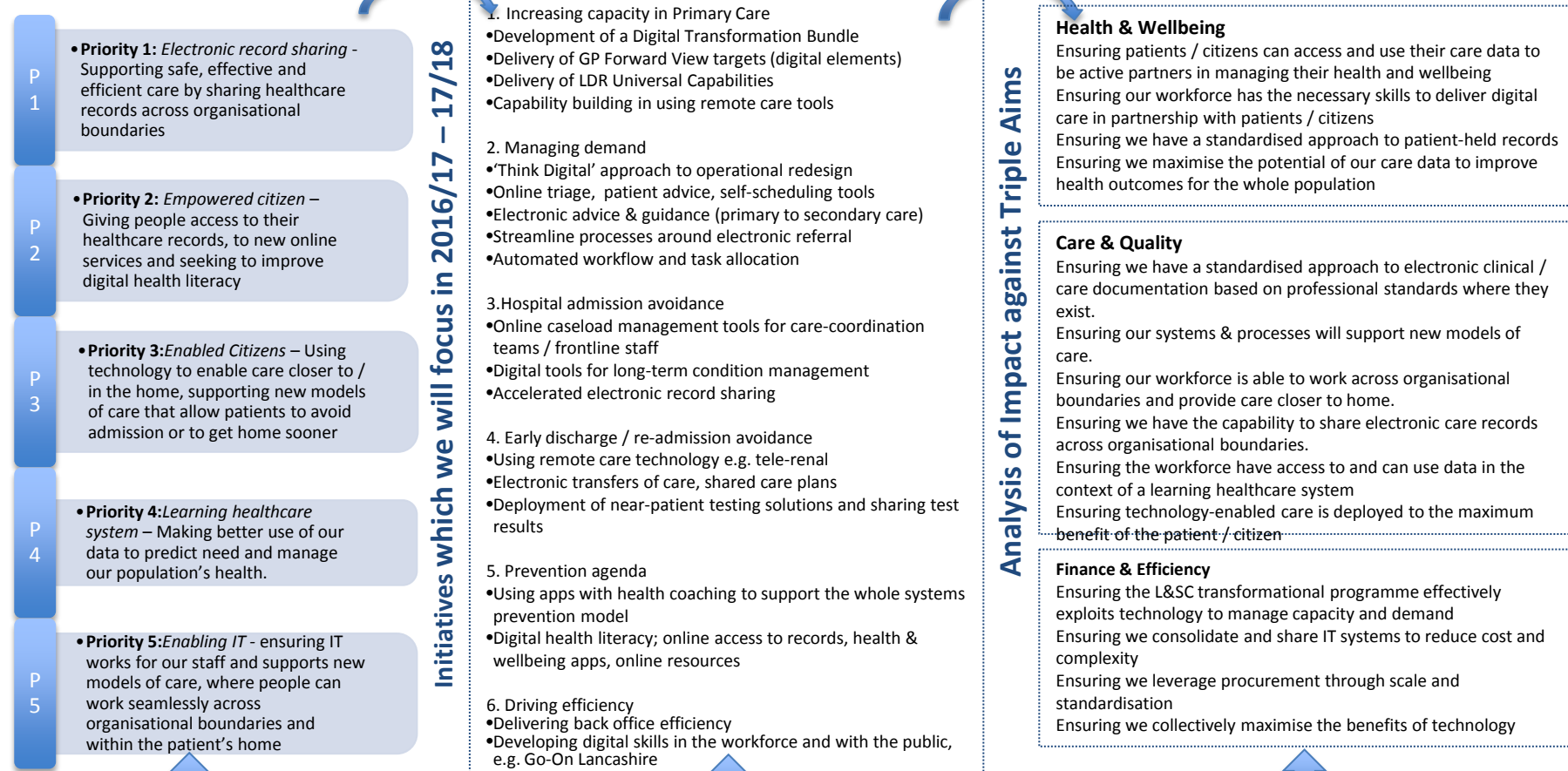
- Extra staff in Primary and Community services of circa +3,200 wtes enables growth in demand for acute services to be avoided
- Reduction in the paybill commensurate with reductions in acute capacity
- Better use of scarce staffing in specialised services
- Reduction in agency staffing

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An underpinning programme of transformational enablers includes:

- A. Becoming a system with a collective focus on the whole population. B. Developing communities and social networks so that people have the skills and confidence to take responsibility for their own health and care in their communities. C. Developing the workforce across our system so that it is able to deliver our new models of care. D. Using technology to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

NHS England has set an ambitious target to make the healthcare system paperless by 2020, this vision is encapsulated within 'Personalised Health and Care 2020: a framework for action', which outlines examples of how the application of technology can improve health outcomes, transform services and reduce costs. To achieve this organisations will need to develop new collaborative partnerships, seek out innovative solutions and implement them at scale and pace across the health and care system. Lancashire & South Cumbria must harness the potential of digital health to help meet the triple aim of creating a health service that delivers improved quality of care, better health outcomes for its citizens and is financially sustainable: through electronically sharing healthcare records to deliver safe, effective care; using digital tools to empower patients to do more for themselves; deploying technology enabled care that helps people to be more independent; improving health outcomes by using our data to target our resources effectively. See Annex D, Slide 67 onwards.



An underpinning programme of transformational enablers includes:

- A.** Becoming a system with a **collective focus on the whole population**. **B.** Developing communities and social networks so that people have the skills and confidence to take responsibility for their own health and care in their communities. **C.** Developing the workforce across our system so that it is able to deliver our new models of care. **D.** Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

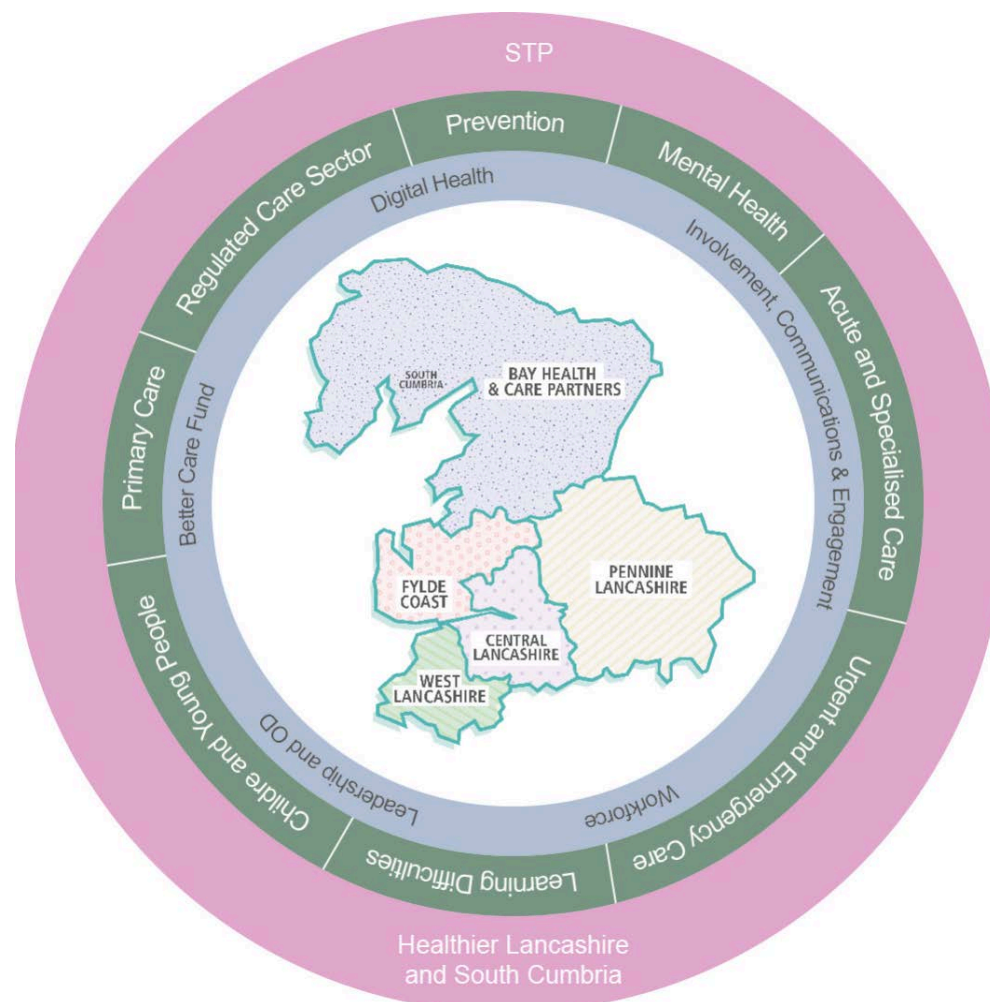
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Healthier Lancashire & South Cumbria

Healthier Lancashire & South Cumbria is made up of five Local Delivery areas and eight workstreams developing the building blocks for a new population based system focused on better health outcomes, better care, a better experience for patients and the best use of NHS resources. We want to make sure that quality improves wherever care is being delivered, whether that is close to home, in life threatening emergencies, or in situations where specialist treatment is needed.

Immediate next steps:

- Await feedback from NHS England
- Devise and resource our communications plan for this document (including discussion at stakeholder boards)
- Enacting the Lancashire and South Cumbria governance arrangements around the LDPs and STP workstreams
- Establishing mechanisms for implementing and delivering the sustainability plans (Collaborative Commissioning Board role and strategic integrated commissioning)
- Resourcing and mobilising the STP workstreams



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- A. GOVERNANCE AND LEADERSHIP
- B. LDP PLANS
- C. WORKSTREAM PLANS
- D. COMMUNICATIONS & ENGAGEMENT PLAN
- E. FINANCIAL AND ACTIVITY WORKBOOK (submitted alongside this plan)
- F. STP ESTATES WORKBOOK (submitted alongside this plan)

TRUST BOARD REPORT		Item	325
30 November 2016		Purpose	Information Action Monitoring
Title	Integrated Performance Report for the period to October 2016		
Author	Mr M Johnson - Associate Director of Performance and Informatics		
Executive sponsor (Mrs G Simpson – Executive Director of Operations		
Summary: This paper presents the corporate performance data at October 16			
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:			Not applicable

Board of Directors, Update

Corporate Report

Executive Summary

Referral to treatment 18 week ongoing pathways continue to achieve at 92.7%, although continued pressure in some areas remains a risk. There was one patient still waiting for treatment over 52 weeks at the end of October.

The accident and emergency four hour standard was not achieved in October 2016 at 83.1% although this is an improved position on September which was 82.7%. We also failed the standard for the number of ambulance handover over 30 minutes

The number of delayed transfers of care remains above threshold at 5.5%.

All cancer targets were achieved in September

The mortality measures HSMR and SHMI are both within expected levels.

There were 2 breaches of the 'not treated within 28 days of last minute cancellation' standard in October.

No MRSA infections were reported in October, however 5 clostridium difficile post 3 day infections were reported, bringing the trust total to 21 for the year against the annual trajectory of 28.

Nursing and midwifery staffing in October 2016 continued to be challenging. However, there was a significant improvement of areas falling below an 80% average fill rate for registered nurses on day shifts, with only 9 wards falling below, compared with 21 last month.

The trust sickness rate remains above the threshold and has increased to 5% and the vacancy rate has also remained above the threshold at 6.1% although has improved slightly.

The Trust is reporting a deficit of £2.1m for the period ending 31st October 2016, a further deterioration of £0.3m, in line with expectations at this stage.

75% of SRCP green schemes have been achieved to date.

Introduction

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

SAFE

Infection Control (Graph 1-3)

Current Position

No MRSA infections detected in October post 2 days of admission. Zero attributed YTD against threshold of zero.

There were five *Clostridium difficile* toxin positive isolate identified in the laboratory in October which were post 3 days of admission. The year to date cumulative figure is 21 against the trust target of 28.

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

Risks

No risks currently identified for MRSA. The five *Clostridium difficile* identified in October, which have now put the Trust total of 21 above the year to date trajectory of 17. The total number of *Clostridium difficile* toxin positive results is rising as a health economy with the pre 3 days also rising.

Forecast Position

Currently the year end position is at risk.

Actions

- Post Infection Review (PIR) of all cases undertaken and discussed across health economy
- Themes/trends from PIR fed back to Divisional Meetings and IC Liaison Group
- IR1s generated on all failures to meet infection prevention policy
- Divisional responsibility highlighted
- Mattress audit being completed monthly on wards and reported through Division
- Actichlor Plus daily cleaning being carried out on high risk areas.
- Monthly hand hygiene audits being undertaken by ICNs
- "Prompt to Protect" is being disseminated to wards, via a rolling programme
- HCAI ward dashboard being published
- Antimicrobial audit being undertaken quarterly and results fed back to Divisions for action

- Surveillance undertaken by ICNs and ribotyping requested on all potential linked cases
- All wards with 2 cases within 28 days supported and closely monitored by ICNs
- New Gastroenterologist appointed as C. difficile Lead and MDT ward rounds to recommence along with the Antimicrobial Pharmacist and ICN.

Harm free Care (Graph 4)

Current Position

The Trust remains consistent with the percentage of patients with harm free care at 99.30% for October 2016 using the National safety thermometer tool.

For October 2016 we are reporting the current position as three grade 2 hospital acquired, four grade 2 community acquired, one grade 3 hospital acquired and one grade 3 community acquired pressure ulcers. All pending investigation.

Risks

No risks identified

Forecast Position

Above target for harm free care

Actions

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

Never events

Current Position

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

Risks

No risks identified

Forecast Position

No further never events anticipated.

Actions

No action required.

Serious Incidents (Graph 6)

Current Position

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in the month of October was four incidents. These incidents were categorised as one sub-optimal care of the deteriorating patient, one pressure ulcer meeting serious incident criteria, one screening issue and one slip/trip/fall incident.

Risks

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

Forecast Position

Current trajectory demonstrates approximately six incidents per month.

Actions

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

Central Alerting System (CAS) Alerts – non compliance

Current Position

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

Risks

None

Forecast Position

100% Compliance

Actions

None required

Safe staffing (Graph 7-8)

Current Position

Nursing and midwifery staffing in October 2016 continued to be challenging. The causative factors remained as in previous months, compounded by escalation areas being open.

However there was a significant improvement of areas falling below an 80% average fill rate for registered nurses on day shifts, with only 9 wards falling below.

Of the 9 areas below the 80% average fill rate, 6 of those wards fell below the 80% due to coordinator unavailability, which is in addition to the agreed safe staffing levels, which left 3 areas of concern.

- Hartley Ward
- Marsden Ward
- C8

It should be noted that actual and planned staffing does not denote acuity and dependency or bed occupancy. The divisions consistently risk assess and flex staffing resources to ensure safety is maintained. Of the staffing DATIX incidents reported the divisions have given assurance that no harm has been identified as a consequence of staffing. There were 4 red flag incidents reported, 1 relating to less than 2 registered nurses on duty in month, on investigation this proved to have been inaccurately reported, 3 related to being unable to reliably carry out intentional rounding

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

Actions

- Extra allocations on arrival shifts continue to be booked. Registered and non-registered.
- Safe staffing conference at 9am followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours.
- Extra health care assistant shifts are utilised to support registered nurse gaps
- A professional judgment review, triangulating bank and agency usage and the safer care acuity tool is almost complete. As part of this process Hartley Ward and Marsden ward may potentially change their model of staffing.
- C8 ward has a higher patient to staff ratio due to non-invasive ventilation service on the ward, where the patient to staff ratio reduced, the matron assessed the risk based on the acuity and dependency of the patients at the time

Family Care Division

Maternity

Recruitment is on-going to backfill to the maternity leave gaps which is approximately 10 WTE. Bank shifts are currently utilised to fill gaps, as well as rotating staff around the areas according to acuity. All substantive posts have currently been recruited to, although all have not commenced as yet.

1 incident was reported within Maternity Services as a “Red Flag” incident in October. The incident reported was regarding a period of time that a midwife was unable to provide 1:1 care in labour for an hour but assistance was sought from other staff to ensure care was not compromised.

It is unclear from the incident report whether staffing levels were at the required level as the question “was your staffing at the agreed level” has not been answered. However on cross checking against the health roster system staffing was at full establishment. There was no injury or harm caused by the incident.

A further 8 Incidents were reported under the staffing category in relation to staff shortages and 7 of them were in relation to midwifery staffing. Of the 8 incidents reported 7 were reported on Central Birth Suite. There was no harm caused as a result of these incidents.

Maternity Services monitor activity and acuity on a daily basis through the morning huddle on Central Birth Suite which all team leaders / ward managers, matrons attend. Activity and acuity is discussed and services flexed accordingly and staff continue to work flexibly through the obstetric service to maintain safe, personal and effective care and are kept fully informed by their respective line managers on the current issues that the service is experiencing in relation to staffing and the actions being taken to ensure that the services have the correct staffing ratios.

CARING

Friends & Family (Graph 9-12)

Current Position

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

In October the number that would recommend A&E to friends and family increased to 76.7%, whilst the proportion that would recommend inpatient services, increased slightly to 98.5%. Community services would be recommended by 92.5% and maternity 97.3%

Risks

The response rate has dropped for inpatients in October to 43.2%, however there are no national targets for this.

Forecast Position

On target

Actions

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

Complaints (Graph 13)

Current Position

The Trust received 20 new formal complaints in October compared to 26 in September and 34 in August.

The number of complaints closed in September was 37 and in October was 25.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts. The Trust on average has approximately 115,000 patient contacts per calendar month and reports its performance against this benchmark. For October the number of complaints received is shown as 0.17 Per 1,000 patient contacts.

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

Risks

No risks identified

Forecast Position

On track

Actions

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

Ward Managers have also reported that daily monitoring of Friends and Family Tests on the wards has enabled them to take immediate action when concerns are raised, which has resulted in a reduction of escalation of issues leading to formal complaints.

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

Divisions have been asked to reduce the numbers of outstanding complaints to less than 50 by end of December. The Customer Relations Team are working with the Divisions to support this.

Patient Experience Surveys (Graph 14)

Current Position

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

Overall performance by the Integrated Care Group – Acute remains at 97% in October. Performance against the Information and Involvement competencies remains at 98%, performance against the Quality competency remains at 95%, and performance against the Dignity competency remains at 99% in October.

Overall performance by the Integrated Care Group – Community fell from 100% in September to 99% in October. There was a slight decrease in performance against Dignity, Information and Quality in October to 99%, however performance against Involvement remained at 100%.

The overall performance within Surgery remains at 98% in October. Performance against the Involvement and Quality competencies fell slightly in October to 98%. Performance against Dignity remains at 99% alongside Information at 98%.

The Family Care Division's overall performance continues to increase to 97% in October. Performance against Information increased to 95%, Dignity remains at 99%, however performance against Involvement decreased to 98% and Quality fell from 98% in September to 96% in October.

Overall performance for the Diagnostic and Clinical Care Directorate decreased to 95% in October. Performance against the Information and Quality competencies remained the same in October at 96% and 97% respectively. Performance against the Dignity competency fell to 95% in October, and Involvement increased from 98% in September to 99% in October.

Risks

No risks identified

Forecast Position

On track

Actions

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

EFFECTIVE

Mortality (Graph 15-16)

Current Position

The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission is within expected levels, as published in September 2016 at 1.06

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

DFI Indicative HSMR - rolling 12 month - Green rating

The latest indicative 12 month rolling HSMR (August 15 – July 16) is reported 'as expected' at 96.79 against the monthly rebased risk model.

Risks

The diagnostic group 'Peripheral and visceral atherosclerosis' has triggered a CUSUM alert at the highest level (99.9%) which is the level at which the CQC intervene. This group is being investigated through the mortality steering group.

Forecast Position

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

Actions

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

Delayed Discharges (Graph 18)

Current Position

The number of delays reported against the delayed transfers of care standard has improved slightly to 5.51% against the September rate of 5.85%, however it remains above the threshold of 3.5%. The failure of this target is multi-factorial, linked to complex discharge processes involving ELHT and partners.

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

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

Risks

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

Forecast Position

The actions being taken should reduce the number of delayed discharges.

Actions

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

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

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

Emergency Readmissions (Reported 1 month behind - Graph 19)

Current Position

The emergency readmission rate is reported at 12.4% in September 2016 compared with 11.6% in September 2015.

Risks

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

Forecast Position

The current trajectory has shown an improvement over the summer months however winter pressures are a risk for this standard.

Actions

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

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

Diagnostic Waits (Graph 20)

Current Position

This measures the proportion of patients exceeding the 6 week target for a diagnostic procedure. In October, 0.13% waited longer than 6 weeks.

Risks

No risks identified

Forecast Position

On track

Actions

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

CQUIN (Graph 21)

Current Position

All quarter 1 CQUIN schemes were achieved and payment received in full. The table shows the Quarter 2 position – feedback from Commissioners on evidence submission is awaited.

Risks

Risks have been identified around the following schemes:

- Achievement of the sepsis administration of antibiotics from time of arrival.

- Antimicrobial resistance 1% reduction in total antibiotic consumption – a revised baseline has been proposed to Commissioners
- Hepatitis C – one patient over trajectory.

Forecast Position

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

Actions

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

RESPONSIVE

Accident and Emergency (Graph 22)

Current Position

Overall performance against the Accident and Emergency four hour standard was reported as 83.1%, below the 95% threshold.

ELHT did achieve 95% on some days in October 2016.

The latest national performance data showed 90.6% achievement for September, which is lower than 93.4% for the same month last year.

Only 19 out of 139 reporting trusts with type 1 departments achieved the standard on all types for September.

There have been three breaches of the 12 hour standard from decision to admit, in October, all mental health. A root cause analysis is being completed for each breach. Mental Health demand and the timely availability of mental health beds remain an issue. There continues to be significant numbers of attendances in relation to Mental Health which are resource intensive for the emergency department and both of the urgent care centres.

Risks

- Medical staffing gaps continued during the month with non-availability of our usual regular locum Consultants, along with sickness and cancellation of locum shifts. This had a serious impact on flow. Support from across divisions continued and alternative internal pathways were put in place where possible although this was limited.
- Mental Health demand and the timely availability of mental health beds remain an issue. There continues to be significant numbers of attendances in relation to Mental Health which are resource intensive for the department. Bed pressures - at times admissions have exceeded discharge levels across both surgery and medicine – high acuity patients within medicine and surgery have impacted on the number of discharges which in turn caused delays in bed availability.
- Nurse staffing gaps and short notice sickness continue to impact on staffing on the wards with a high level of acuity and complexity on the wards which have required 1:1 support; thus hindering the ability to move staff across ward areas to support escalation.
- Full receipt of the sustainability and transformational funding of £12.5m is dependent on the 4-hour target, RTT and cancer 62-day target.

Forecast Position

The performance for October has shown improvement and continued improvement is anticipated.

Actions

- Our 15/16 winter escalation ward, C3 remains open. We have been unable to close the ward during the summer.
- Micro-management clinical flow 24/7 with an 8am cross organisational Operational Performance meeting on a daily basis considering issues from the previous 24 hours.
- Intensive Home Support Teams are working daily in the Emergency Department to prevent admissions and have also been deployed across wards to support early discharge.
- AMU Phase 2/Ambulatory Care Project now progressing. Project Manager now in place and a workshop took place in October to review the current model and plan the future model. Business case for expansion of Ambulatory Care Service for winter has been completed and agreed and the service now operates 7 days a week.
- Following recruitment, sessional GPs are now commencing shifts in UCC at BGH.
- A Hospital based GP has been recruited to work across the Urgent Care Centres – the GP will take up post in December 2016.
- Overseas recruitment took place in September with 8 potential Doctors recruited. Posts are now being offered and work will continue to ensure that we work with the candidates to secure their services in the near future.
- A 24/07 executive support role has been operational since mid October. This has had some impact on performance and has also highlighted a number of areas requiring change.
- A review of the 12 hour MH breaches up to July (17 in total) has been undertaken. A paper and Action Plan has been presented at SIRI panel. There has been 14 further Mental Health Breaches since July and key themes are being highlighted. A fishbone analysis is being undertaken and the Action Plan updated. The Action Plan will be monitored through the LCFT and ELHT Quality Meetings.
- An external review of the Mental Health Pathway in Pennine Lancashire is being planned and terms of reference are in development – the review will involve the Royal College of Psychiatrists and the Royal College of Emergency Medicine along with NHS England, ELHT and LCFT and commissioners. A formal request with clear objectives has been submitted to the Royal Colleges. This has been agreed by ELHT, LCFT and Commissioners. The date of the review has been confirmed as 28th November-1st December 2016. Work is on-going jointly with LCFT to plan for the review.
- Core Nursing Review of ED/UCC at RBH undertaken. Initial findings have supported the recruitment of 8 additional Band 7 nurses.

- The Transformation Programme for the Emergency Care Pathway has now been agreed and key projects commenced: including Review of Rapid Assessment and Treatment Model in ED, Review of the Urgent Care Model including Triage, MSK pathway from Triage.
- A stranded patient metric is being used to assess the position in relation to complex discharges and DTOC.
- The discharge lounge came into operation in July. This facility is available for patients awaiting transport to go home from ED, UCC, STU and Acute Medical Wards. The lounge moved to its permanent location in the physiotherapy department early November.
- Diagnostic work across key pathways with the Programme Management Office is being undertaken. A number of tests of change have been developed and will commence at the beginning of November.

North West Ambulance Service (Graph 23-24)

Current Position

The ambulance handover compliance indicator measures the compliance with PIN entry on completion of patient handover. This was achieved at 93.0% in October, which is above the 90% threshold.

The number of handovers over 30 minutes increased to 909 for October compared to 714 for September.

The validated NWS penalty figures for October are 185 missing timestamps, 445 handover breaches (30-60 mins) and 145 handover breaches (>60 mins).

Risks

- Royal Blackburn continues to be the busiest site in the North West for ambulance attendances. Surges in ambulance arrivals continue to cause pressure in the department especially in times of limited patient flow due to low bed availability within the Trust.
- Congestion within the department at time of pressure leads to reduction in space to offload arriving ambulance patients. This impacts handover times.
- Increasing patient acuity with patients presenting with complex co-morbidities continues to place considerable demand on ED.

Actions

- Rapid Handover procedure for UCC patients has been agreed and introduced. This has seen a rise in the number of appropriate patients being taken to UCC.
- Fortnightly operational meetings continue with NWAS/ED/AMU with representation from the CCG.
- The Ambulance Liaison Officer role is now embedded and has been extended for a further 6 months. This role is now being reviewed with NWAS and ELHT clinicians to explore options to expand the role.
- Following the joint workshop held in February with ELHT, NWAS and the CCGs, ELHT are now capturing all HCP referrals, both walk in and NWAS.
- Reception capacity has been increased. Staff are in post and this is supporting timely handovers and more efficient transfer of patients from the department.
- Rapid Assessment of Treatment Process in ED had been reviewed and made leaner to improve the timeliness of assessment and to improve flow to enable an improvement in handover times.

Referral to Treatment (Graph 25-27)

Current Position

The 18 week referral to treatment % ongoing position has been achieved with 92.7% patients waiting less than 18 weeks to start treatment at end of October, which is above the 92% target.

There was one Orthopaedic patient waiting over 52 weeks at the end of October.

The latest figures from NHS England show an increase in waiting times for treatment in England and a deterioration of the ongoing standard, with 90.6% of patients waiting less than 18 weeks to start treatment in September.

Risks

Full receipt of the sustainability and transformational funding of £12.5m is dependent on the RTT. We continue to meet the requirement for 18 week RTT.

Forecast Position

Improvement is expected in this standard and it is anticipated that performance will remain above the national standard of 92%

Actions

It is anticipated that the surgical elective care centre opened in October 2016 will reduce the number of cancelled operations and improve the 18 week position. Regular monitoring of patient tracking lists is undertaken and risks are escalated to senior managers.

Cancer (Graph 28-32)

Current Position

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

The 62 day target is not monitored nationally by tumour group and is included here for information. At tumour site level, four groups did not meet the 62 day target in September; Colorectal (64.3%), haematology (78.9%), lung (81.0%) and urology (81.0%). There were three patients in September treated after day 104.

Risks

Lack of theatre capacity and increasing demand are challenges in this area as well as continued pressures in radiology impacting diagnostic reporting times. Capacity issues in oncology and complex pathways also have an impact on patient waits.

Full receipt of the sustainability and transformational funding of £12.5m is dependent on the cancer 62-day target.

Forecast Position

On track for October.

Actions

Risks are escalated to senior managers and cancer performance is monitored weekly by the director of operations.

Cancelled Operations – 28 Day breach

Current Position

There were two 'on the day' cancelled operations that were not rebooked within 28 days in October. Both are trauma & orthopaedics patients.

Risks

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

Forecast Position

No further breaches anticipated.

Actions

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

Length of Stay (Graph 33)

Current Position

Trust non elective average length of stay has decreased on last month to 4.8 for October from 5.0 in September.

The elective length of stay has increased on last month to 2.9.

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

Risks

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

Forecast Position

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

Actions

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

WELL LED

Sickness (Graph 37)

Current Position

The sickness absence rate increased from 4.83% in Aug 2016 to 4.95% in Sep 2016. This is higher than the previous year (4.81%). Long term sickness currently stands at 2.28% and short term sickness at 2.67%. Rates are highest in Estates (currently 5.44%) and ICG (currently 6.71%).

Risks

High sickness rates are a financial risk as bank and agency expenditure increases to cover shifts.

Forecast Position

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

Actions

- Sickness Absence summit held on 22nd June 2016 – Discussion with managers to identify what further support can be offered –managing attendance action plan now finalised
- Sickness Absence Policy review complete and agreed with staff side - trigger levels now more robust and managers have further discretion.
- Tender exercise for employee assistance programme complete, awarded and launched
- Divisional sickness clinics and bespoke training
- Schedule of audits and compliance checks
- Internal Audit of Trust sickness absence procedures – awaiting recommendations
- Review of Mental Health Strategy complete – ODB approved business case for Trust therapy staff and staff now recruited
- Mental Health First Aid training successful pilot which will be rolled out
- Annual training sessions for managers in relation to managing attendance now scheduled
- Continuing provision of Fast physio and Worksmart services - Occupational Therapist Wellbeing Practitioner in place who supports recommendations relating to returns to work.

- Additional Physios recruited
- Letters of recognition for staff with no sickness for 2015/6 have been sent out. Further incentive schemes being explored
- 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 – full health and well being action plan now developed
- Data Analysis of bank holiday sickness completed – trends highlighted and data provide to managers for action
- Review of all long term sick cases has been undertaken – action plans in place for management of all cases.
- Significant improvement in OH waiting times
- Appointment of health and wellbeing practitioners

Turnover rate and Temporary costs (Graph 38-39)

Current Position

Turnover rate, Vacancy rate and temporary costs

Overall the Trust is now employing 6977 FTE staff in total. This is a net increase of 6 FTE from the previous month.

The number of nurses in post at Oct 2016 stood at 2263 FTE which is a net increase of 39 FTE since last month and a net increase of 209 FTE since 1st April 2013.

There are a further 105 nurses in the recruitment pipeline.

The vacancy rate for nurses now stands at 9.6% (240 FTE)

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

In October the Trust spent £2,472,050 on bank and agency. This is worse than in Oct 2015 (£2,075,997)

Risks

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

Forecast Position

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

Actions

- Nurse open day held on 17th September 2016 – 9 offers.

- Overseas Recruitment (Medical Staff) – Trip to India took place between 21st -27th September. Plans to recruit 15 -20 WTE senior speciality doctors for ED/ Acute Medicine. Offers made to 8 ED Speciality Doctors and Clinical Fellow and 10 Specialty Doctors in Medicine
- Continuing use of medical staffing agencies to target medical vacancies – exclusivity with TTM now agreed
- ED Recruitment national campaign continuing
- Partnering with The Guardian newspaper to develop an attraction piece for health community online
- Project to look at reducing recruitment time to hire across the Trust to support reducing the vacancy gap and reduction in bank/agency spend
- Additional OH staff recruited which will support reducing time to undertake pre-employment screening
- Nursing and Midwifery Recruitment Project Group established to drive this agenda
- Recruitment & Retention premium for ED consultants agreed from 1st May. Currently exploring possibility for other specialties
- Implemented RMO model
- Streamlined processes implemented for internal bank nurses
- Retention – age profiling exercise underway with view to promoting flexible retirement options to nurses approaching retirement age
- Re-launch of care to make a difference campaign including print and social media campaign
- Rolling national campaign for Band 5 Nurse
- Medical Workforce task group in ICG established
- Medical agency group established
- Centralised booking of agency staff now implemented
- Improving utilisation of Staffflow – now achieved 90%
- Continued roll out of e-Rostering and improved compliance
- Additional e-Rostering training dates, and on ward training/refresher sessions – now available via learning hub
- Restructure of eRostering Implementation Consultants, to be divisionally led, improving working relationships - complete
- Attendance to senior nurses meetings to look at queries and resolves any issues quickly and effectively
- Professional Judgement meetings implemented – in order to challenge divisions in relation to rostering and compliance Bank and agency spend
- Reviewing rostering headroom guidelines
- Trust wide agency reduction task group established and action plan in place linked to Lord Carter Recommendations
- Implementing e-Rostering Optimisation Plan
- Develop with Bank and Informatics a new Ward level scorecard with key indicators
- Audit agreed procedures for the booking of bank and agency shifts and the payment of associated invoices
- Audit agreed procedures for the booking of medical agency locums

- Exec Board agreed rates for Trust locums and established process when divisions request a variation to the agreed rate
- Tiered approach to the booking of temporary staff
- Negotiated competitive rates with local suppliers
- Promotion of flexible retirement
- Retention payments for new nurse recruits
- Policy for buying and selling annual leave
- Introduced weekly pay for bank staff
- Automatic enrolment of new substantive staff on to bank
- Drafting new Bank and Agency Workers Policy to ensure effective use of the temporary workforce
- On-going recruitment to bank
- Established Trust project group to manage bank and agency spend
- PIDS and project plans agreed for transformation programmes aimed at reducing temporary staffing
- Preferred supplier arrangements have been agreed in exchange for more competitive rates.
- Preliminary discussions with local trusts about joint medical staff bank arrangements
- Project plan to establish trust medical bank
- Implemented processes for agreeing breaches to agency rules and robust monitoring processes.
- Ongoing bank recruitment in ED, NICU, Theatres
- Additional resources agreed to speed up the bank recruitment time to hire
- All bank and agency requests over a 4 week period now to be agreed at WCG
- Large scale Bank recruitment with HCAs and A&C with the focus of eliminating both staff groups from agency by 1st September 2016
- Bank, Recruitment and eRostering working together as a group to focus on temporary staffing requests and linking in with Divisions and units and to discuss best practice when rostering and requesting temporary staff
- All agency invoices now being approved centrally through the finance team to ensure the correct rate has been charged and all bookings booked on to Healthroster
- Allocate on arrival scheme
- Conversion of Bank HCAS to Fixed term contracts to reduce agency spend

Appraisals & Job Plans (Graph 41-43)

Current Position

The 2015/16 year end job plan completion rate was 80%. The 2016/17 job planning round was re-launched in May, with a window of June to August to undertake the reviews. The current completion figure for 2016/17 at the end of October was 52%, including reviews that have taken place since January 2016. The Deputy Medical Director is working closely with the Divisional Directors to ensure that job plans are undertaken.

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

There has been a new system implemented (MyL2P) to capture the appraisal rates for consultants and career grade doctors. The completion rates reported from this system are cumulative year to date, April - October 2016.

The consultant appraisal rate has increased to 50% from 45% last month. The other medical staff appraisal rate has also improved to 72% from 61% last month.

The AFC appraisal rates continue to be reported as a rolling 12 month figure and are currently at 64% which is below the threshold of 90%

Risks

None identified

Forecast Position

Compliance

Actions

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

- Additional PDR and Learning Hub sessions offered to staff from across the organisation
- Bespoke PDR and Learning Hub sessions provided to groups and individual staff undertaken and where requested this had taken place in the workplace.
- A quick PDR Guidance has been made available on the Learning Hub, the Message board and the Learning and Development page of the Intranet
- Flyers have been distributed across the organisation aimed at both Reviewers and Reviewee's detailing what PDR's are and whom to contact for further information
- Staffs are encouraged to consider how PDR's enhance their leadership and management role within their teams/services through various forms of facilitated activities.
- Service support up to the CQC inspection in 2015 was offered to support Divisions in inputting the dates of completed PDRs offered by the Learning and Development department.
- The *Get Ready for Revalidation Awareness Sessions* promotes Personal Development Reviews as a fundamental part of the process
- To promote Talent Management within the organisation we are in the process of implementing a *People Development Strategy* which will incorporate learning and development opportunities accessible to all, integrated within individuals appraisals and enable management of own development in accordance with their aspirations.
- An animated video is being developed which provides an overview of how to carry out an appraisal whilst promoting quality and engagement in the Personal Development Review process
- Work has commenced in making the Appraisal/PDR inputting onto the Learning Hub simpler in readiness for a new template which will be available from 1st January 2017
- '*Have you had the Conversation*' campaign commenced to promote a quality appraisal conversation

Core Skills Training (Graph 45)

Current Position

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

Five of the eleven areas are currently below the threshold 'Basic Life Support' (76%), 'Health, Safety and Welfare Level1' (77%), 'Infection Prevention' (76%), 'Information Governance' (92%) and 'Safeguarding adults' (68%).

Risks

No risks identified

Forecast Position

Compliance

Actions

- All new starters complete CST e-learning on induction programme by end of day 2
- Range of communications have continual centrally and via HROD bulletins and within compliance reports and meetings
- Training needs analysis document published on Oli further reinforcing the message of who needs to do what training
- Compliance % and divisional trajectory reports are distributed at the beginning of each month centrally.
- Reports training has been implemented from December 2015 and Managers now have direct access to run real time reports for their departments etc.
- All staff have the function available on learning hub to produce red, amber and green compliance reports for their team/area
- Ward and department support and bespoke support sessions in place
- Facilitated Core Skills e-learning sessions running weekly for staff who cannot access this in the workplace or who need additional IT skills support
- Combined IT skills and facilitated Core Skills e-Learning sessions for Estates and Facilities staff
- Learning Hub sends out reminders to individual and their manager at 90, 60 and 30 days prior to expiry date and also once training has expired.
- Staff prompted around CST when attending other courses
- Other controls – compliance checks in place before funded study leave.
- Responsibilities included in new Nursing and Midwifery leadership programme
- Implementation of the Pay progression policy (May 2014)
- Review of improved reports format to divisions

Financial Position (Graph 46-49)

Finance and Use of Resources metrics

The Trust is reporting a score of 3 overall for its Finance and use of resources metric.

Current Position

The Trust is reporting a deficit of £2.1m for the period ending 31st October 2016, a further deterioration of £0.3m, in line with expectations at this stage.

Risks

Partial achievement of the sustainability funding

Non-achievement of the Safely Releasing Cost Programme (SRCP)

Continued usage of agency and locum staff over and above the resources available.

Non-achievement of the agency maximum threshold of £10.5m.

Non-achievement of the 3% Qualified nurse agency cap

The cash impact of any non-delivery

Capital Expenditure

The Trust investment in capital to the end of October represents 80% of the planned expenditure for this period.

Better Payment Practice Code (BPPC)













The Trust has met the BPPC target of 95% compliance for NHS and non-NHS invoices paid on time this month and for the year to date, in terms of both volume and value.

Safely Releasing Cost Programme

The Trust has identified schemes which total £14.2m for 2016-17 in line with the 3% target established for the Trust to meet its deficit control total of £3.7m.

APPENDIX A – SCORECARD

Safe															
	Threshold 16/17	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Monthly Sparkline
M64 CDIFF	28	4	5	3	3	1	2	1	2	3	4	1	5	5	
M65 MRSA	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
M66 Never Event Incidence	0	0	0	1	1	0	1	0	0	0	1	0	0	0	
M67 Medication errors causing serious harm (Steis reported date)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
C28 Percentage of Harm Free Care	92%	99.0%	99.1%	99.2%	99.1%	99.4%	99.1%	99.7%	98.8%	99.1%	99.4%	99.2%	99.1%	99.3%	
M68 Maternal deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C29 Proportion of patients risk assessed for Venous Thromboembolism	95%	98.9%	98.7%	99.1%	99.4%	99.3%	99.1%	99.1%	99.0%	99.0%	99.2%	98.8%	98.7%		
M69 Serious Incidents (Steis)		3	8	10	7	9	7	10	2	6	5	7	5	4	
M70 CAS Alerts - non compliance	0	0	0	1	0	0	0	0	0	0	0	1	2	0	
M146 Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80%	91%	92%	90%	89%	89%	86%	88%	89%	87%	86%	85%	87%	90%	
M147 Safer Staffing -Day-Average fill rate - care staff (%)	80%	105%	109%	105%	105%	105%	107%	110%	114%	116%	118%	126%	121%	123%	
M148 Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80%	99%	98%	97%	97%	97%	97%	97%	99%	98%	99%	98%	99%	101%	
M149 Safer Staffing -Night-Average fill rate - care staff (%)	80%	112%	117%	116%	120%	120%	121%	124%	122%	129%	136%	142%	138%	134%	
M150 Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	6	3	9	8	12	19	16	11	17	15	21	21	9	
M151 Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	1	0	0	0	0	0	0	0	1	1	0	1	1	
M152 Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	1	1	2	3	4	3	2	0	0	0	0	0	0	
M153 Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	1	1	1	3	2	3	2	1	1	1	1	1	1	

Caring																
	Threshold 16/17	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Monthly Sparkline	
C38	Inpatient Friends and Family - % who would recommend	92.07%	98.2%	98.1%	98.8%	99.1%	96.9%	98.4%	98.6%	97.9%	98.6%	98.5%	98.2%	98.4%	98.5%	
C40	Maternity Friends and Family - % who would recommend	91.86%	94.1%	95.8%	92.6%	93.4%	95.5%	96.6%	96.4%	96.7%	95.9%	95.8%	97.0%	97.8%	97.3%	
C42	A&E Friends and Family - % who would recommend	74.90%	83.2%	83.9%	85.1%	78.3%	80.8%	76.5%	80.4%	75.7%	76.3%	75.0%	73.9%	75.8%	76.7%	
C44	Community Friends and Family - % who would recommend	88.62%	94.6%	93.9%	93.7%	94.4%	93.7%	93.7%	94.0%	94.9%	94.3%	93.6%	94.3%	93.1%	92.5%	
C15	Complaints – rate per 1000 contacts	0.4	0.2	0.2	0.2	0.3	0.3	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.2	
M52	Mixed Sex Breaches	0	2	0	0	0	0	0	0	0	0	0	0	0	0	
Effective																
	Threshold 16/17	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Monthly Sparkline	
M73	Deaths in Low Risk Categories - relative risk	Outlier	68.8	68.6	68.5	75.5	75.6	70.4	67.8	71.6	77.3	81.1				
M74	Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	100.2	100.9	98.6	96.4	94.8	94.9	96.1	96.1	95.9	96.3				
M75	Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	106.9	104.0	101.6	101.9	101.7	101.6	106.5	102.0	100.2	98.3				
M54	Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	101.9	101.7	99.4	97.8	96.6	97.0	99.1	97.6	97.0	96.8				
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier			1.06			1.06								
C16	Emergency re-admissions within 30 days		12.7%	13.4%	13.3%	13.3%	12.6%	12.8%	12.3%	13.0%	13.2%	11.0%	11.6%	12.4%	12.6%	
M89	CQUIN schemes at risk	0			3			2			0					

Responsive															
	Threshold 16/17	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Monthly Sparkline
C2 Proportion of patients spending less than 4 hours in A&E	95%	93.6%	94.4%	94.5%	88.2%	90.0%	87.8%	88.5%	85.5%	85.5%	84.3%	77.9%	82.7%	83.1%	
M62 12 hour trolley waits in A&E	0	0	1	2	0	1	0	2	3	3	7	9	2	3	
C1 RTT admitted: percentage within 18 weeks	95%	85.3%	85.0%	86.3%	82.5%	83.2%	81.2%	78.5%	81.8%	79.2%	73.8%	79.0%	76.2%	78.1%	
C3 RTT non- admitted pathways: percentage within 18 weeks	90%	96.3%	97.5%	95.9%	95.3%	95.6%	96.3%	94.4%	94.4%	95.0%	93.8%	94.9%	94.9%	93.5%	
C4 RTT waiting times Incomplete pathways	92%	95.9%	94.6%	93.9%	94.5%	95.2%	95.6%	94.8%	93.7%	94.7%	95.7%	93.9%	93.9%	92.7%	
C37.1 RTT 52 Weeks (Ongoing)	0	0	0	0	0	0	0	1	2	1	1	0	1	1	
C17 Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.0%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.1%	0.2%	0.3%	0.3%	0.1%	0.1%	
C18 Cancer - Treatment within 62 days of referral from GP	85%	93.2%	89.2%	91.0%	93.7%	86.6%	88.4%	85.6%	82.8%	81.6%	87.8%	80.8%	86.5%		
C19 Cancer - Treatment within 62 days of referral from screening	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	96.4%	96.9%		
C20 Cancer - Treatment within 31 days of decision to treat	96%	100.0%	100.0%	100.0%	98.3%	100.0%	98.9%	100.0%	98.4%	99.1%	99.4%	96.3%	98.9%		
C21 Cancer - Subsequent treatment within 31 days (Drug)	98%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	100.0%	100.0%		
C22 Cancer - Subsequent treatment within 31 days (Surgery)	94%	97.4%	100.0%	100.0%	99.0%	97.3%	94.1%	97.1%	100.0%	97.8%	97.7%	97.5%	94.3%		
C24 Cancer - seen within 14 days of urgent GP referral	93%	96.3%	96.7%	96.7%	97.6%	95.5%	95.6%	95.2%	95.1%	94.3%	95.4%	93.9%	94.3%		
C25 Cancer - breast symptoms seen within 14 days of GP referral	93%	97.1%	93.0%	97.2%	96.4%	97.3%	93.6%	95.2%	94.1%	93.0%	97.5%	96.6%	98.7%		
M9 Urgent operations cancelled for 2nd time	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C27a Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	0	0	0	0	0	0	0	1	0	1	1	3	2	
M55 Proportion of delayed discharges attributable to the NHS	3.5%	3.6%	3.0%	4.2%	4.4%	4.8%	4.8%	4.3%	4.4%	4.6%	5.5%	4.5%	5.8%	5.5%	
M90 Average LOS elective and daycase		2.4	2.9	2.8	2.9	3.0	2.8	2.8	2.6	2.9	2.3	3.0	2.3	2.9	
M91 Average LOS non-elective		4.6	4.6	4.6	4.6	4.6	4.9	4.8	5.0	5.0	4.5	4.9	5.0	4.8	

Well led															
	Threshold 16/17	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Monthly Sparkline
C31 NHS England Inpatients response rate from Friends and Family Test	16%	49.1%	43.7%	49.8%	48.9%	48.5%	50.1%	45.9%	54.0%	50.5%	47.7%	51.2%	43.3%	43.2%	
C32 NHS England A&E response rate from Friends and Family Test	4%	25.4%	23.0%	23.7%	21.1%	21.7%	22.2%	21.8%	19.8%	19.7%	20.5%	21.5%	21.1%	20.8%	
M77 Trust turnover rate	12%	9.6%	9.5%	9.4%	9.3%	9.2%	8.7%	8.9%	8.9%	9.0%	9.0%	9.4%	9.6%	9.3%	
M78 Trust level total sickness rate	3.75%	4.91%	4.93%	4.74%	4.81%	4.74%	4.45%	4.5%	4.5%	4.9%	4.9%	4.8%	5.0%		
M79 Total Trust vacancy rate	5%	6.8%	6.5%	7.5%	7.8%	7.1%	7.3%	8.0%	6.7%	7.7%	8.0%	7.3%	6.2%	6.1%	
M80.1 Mandatory Training	95%	92.0%	93.0%	90.0%	89.0%	85.0%	82.0%								
M80.2 Safeguarding Children	80%	85.0%	86.0%	86.0%	87.0%	87.0%	88.0%	88.0%	88.0%	90.0%	91.0%	93.0%	92.0%	91.0%	
F8 Temporary costs as % of total paybill	4%	8%	8%	8%	8%	9%	9%	7%	7%	8%	9%	10%	10%	9%	
F9 Overtime as % of total paybill	0%	0%	1%	0%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	
F1 Cumulative Retained Deficit for breakeven duty (£M)	(3.7)	(8.8)	(9.5)	(10.1)	(10.8)	(11.2)	(11.5)	(0.3)	(0.6)	(0.9)	(1.2)	(1.5)	(1.8)	(2.1)	
F2 SRCP Achieved % (green schemes only)	100.0%	49%	54%	60%	62%	64%	64%	52%	54%	56%	59%	71%	74%	75%	
F3 Liquidity days	>(14.0)	(12.7)	(13.2)	(13.5)	(14.0)	(14.4)	(5.0)	(5.3)	(5.9)	(5.6)	(5.5)	(5.8)	(6.2)	(6.6)	
F4 Capital spend v plan	85%	72%	71%	71%	72%	71%	90%	93%	91%	79%	73%	75%	76%	80%	
F16 Finance & Use of Resources (UoR) metric - overall	3													3	
F17 Finance and UoR metric - liquidity	3													2	
F18 Finance and UoR metric - capital service capacity	3													4	
F19 Finance and UoR metric - I&E margin	3													3	
F20 Finance and UoR metric - distance from financial plan	1													1	
F21 Finance and UoR metric - agency spend	1													3	
F12 BPPC Non NHS No of Invoices	95%	96.0%	95.9%	95.9%	95.7%	95.5%	95.5%	96.8%	96.3%	96.0%	96.2%	96.4%	96.3%	96.5%	
F13 BPPC Non NHS Value of Invoices	95%	94.8%	94.8%	95.1%	95.3%	95.2%	95.4%	98.2%	96.7%	95.7%	95.8%	96.2%	96.0%	96.5%	
F14 BPPC NHS No of Invoices	95%	95.6%	95.5%	95.6%	95.2%	95.0%	95.0%	95.3%	95.3%	93.2%	93.7%	93.4%	93.7%	97.0%	
F15 BPPC NHS Value of Invoices	95%	97.0%	96.6%	96.6%	96.6%	96.6%	96.4%	99.5%	95.8%	95.9%	96.6%	96.6%	97.0%	99.2%	

APPENDIX B – GRAPHS

Chart 1 - C Difficile actual against threshold

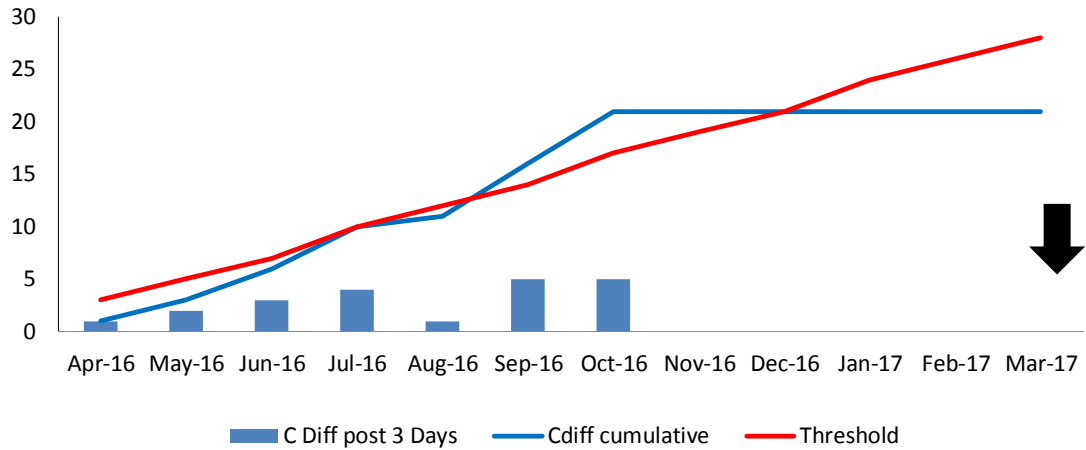


Chart 2 - Safe Infection Control - C Diff per 100,000 occupied bed days

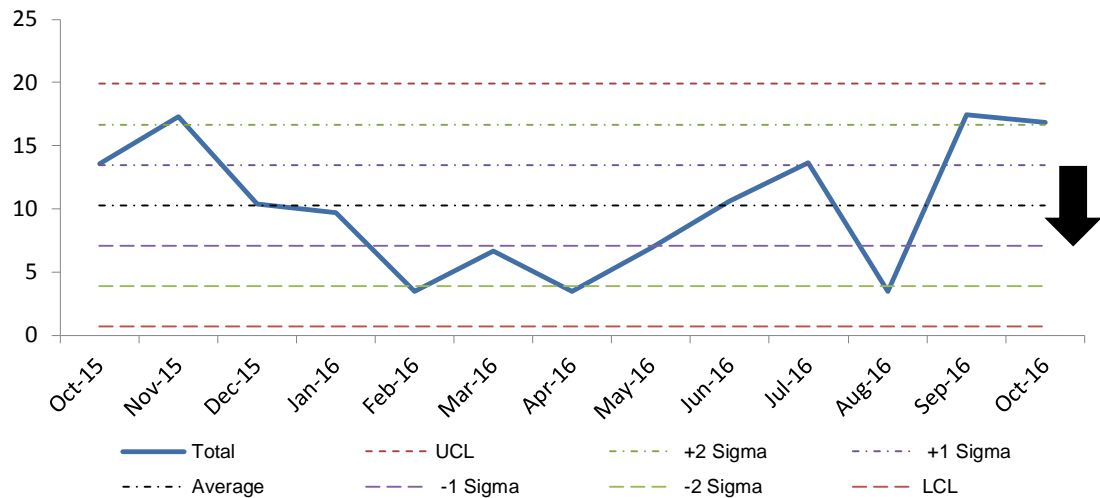


Chart 3 - C Diff benchmarking

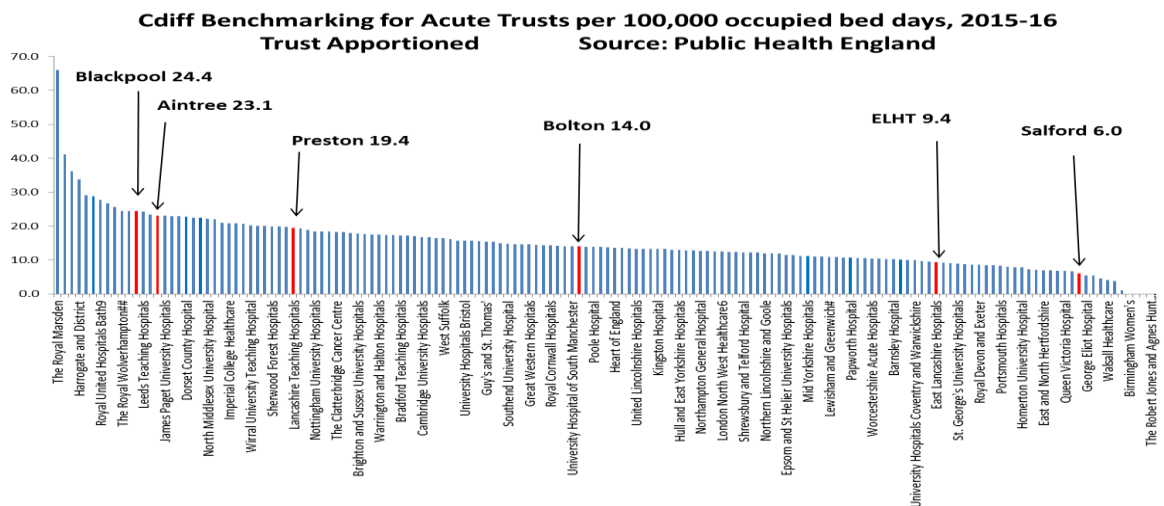


Chart 4 - % Harm Free Care from safety thermometer

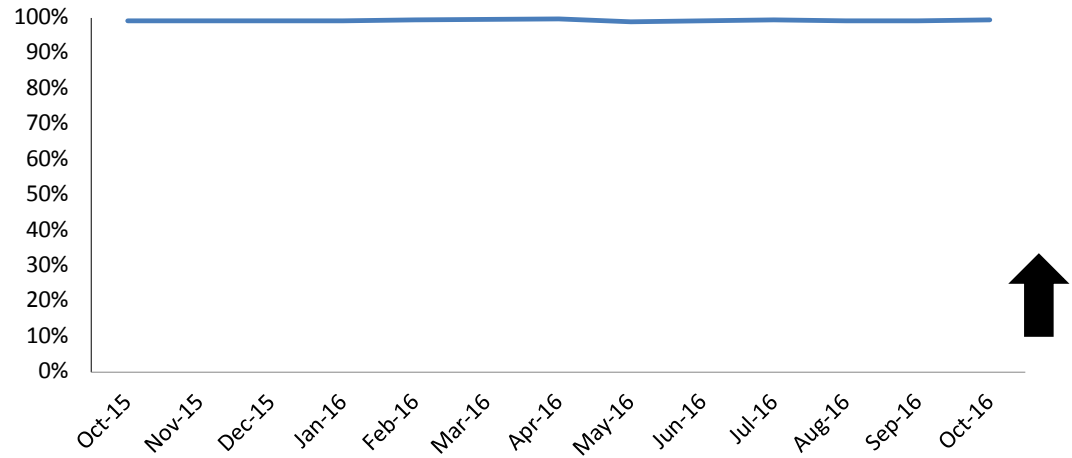


Chart 5 - VTE assessment

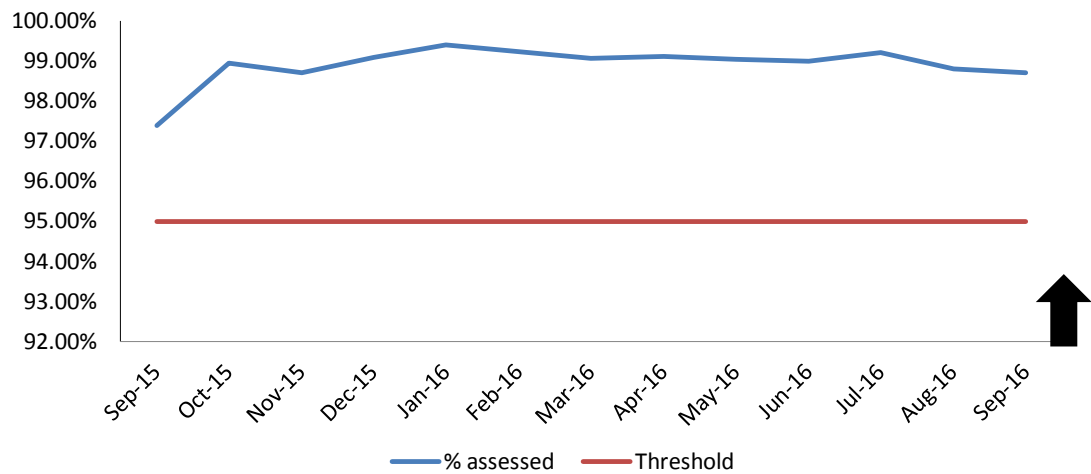


Chart 6 - Serious Incidents

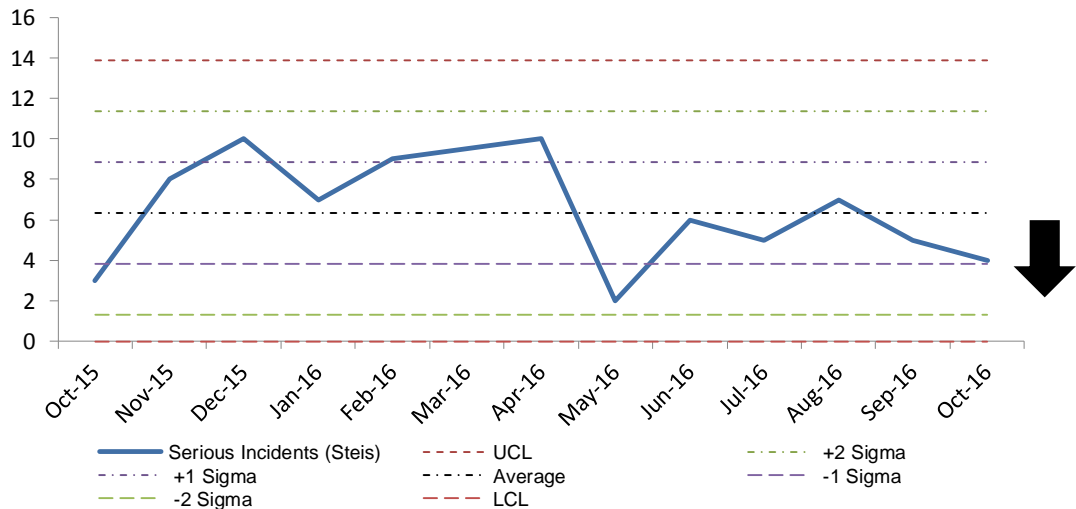


Chart 7 - Registered Nurses/Midwives

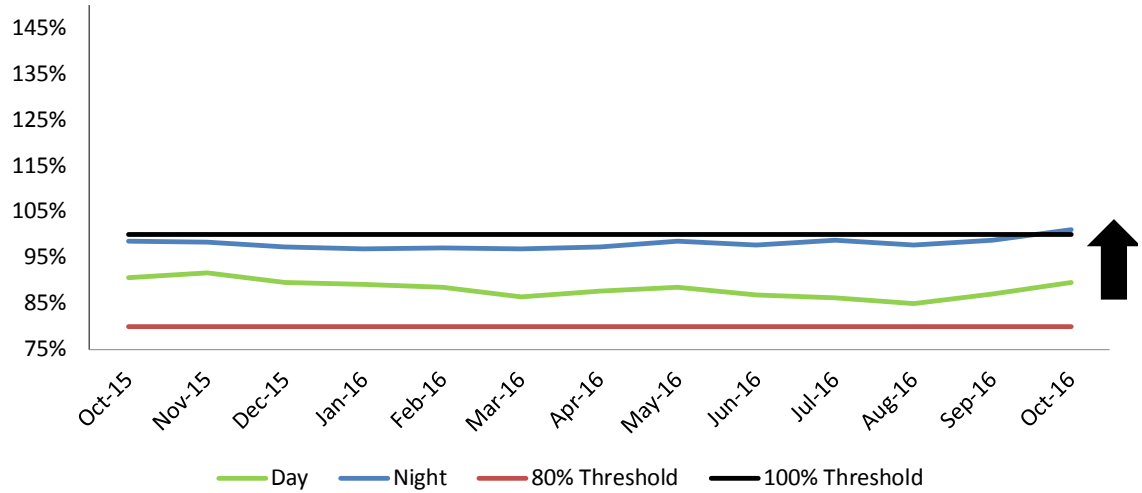


Chart 8 - Care Staff

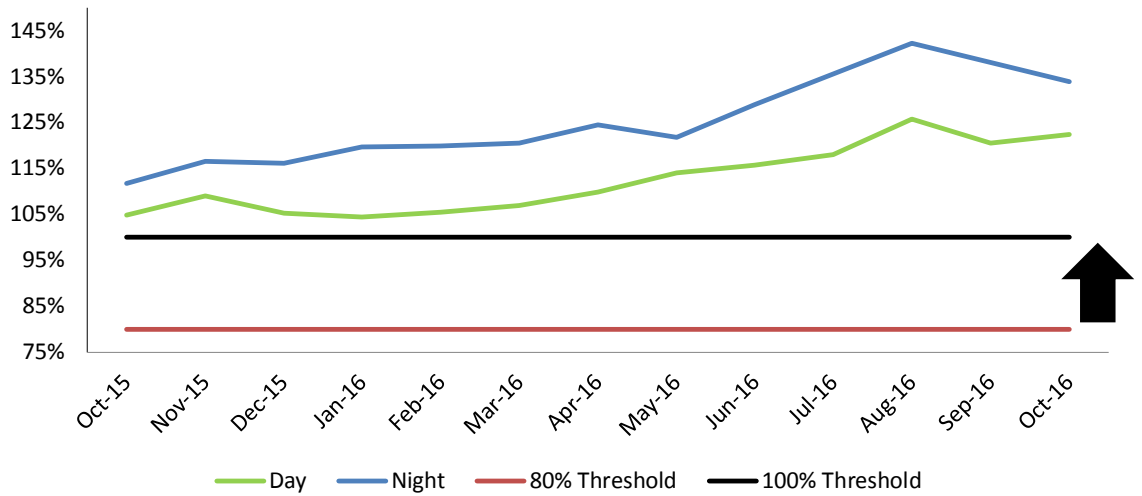


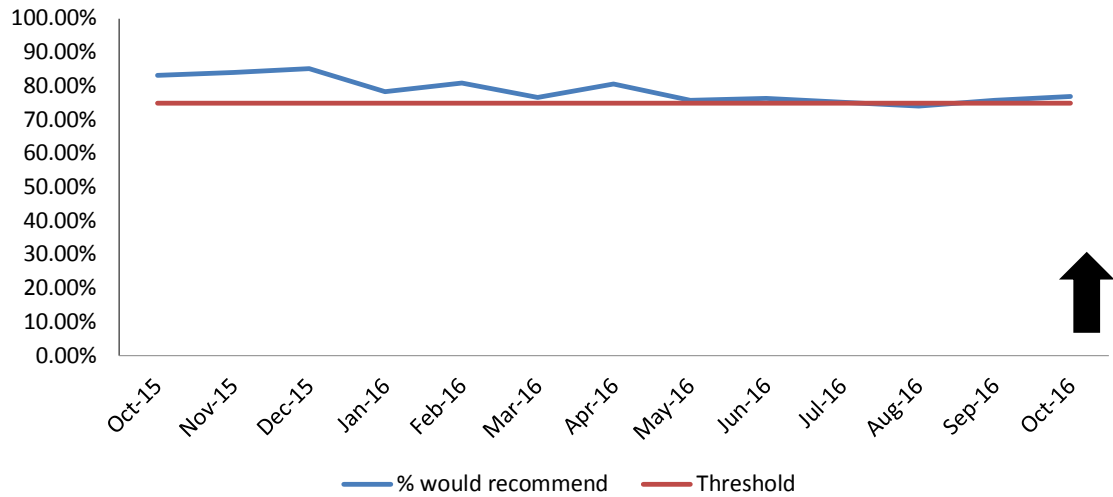
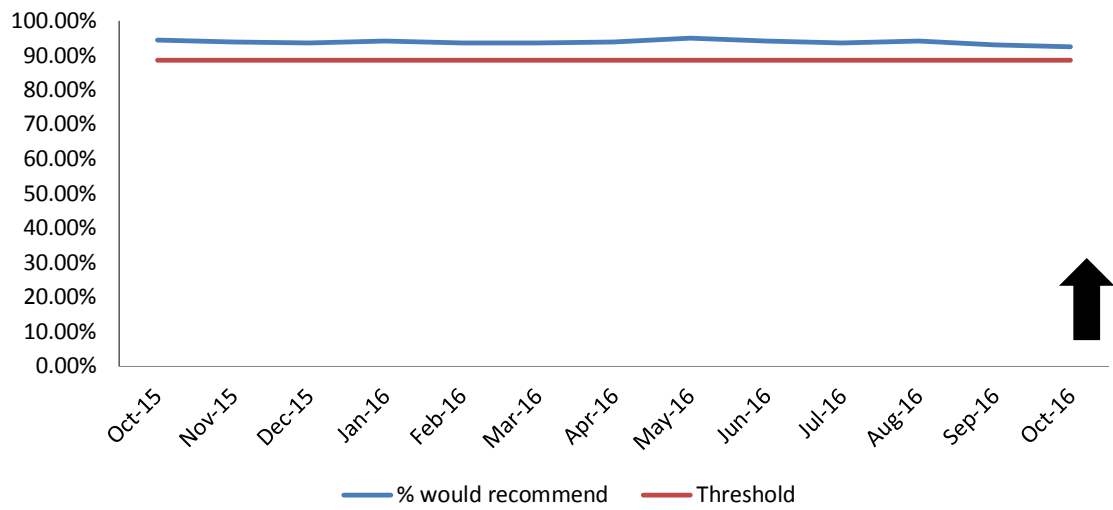
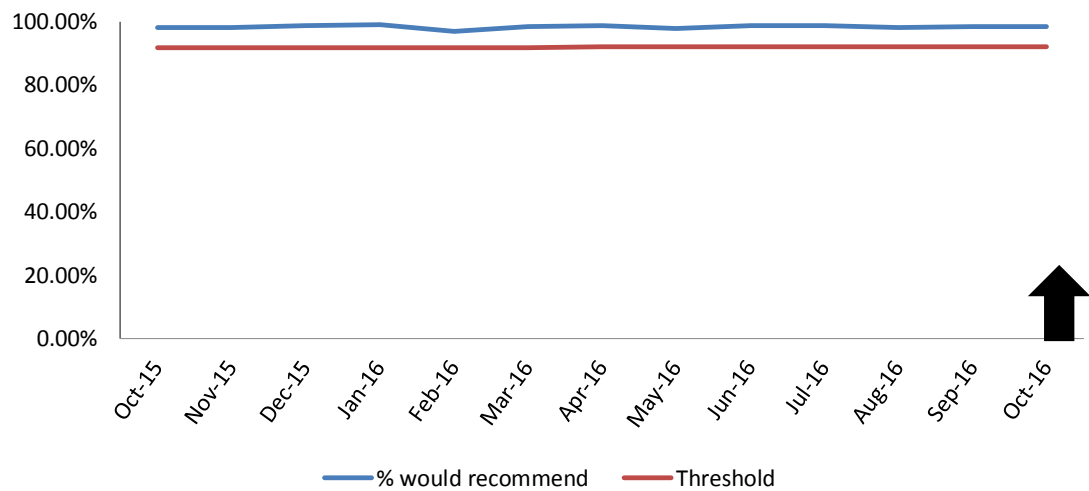
Chart 9 - Friends & Family A&E**Chart 10 - Friends & Family Community****Chart 11 - Friends & Family Inpatient**

Chart 12 - Friends & Family Maternity

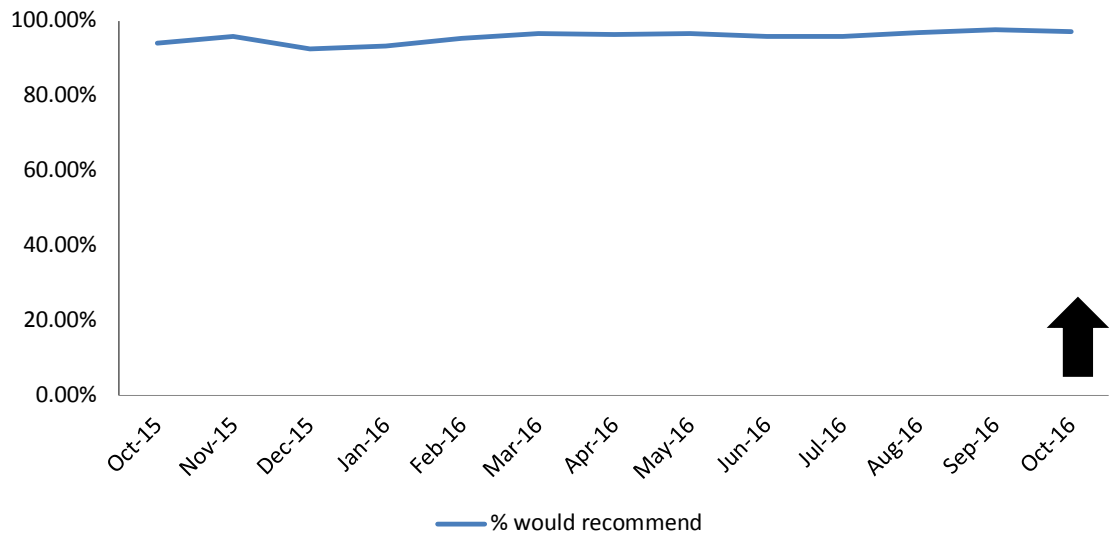
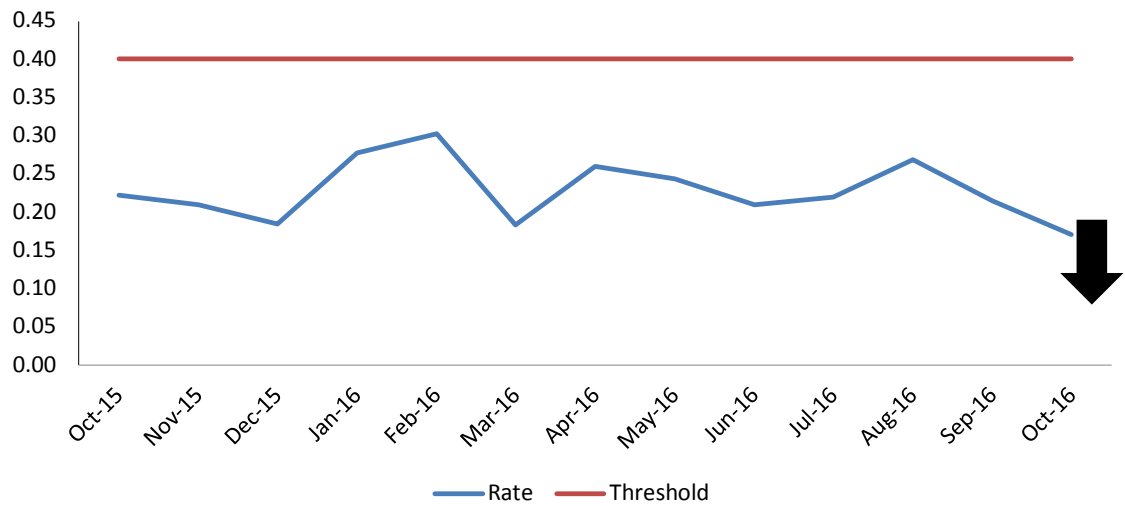


Chart 13 - Complaints per 1000 contacts**Chart 14 - Patient Experience**

October 2016 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%	%	%	%	%
Trust	2423	97	98	97	99	97
Integrated Care Group - Acute	575	97	99	98	98	95
Integrated Care Group - Community	398	99	99	99	99	100
Surgery	471	98	99	98	98	98
Family care	552	97	99	95	98	96
Diagnostic and Clinical	410	95	96	96	98	97

Chart 15 - Dr. Foster Indicative HSMR monthly Trend

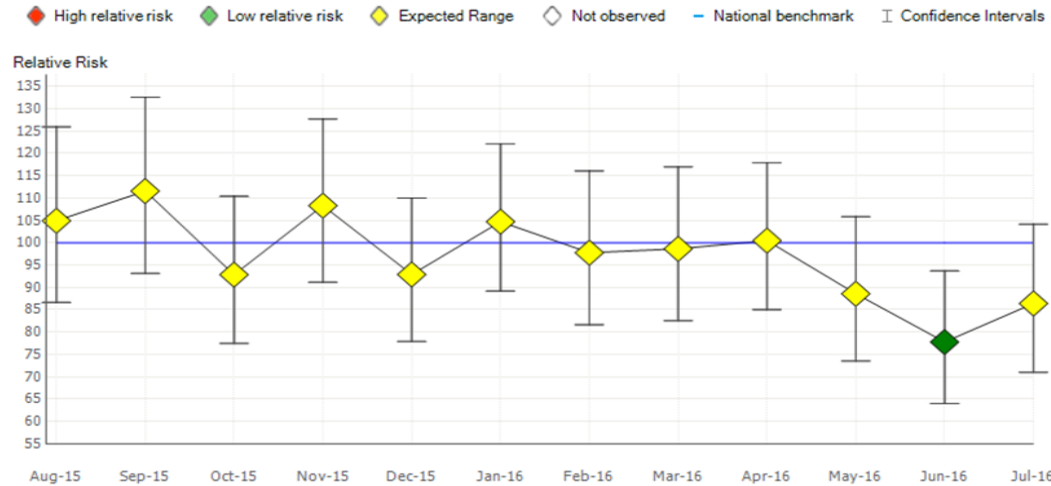


Chart 16 - SHMI Published Trend

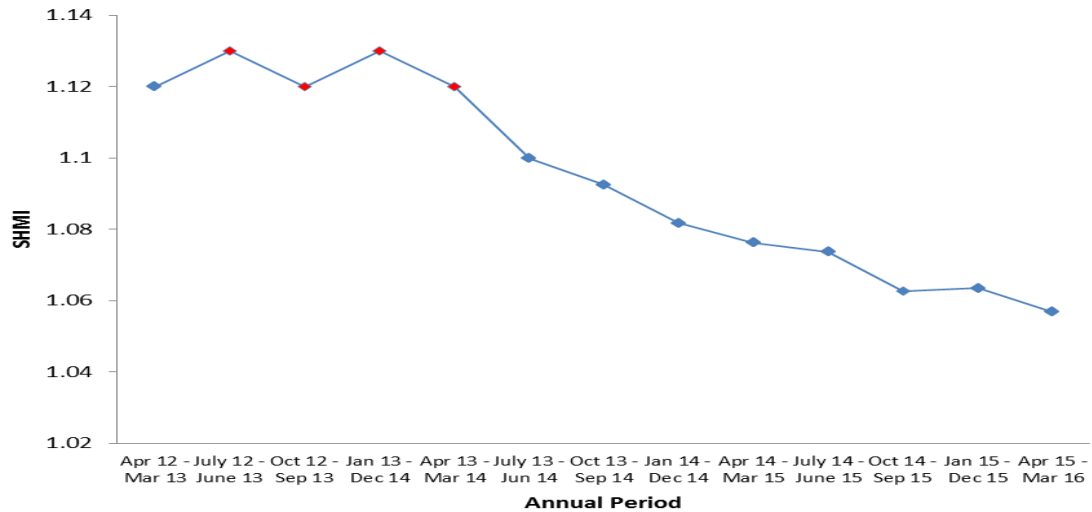
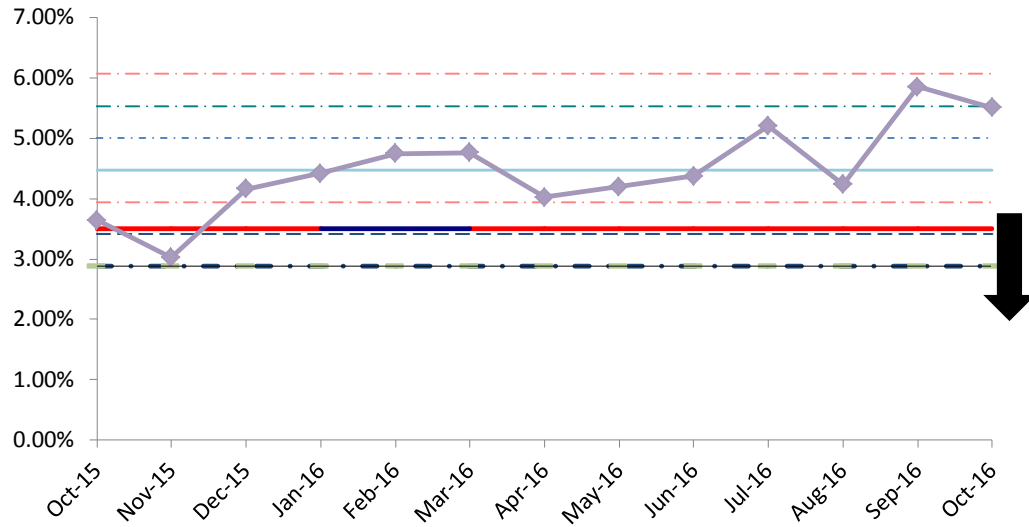
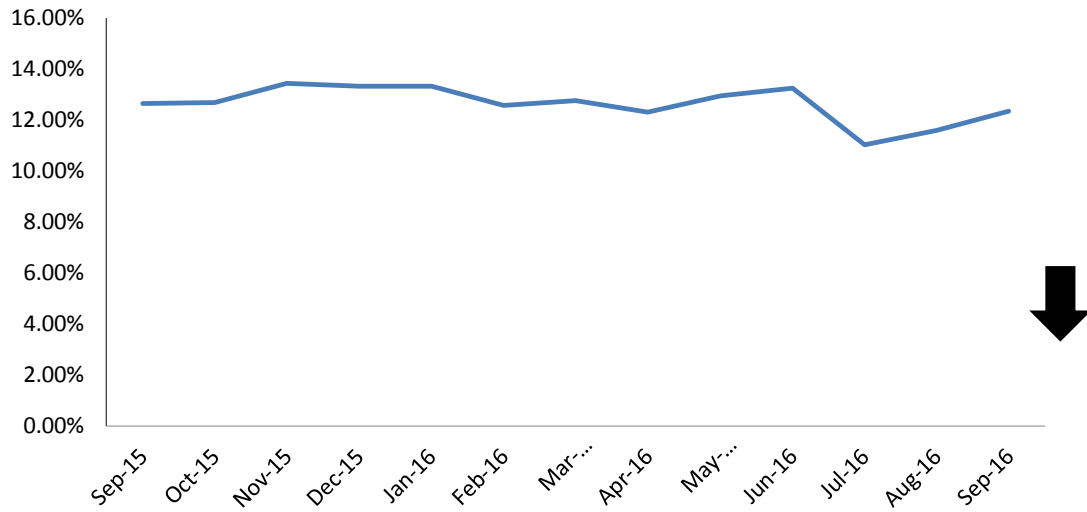
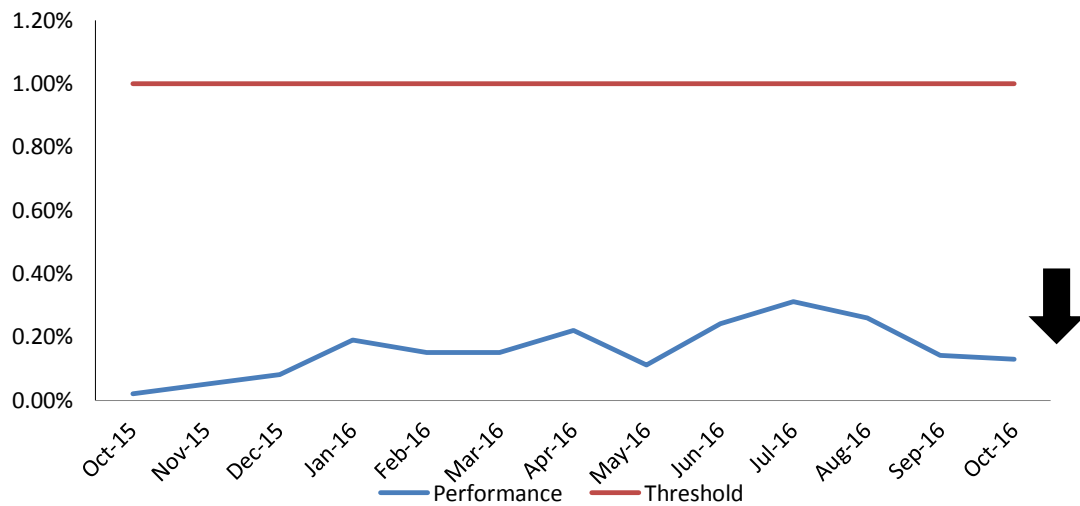


Chart 17 - DFI Indicative HSMR rolling 12 month

	TDA Reported HSMR July 14 – June 15	DFI Rebased on latest month Aug 15 – July 16 (Risk model Apr 16)
TOTAL	103.03	96.79 (CI 92.05 – 101.71)
Weekday		96.25 (CI 90.80 – 101.94)
Weekend	103.94	98.26 (CI 88.89 – 108.35)
Deaths in Low Risk Diagnosis Groups		81.08 (CI 50.17 – 123.95)

Chart 18 - Delayed Discharges per 1000 bed days**Chart 19 - Emergency Readmissions****Chart 20 - Diagnostic Waits**

EFFECTIVE

Chart 21 - Commissioning for Quality and Innovation (CQUIN)

CQUIN Scheme		Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Q1	Q2
national	SEPSIS PART A- screening in emergency department - Adult	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	- screening in emergency department - child	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
national	- antibiotic administration & review - adult - number eligible		4	6	0	4	1	1	10	6
national	- antibiotic administration & review - adult %		100.0%	66.7%	n/a	50.0%	100.0%	100.0%	80.0%	66.7%
national	- antibiotic administration & review child - number eligible		0	0	0	0	0	0	0	0
national	- antibiotic administration & review child %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
national	SEPSIS PART B- screening in an inpatient setting - adult	90.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%	100.0%
national	- screening in an inpatient setting -child	90.0%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%	100.0%
national	- antibiotic administration & review - adult - number eligible		8	5	2	1	1	1	15	3
national	- antibiotic administration & review - adult %		100.0%	100.0%	50.0%	100.00%	100.00%	100.0%	93.3%	100.0%
national	- antibiotic administration & review - child - number eligible		0	0	0	0	0	0	0	0
national	- antibiotic administration & review - child %		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
national	ANTIMICROBIAL RESISTANCE PART B - Empiric Review of antibiotic prescriptions		84%	78%	74%	80%	82%	70%	79%	77%
local	SAVING BABIES LIVES - Induction rate		24.7%	23.9%	25.7%	23.7%	27.7%	25.2%		
local	- Induction rate (FGR/ Reduced fetal movements) **		31.5%	29.3%	30.6%	26.9%	27.9%	26.8%	30.5%	27.2%
local	- No. Stillbirths, TOTAL		1	3	5	5	3	7	9	15
local	- No. Stillbirths, Avoidable			1					1	0
local	- No. Stillbirths, Unavoidable		1	2	5	5	3	7	8	15
local	-Smoking Status at Booking		18.2%	17.7%	17.6%	21.2%	18.0%	19.5%	17.8%	19.6%
local	-Smoking Status at Delivery		15.8%	16.2%	16.1%	17.9%	16.9%	17.7%	16.1%	17.5%
local	-Number of staff who have undertaken PROMPT (CTG training) - rolling 12 months			337			337		337	337
local	-Percentage of staff who have undertaken PROMPT (CTG training) - Rolling 12 months		86.6%	78.0%	76.0%	79.5%	80.9%	73.6%	76.0%	73.6%
local	-Training in the use of customised growth charts		90.2%	103.8%	90.2%	87.6%	80.6%	75.7%	90.2%	75.7%
local	-Feedback from women on information provided on reduced fetal movements		48.7%	47.0%	46.7%	51.8%	59.3%	43.2%	47.5%	51.0%
local	REFER TO PHARMACY - Referrals	Q1 1000 Q2 1300 Q3 1600 Q4 2000		1275			2168		1275	2168
Spec Comms	NEONATAL CRITICAL CARE - 2 year Outcomes		100%	100%	100%	100%	n/a	100%	100%	100%
Spec Comms	- Hypothermia Prevention - Temperature taken within 1 hr	98.0%	100%	100%	100%	100%	100%	100%	100%	100%
Spec Comms	- Hypothermia Prevention - Temperature >=36 degrees	95.0%	91%	100%	88%	100%	100%	86%	93%	97%
Spec Comms	CANCER - Dose Banding			0%			67%		0%	67%

Chart 22 - A&E 4 hour standard % performance, including National average

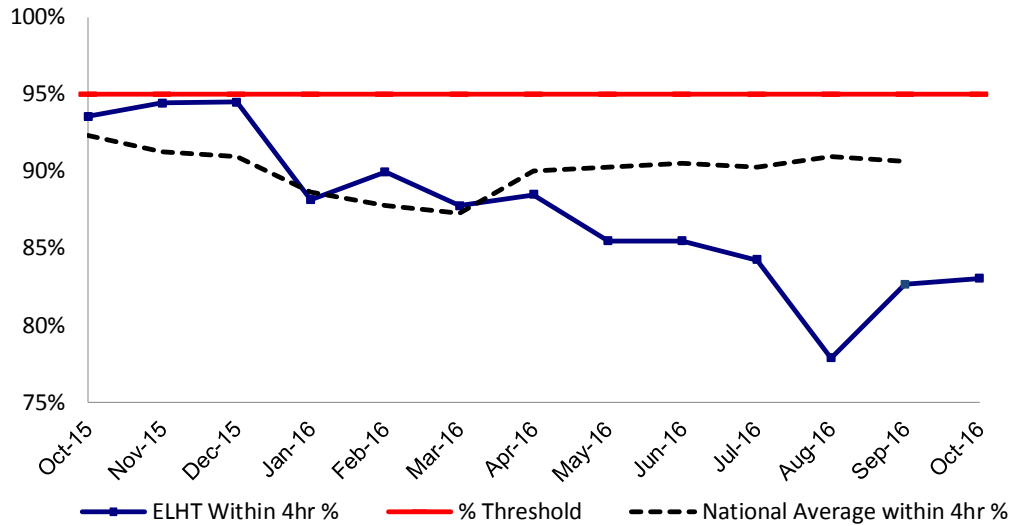


Chart 23 - Handovers

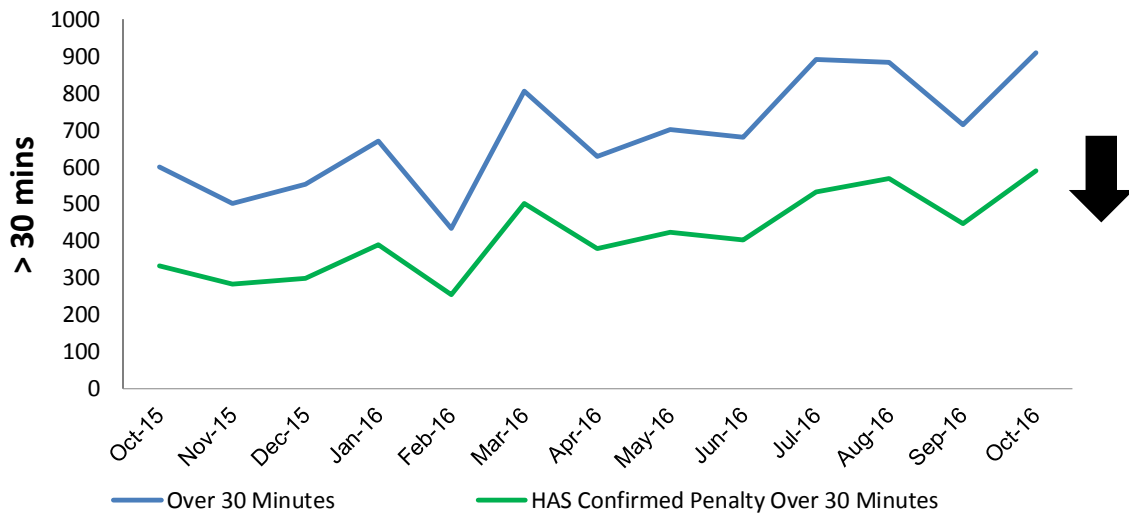


Chart 24 - HAS Compliance

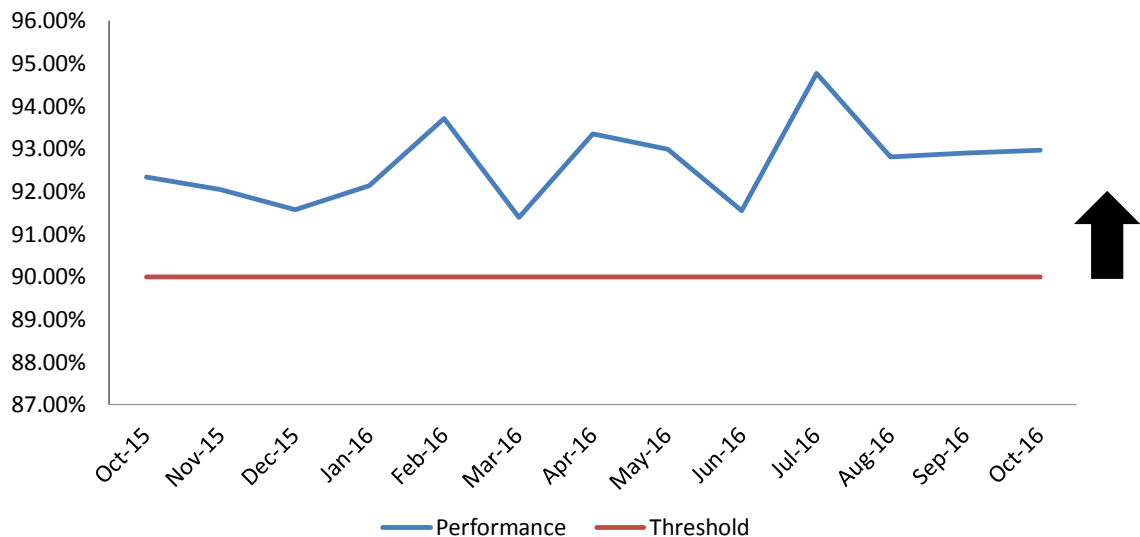


Chart 25 - RTT Ongoing

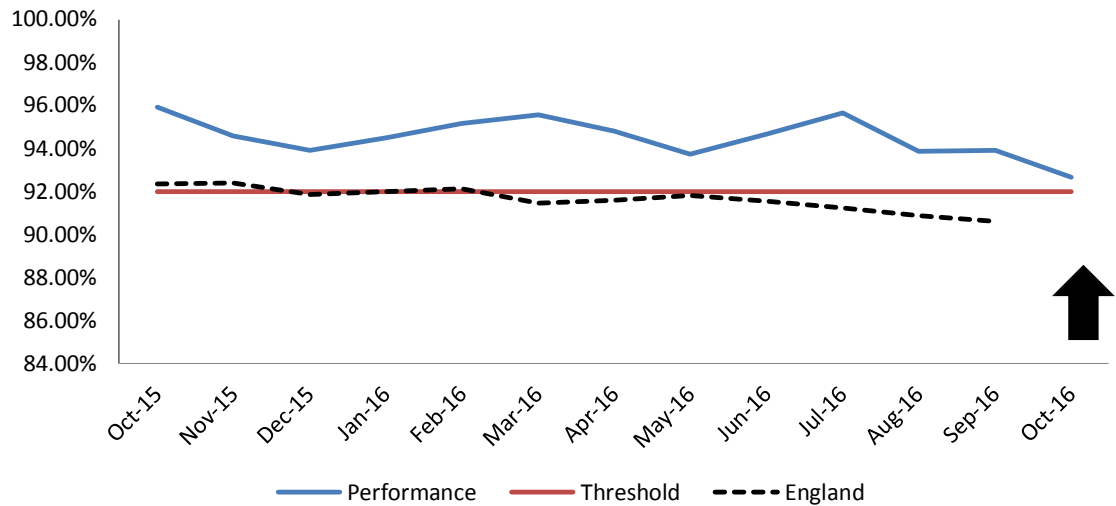


Chart 26 - RTT Ongoing 0-18 Weeks

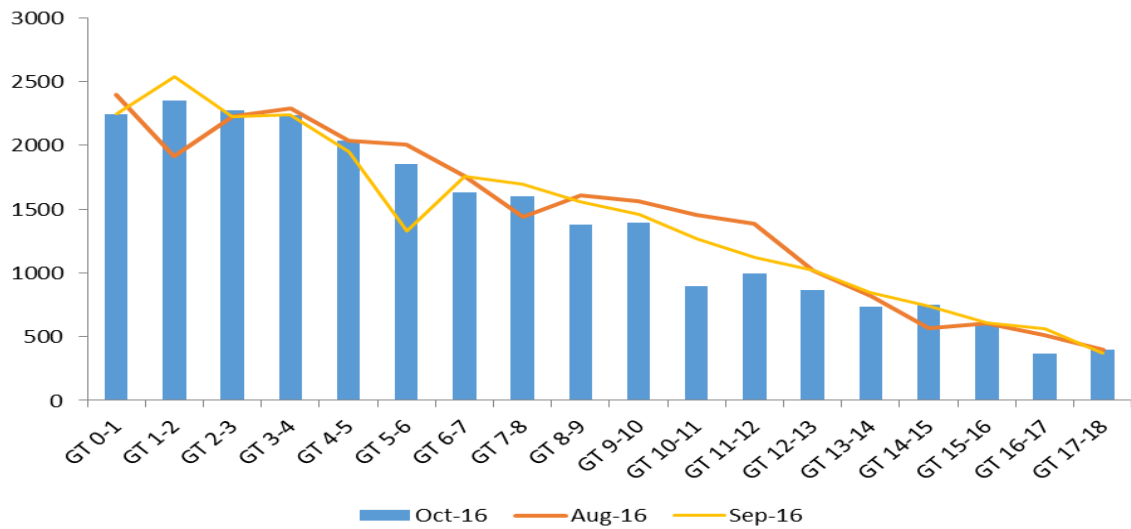


Chart 27 - RTT Over 18 weeks

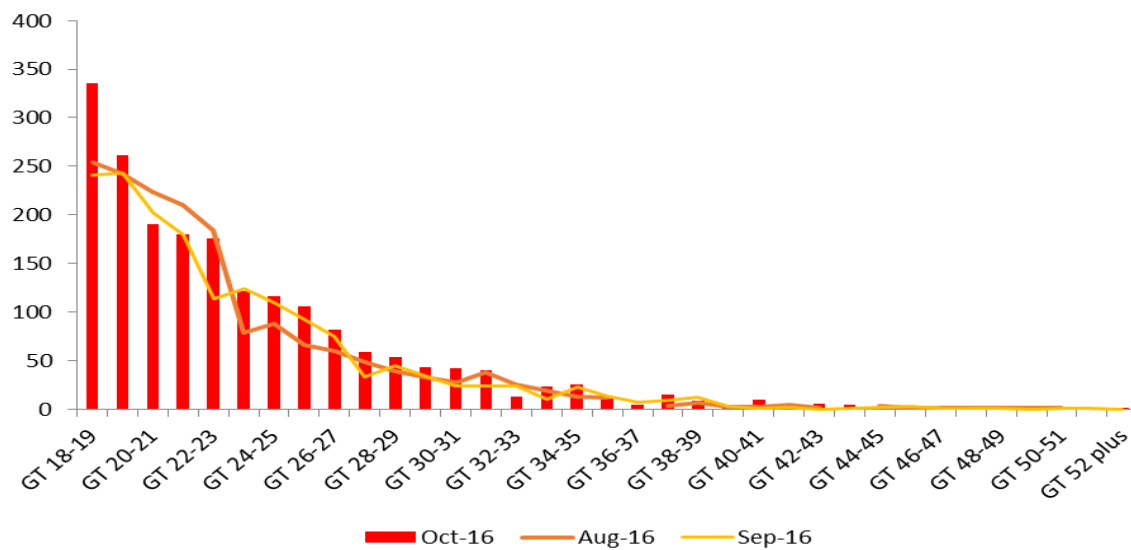


Chart 28 - Cancer 2 Week

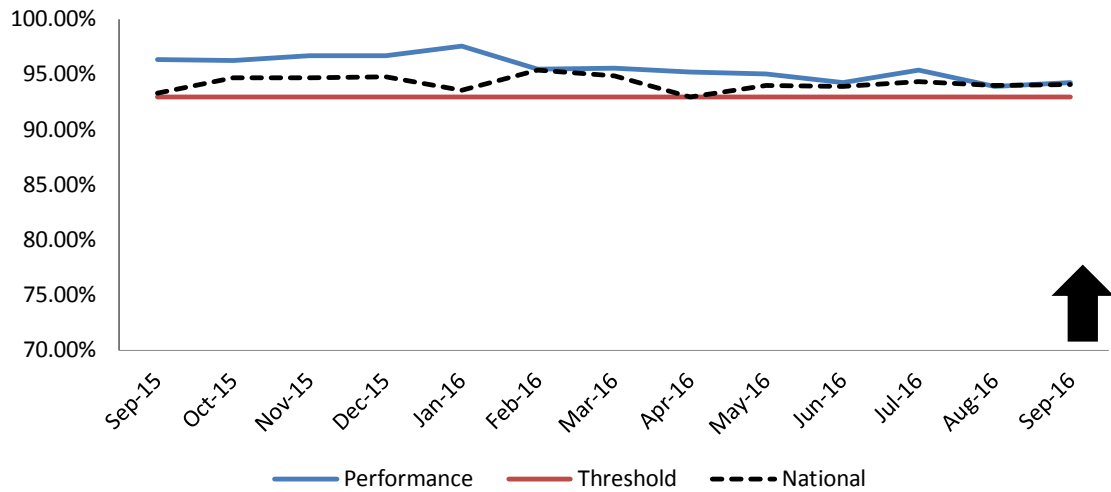


Chart 29 - 62 Day

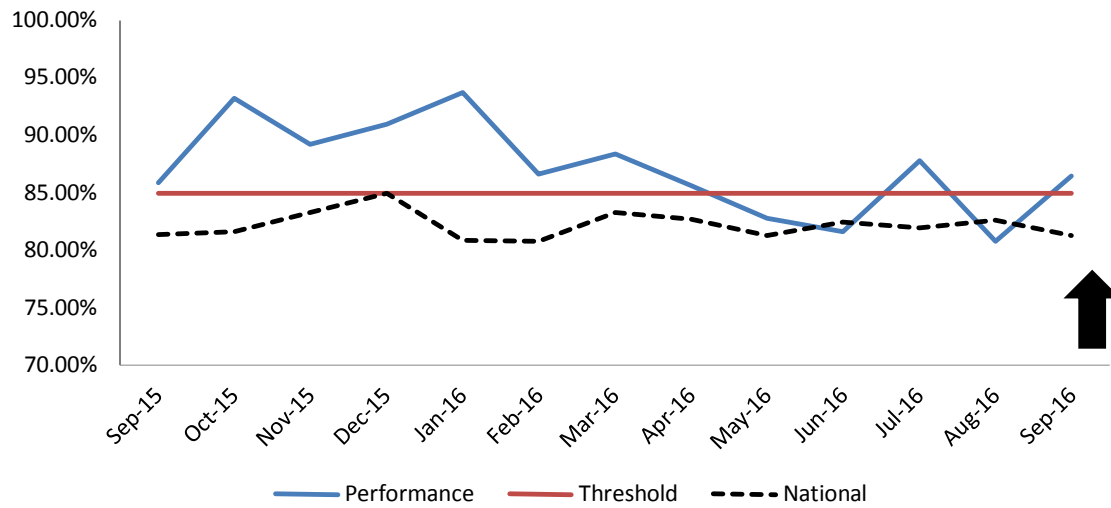


Chart 30 - Cancer Patients Treated > Day 104

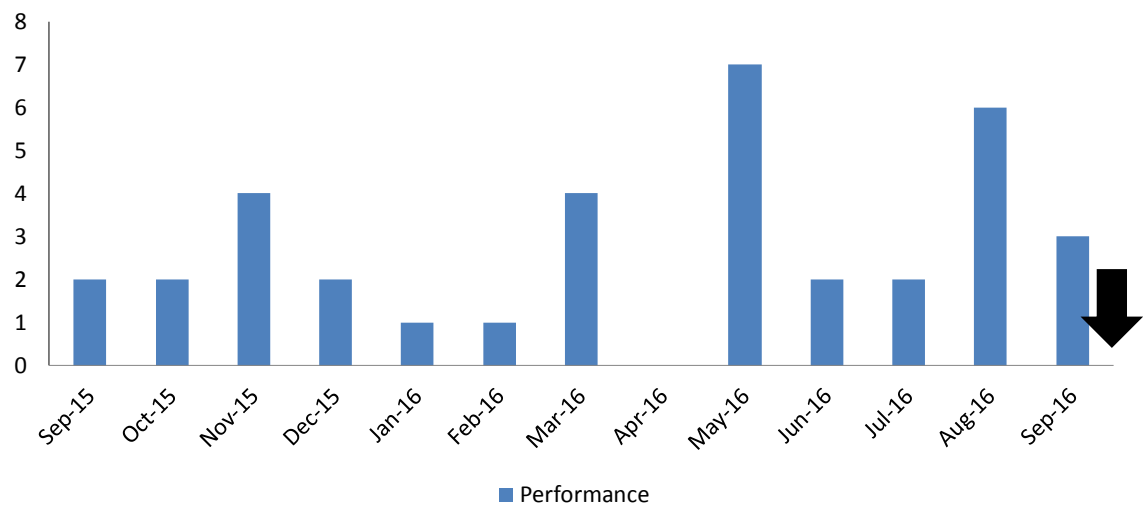


Chart 31 - 62 Day by Tumour Site

Tumour Site	Q1	Q2	Sep-16
Breast	98.1%	100.0%	100.0%
Colorectal	71.4%	64.6%	64.3%
Gynaecology	86.2%	100.0%	100.0%
Haematology	79.3%	84.2%	78.9%
Head & Neck	64.9%	78.3%	85.7%
Lung	84.9%	89.1%	81.0%
Other	100%	100%	
Skin	89.0%	90.3%	92.3%
Upper GI	58.5%	82.1%	100.0%
Urology	85.0%	76.1%	81.0%

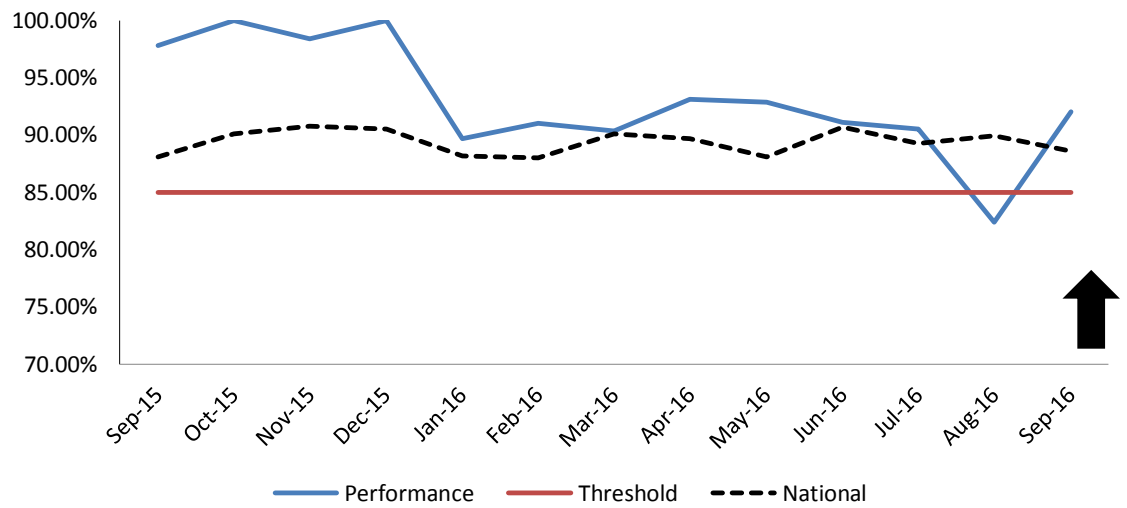
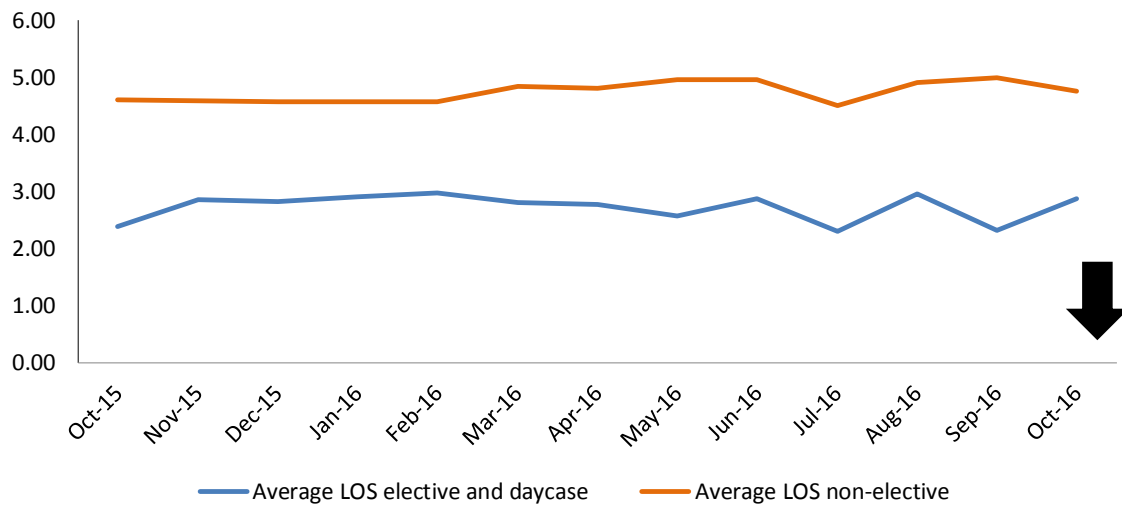
Chart 32 - 62 Day Consultant Upgrade

Chart 33 - Average Length of Stay**Chart 34 - Average Length of Stay VS expected, August 15 - July 16, Dr. Foster**

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	57,034	9,961	47,073	3.3	2.7	-0.6
Emergency	54,058	54,058	0	4.7	4.8	0.1
Maternity/Birth	14,604	14,604	0	2.1	2.5	0.4
Transfer	190	190	0	10.5	33.3	22.8

WELL LED

Chart 35 - Friends & Family A&E Response Rate

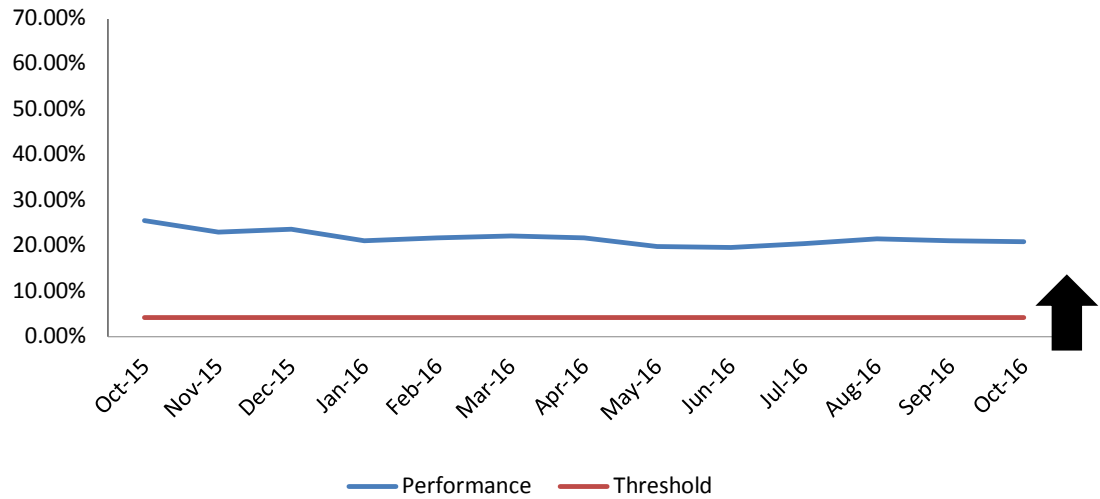


Chart 36 - Friends & Family Inpatient Response Rate

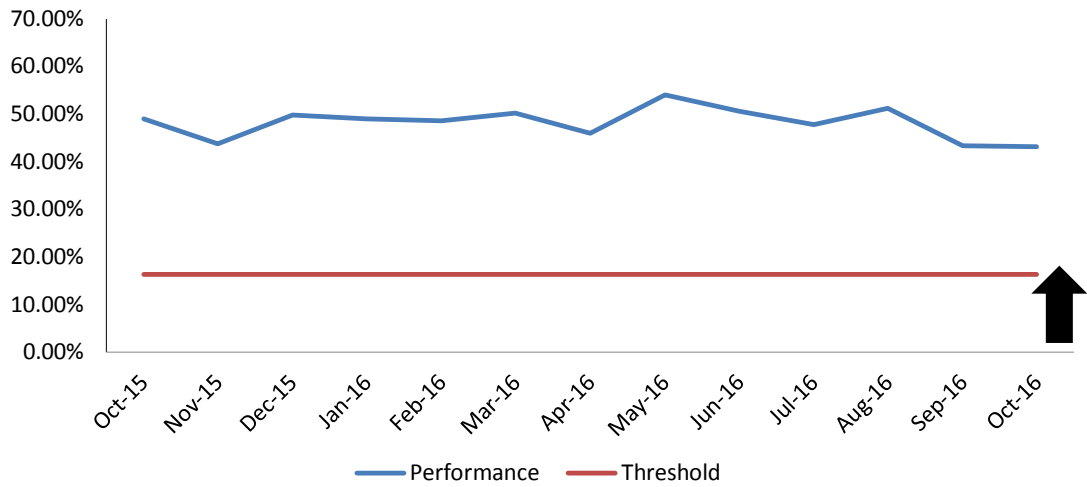
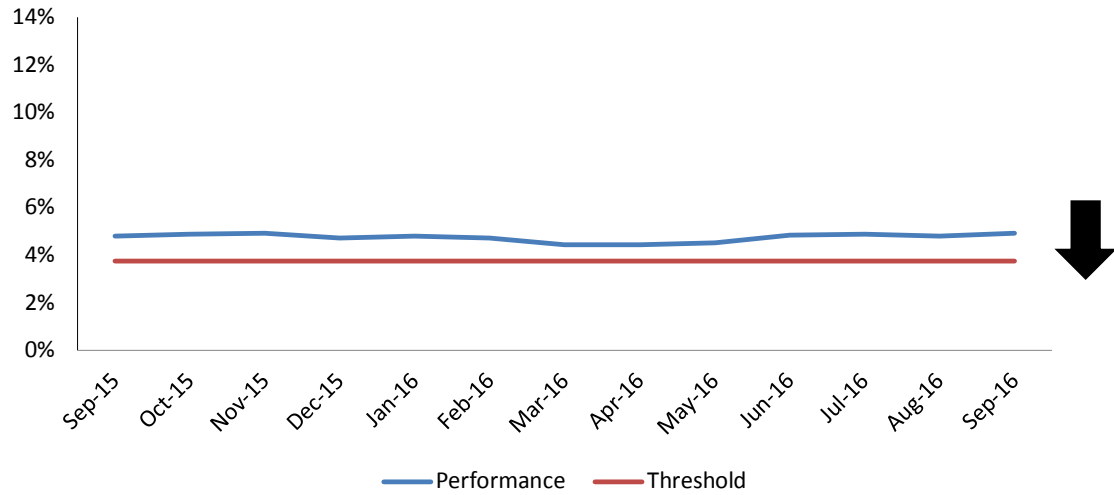
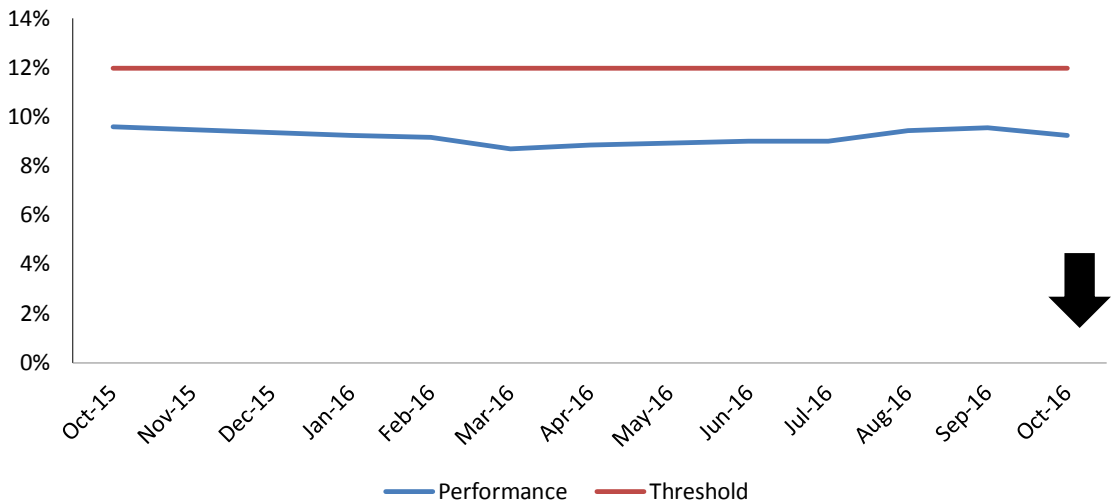
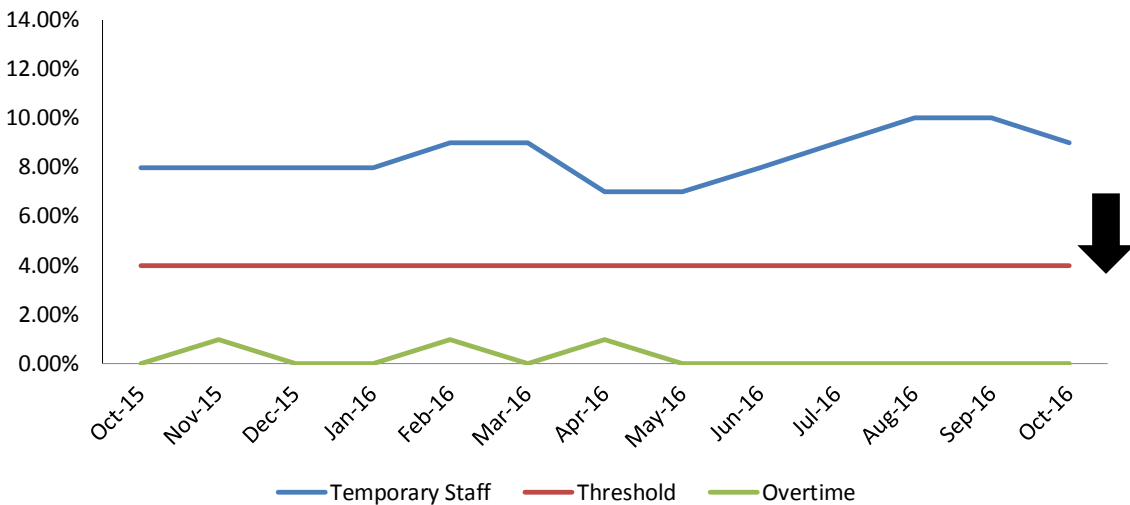


Chart 37 - Sickness**Chart 38 - Turnover Rate****Chart 39 - Temporary costs and overtime as % total paybill**

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Chart 40 - Vacancy Rate

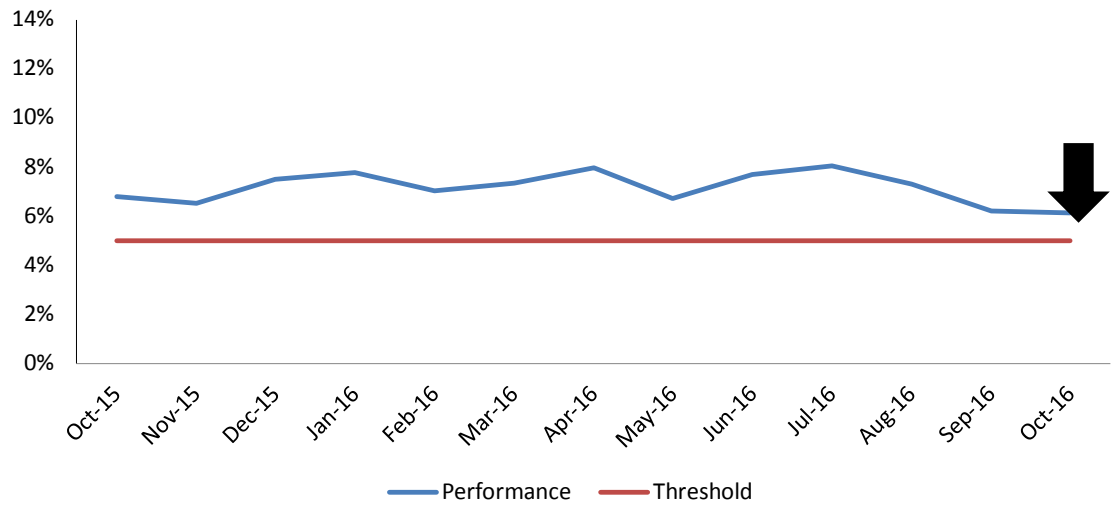
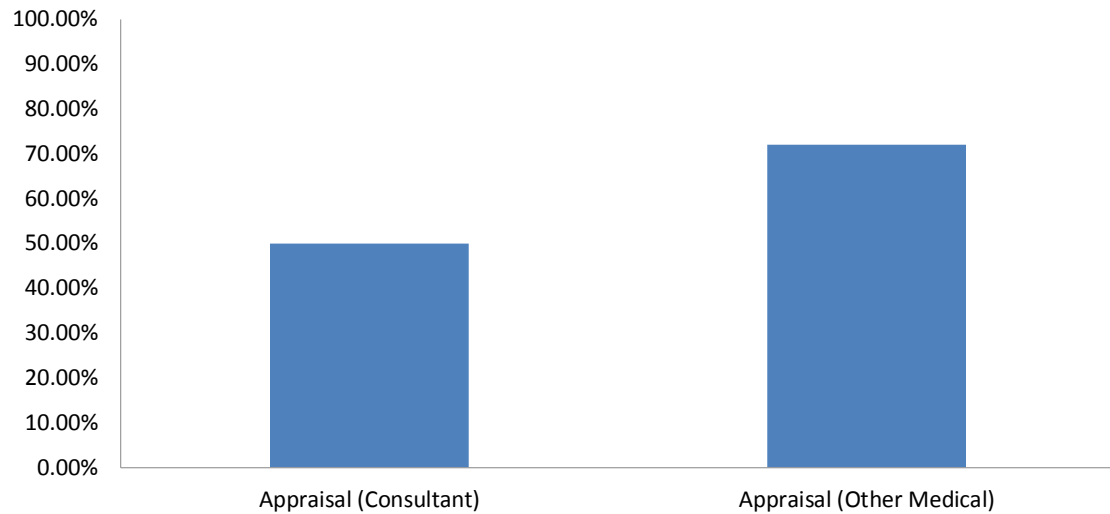
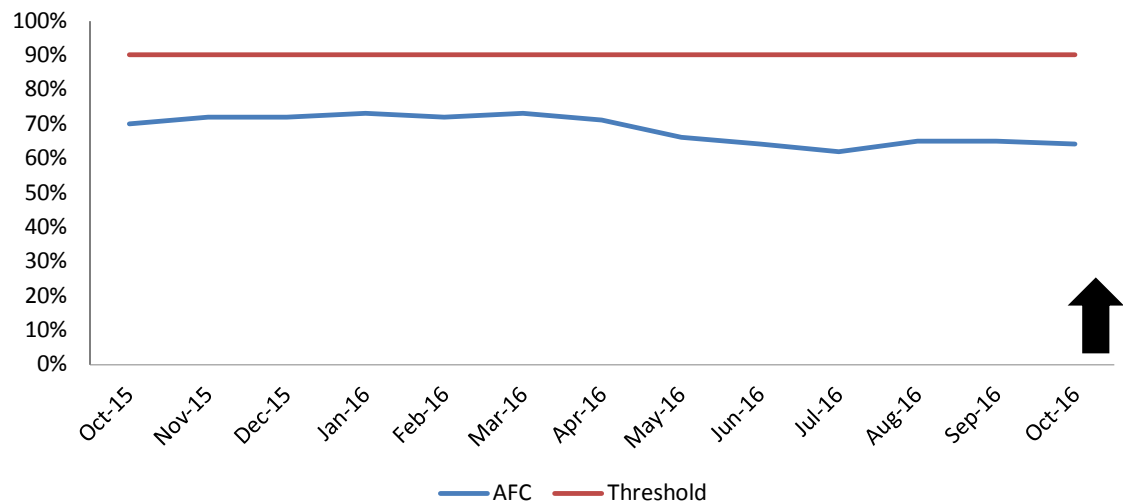
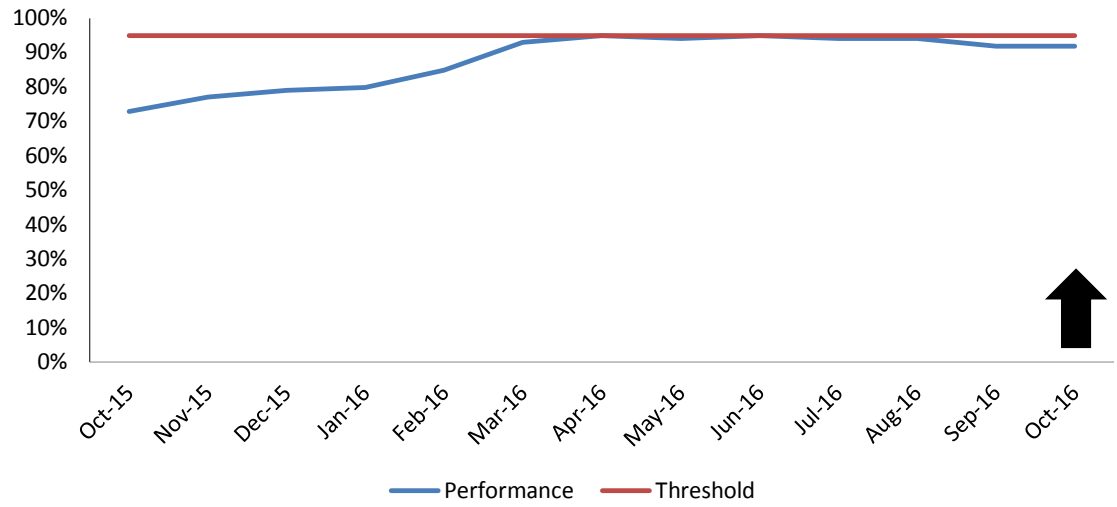


Chart 41 - Appraisals, Consultant & Other Medical (April 15 - Sep 16)**Chart 42 - Appraisals AFC****Chart 43 - Job Plans**

	2015	2016 (YTD)
Trust Total	80%	52%
Integrated Care Group	66%	3%
Surgery	75%	64%
Family Care	100%	57%
Diagnostics & Clinical Support	84%	80%

Chart 44 - Information Governance Kit



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Chart 45 - Core Skills Training % Compliance

Overall Trust Core Skills Training Compliance (Excluding FY1/2 & Bank Staff only) End October 2016											
	Basic Life Support	Conflict Resolution Training Level 1	Equality, Diversity and Human Rights	Fire Safety	Health, Safety and Welfare Level 1	Infection Prevention	Information Governance	Prevent Healthwrap	Safeguarding Adults	Safeguarding Children	Safer Handling Theory
Target	80%	80%	80%	80%	80%	80%	95%	80%	80%	80%	80%
435 Chief Executive	-	85	85	77	67	66	89	89	62	87	84
435 Diagnostics & Clinical Support	83	93	94	87	80	78	95	88	70	94	94
435 Estates & Facilities	-	89	84	79	73	75	97	71	71	92	90
435 Family Care	80	94	94	85	82	80	93	84	69	77	90
435 Finance & Informatics	-	97	98	93	86	86	97	97	82	99	97
435 Governance	-	100	100	91	93	91	95	98	91	100	96
435 HR & OD	81	92	94	85	79	80	94	88	78	92	90
435 Integrated Care Group	74	90	90	80	74	73	88	77	64	94	90
435 Research & Development	63	97	100	90	92	92	97	90	69	100	90
435 Surgical & Anaesthetics Services	72	89	91	81	76	75	90	72	64	93	90
Compliance as at 31 Oct 16	76	91	91	83	77	76	92	80	68	91	91
Compliance as at 30 Sep 16	73	89	89	80	66	64	92	76	57	92	89
Trend analysis from Sep 16 to Oct 16	↑ 3	↑ 2	↑ 2	↑ 3	↑ 11	↑ 12	- 0	↑ 4	↑ 11	↓ -1	↑ 2

Chart 46 - Break Even Duty

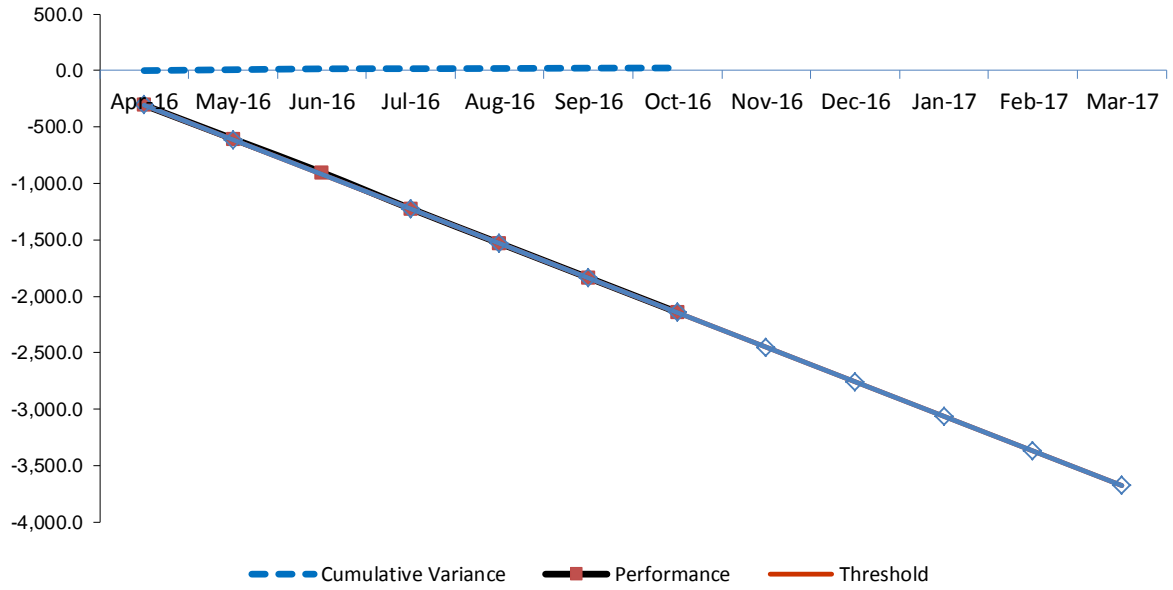


Chart 47 - Income and Expenditure variances

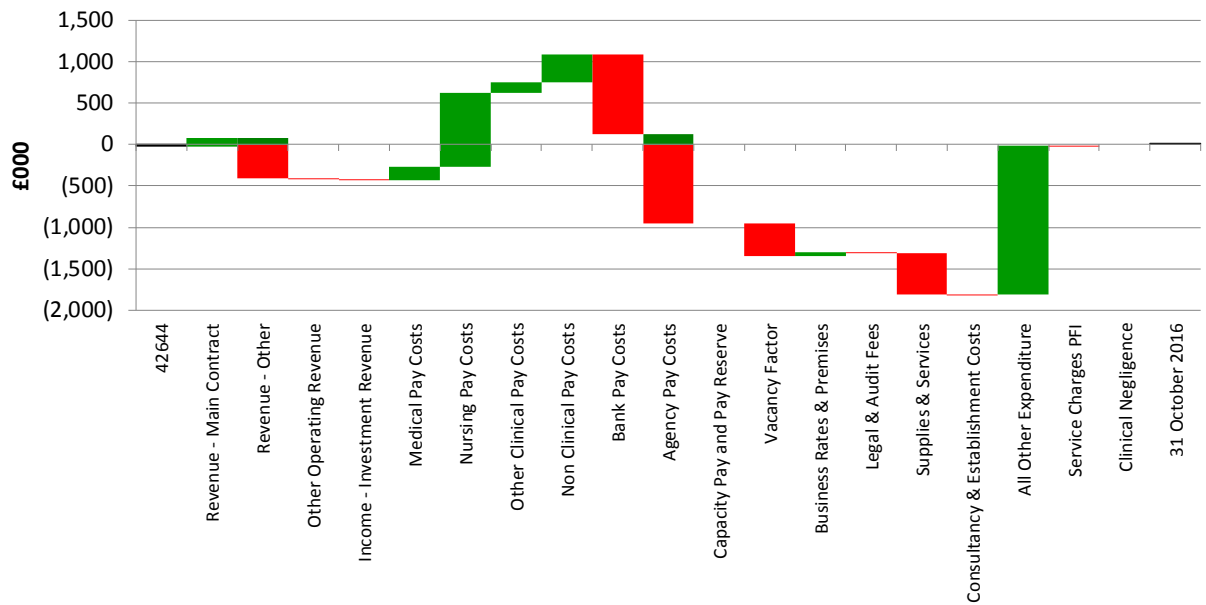
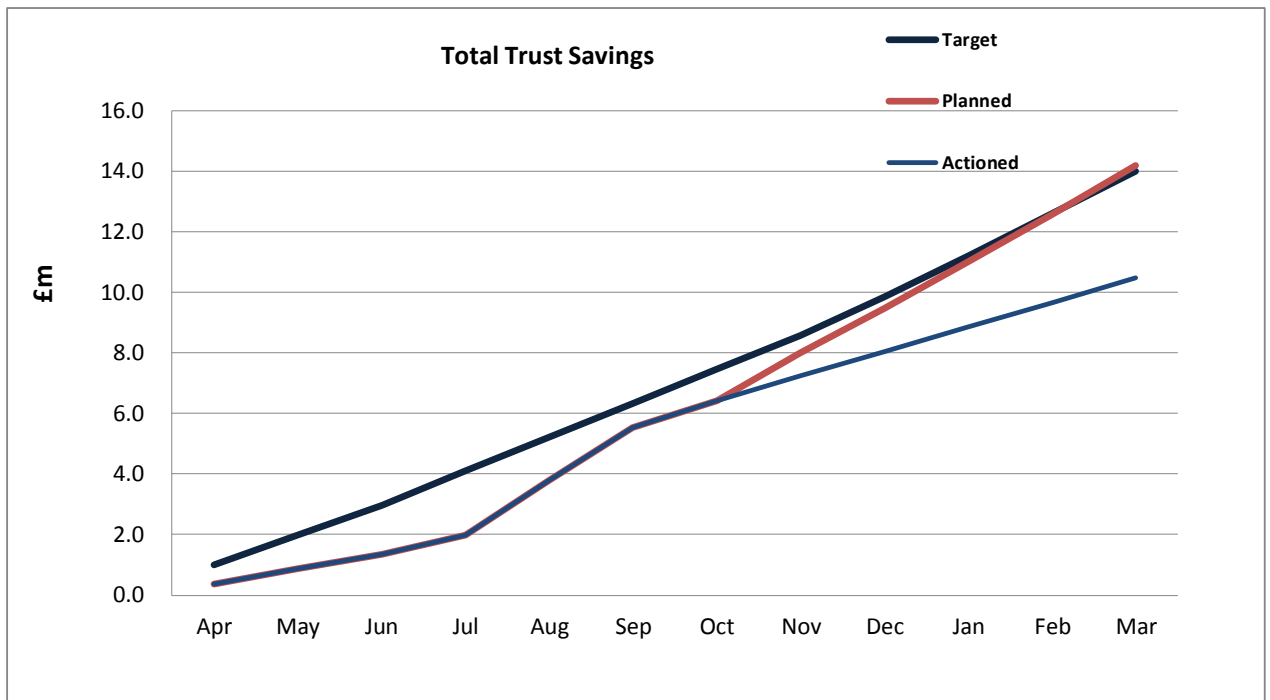


Chart 48 - Better Payment Practice Code (BPPC)

	Performance Target %	Actual in month	Actual YTD	Comments
Non NHS - No. of invoices	95.0%	97.8%	96.5%	Meeting target
Non NHS - Value of invoices	95.0%	98.4%	96.5%	Meeting target
NHS - No. of invoices	95.0%	99.1%	97.0%	Meeting target
NHS - Value of invoices	95.0%	99.9%	99.2%	Meeting target

Chart 49 - Total Trust Savings

APPENDIX C – Safe Staffing

Ward Staff Summary - Oct 2016

Executed on: 23/11/2016 at: 9:22:30 AM

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

Site	Cost Centre Code	Ward	Day Shift						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA)*			
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff			G2 G3 G4				C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate		
			Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate												
EC: Surgical & Anaes Services																										
EC02: General Surg Services																										
RBH	5142	Ward C14	2,418	2,054	84.95%	1,612	1,755	108.87%	1,023	1,034	101.08%	1,023	1,188	116.13%	0	0	0	0	0	0	7.00	14.39%	150.92	11.64%		
	5143	Ward C18	2,418	2,099.50	86.83%	1,612	1,612	100.00%	1,023	1,012	98.92%	1,023	1,023	100.00%	0	0	0	0	0	0	8.76	19.01%	71.80	6.07%		
	5144	Surgical Triage Unit	1,612	1,605.50	99.60%	806	1,001	124.19%	1,023	1,023	100.00%	341	715	209.68%	0	0	0	0	0	0	-0.92	-2.91%	43.07	4.44%		
EC03: Urology																										
RBH	5128	Ward C22	2,418	2,268.80	93.83%	1,612	1,787.50	110.89%	1,023	1,122	109.68%	1,023	1,188	116.13%	0	0	0	0	1	0	3.54	7.34%	67.87	4.97%		
EC04: Orthopaedic Services																										
BGH	4393	Ward 15	1,482	1,391	93.86%	1,007.50	988	98.06%	682	682	100.00%	572	561	98.08%	0	0	0	0	0	0	2.26	6.52%	34.13	3.47%		
RBH	5366	Ward B24	1,612	1,599	99.19%	1,209	1,482	122.58%	682	671	98.39%	682	968	141.94%	0	0	0	0	0	0	1.63	5.03%	45.20	4.76%		
	5367	Ward B22	1,612	1,332.50	82.66%	2,418	2,457	101.61%	682	660	96.77%	1,705	1,716	100.65%	0	0	0	0	0	0	-0.70	-1.74%	95.89	7.60%		
EC05: Head & Neck																										
RBH	5175	Ward B20 Max Fac	1,612	1,352	83.87%	806	1,046.50	129.84%	682	726	106.45%	341	671	196.77%	0	0	0	0	0	0	0.00	-	-	-		
EC09: Anaesth & Critical Care																										
RBH	5362	Elht Critical Care	6,838	6,799	99.43%	1,014	884	87.18%	5,401	5,379	99.59%	0	33	-	0	0	0	0	0	0	3.47	2.83%	208.36	5.68%		
ED: Family Care																										
ED07: General Paediatrics																										
RBH	5210	Inpatient	4,092	4,116	100.59%	1,116	1,228	110.04%	3,255	3,276	100.65%	325.50	388.50	119.35%	0	0	0	0	0	0	4.84	5.80%	88.96	3.61%		
ED08: Gynae Nursing																										
BGH	4169	Gynae And Breast Care Ward	1,294	1,274	98.45%	642	630	98.13%	838.50	838.50	100.00%	346.50	346.40	99.97%	0	0	0	0	0	0	4.99	14.40%	21.76	2.37%		
ED09: Obstetrics																										
BGH	4165	Birth Suite	3,720	3,846	103.39%	744	840	112.90%	3,720	3,804	102.26%	744	768	103.23%	0	0	0	0	0	0	4.40	6.56%	38.80	2.08%		
	4192	Burnley Birth Centre	1,434	1,465.50	102.20%	372	382.50	102.82%	1,176	1,188	101.02%	372	348	93.55%	0	0	0	0	0	0	-36.52	-510.06%	70.56	5.33%		
	4200	Antenatal Ward 12	1,488	1,497	100.60%	744	704	94.62%	1,116	1,088	97.49%	744	744	100.00%	0	0	0	0	0	0	-5.91	-18.83%	76.63	6.82%		
	4203	Postnatal Ward 10	2,232	2,394	107.26%	1,116	1,208	108.24%	2,232	2,088	93.55%	1,116	1,296	116.13%	0	0	0	0	0	0	-1.59	-2.81%	75.44	4.06%		
RBH	5256	Blackburn Birth Centre	930	906.50	97.47%	465	432	92.90%	666.50	666.50	100.00%	333.25	333.25	100.00%	0	0	0	0	0	0	-34.59	-645.27%	132.52	10.74%		
ED11: Neonates																										
RBH	4215	Nicu	5,040	5,030	99.80%	372	193	51.88%	4,464	4,416	98.92%	372	84	22.58%	0	0	0	0	0	0	13.93	15.99%	99.40	4.33%		
EH: Integrated Care Group																										
EH15: Acute Medicine																										
RBH	5058	Medical Assessment Unit	3,487.50	3,367.50	96.56%	1,743.75	2,137.50	122.58%	3,138.75	2,778.75	88.53%	1,046.25	1,327.50	126.88%	0	0	0	0	0	0	2.85	3.37%	97.16	3.89%		
EH20: Respiratory																										
RBH	5063	Ward C6	1,860	1,492.50	80.24%	1,162.50	1,252.50	107.74%	666.50	666.50	100.00%	666.50	666.50	100.00%	0	0	0	0	1	0	4.22	13.31%	18.45	2.16%		
	5064	Ward C8	2,325	1,777.50	76.45%	1,162.50	1,387.50	119.35%	999.75	999.75	100.00%	666.50	698.75	104.84%	0	0	0	0	0	0	5.34	14.55%	88.80	9.13%		

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

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

Ward Staff Summary - Oct 2016

Executed on: 23/11/2016 at: 9:22:30 AM

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

R: ≥ ±10% A: ≥ ±5% G: < ±5%															R: > 0 G: = 0				R: ≥ 5% G: < 5%		R: ≥ 3.75% G: < 3.75%					
Site	Cost Centre Code	Ward	Day Shift						Night Shift						Pressure Ulcers Acquired			Falls with Harm (Mod & Above)	Infections Acquired		Vacancies WTE (RegN/M + HCA)*		Sickness/Absence RegN/M + HCA)*			
			Registered Nurses / Midwives			Care Staff			Registered Nurses / Midwives			Care Staff														
			Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	Planned Hours	Actual Hours	Average Fill Rate	G2	G3	G4		C Diff	MRSA	WTE Vacant	% Vacant	WTE Days	% Abs Rate		
RBH	6027	Ward C7	1,860	1,447.50	77.82%	1,162.50	1,875	161.29%	666.50	881.50	132.26%	666.50	1,085.75	162.90%	0	0	0	0	0	0	-0.37	-1.20%	103.31	10.73%		
EH25: Cardiology																										
RBH	5095	Coronary Care	1,860	1,665	89.52%	465	712.50	153.23%	999.75	999.75	100.00%	0	0	-	0	0	0	0	0	0	2.82	10.61%	45.33	6.27%		
	5097	Ward B18	2,092.50	1,830	87.46%	930	1,192.50	128.23%	666.50	666.50	100.00%	666.50	645	96.77%	0	0	0	0	0	0	3.42	10.68%	14.48	1.65%		
EH30: Gastroenterlogy																										
RBH	5042	C1 (Gastro)	1,627.50	1,432.50	88.02%	1,395	1,912.50	137.10%	666.50	709.50	106.45%	666.50	1,333	200.00%	0	0	0	0	0	0	0.00	-	-	-		
	5045	Ward C4	1,860	1,552.50	83.47%	1,162.50	2,017.50	173.55%	666.50	838.50	125.81%	666.50	1,300.75	195.16%	0	0	0	0	0	0	0.00	-	-	-		
	5061	Ward C3	1,627.50	1,387.50	85.25%	930	1,507.50	162.10%	666.50	677.25	101.61%	666.50	999.75	150.00%	0	0	0	0	0	0	0.00	-	-	-		
	6028	Ward C11	1,860	1,530	82.26%	1,162.50	1,507.50	129.68%	666.50	677.25	101.61%	666.50	870.75	130.65%	0	0	0	0	0	0	3.91	12.06%	-	-		
	6095	Ward C2	1,860	1,515	81.45%	1,162.50	1,672.50	143.87%	666.50	709.50	106.45%	666.50	1,010.50	151.61%	0	0	0	0	0	0	5.35	15.45%	-	-		
EH35: Mfop & Complex Needs																										
BGH	4613	Rakehead Nursing Staff	1,395	1,117.50	80.11%	1,860	2,182.50	117.34%	589	589	100.00%	589	940.50	159.68%	0	0	0	0	0	0	3.86	10.36%	139.60	13.43%		
	6094	Ward 16 Sept 13	2,325	1,912.50	82.26%	1,627.50	2,437.50	149.77%	651	651	100.00%	976.50	1,638	167.74%	0	0	0	0	0	0	-3.43	-10.84%	55.00	4.96%		
PCH	4581	Marsden Ward	1,860	1,425	76.61%	1,860	2,070	111.29%	666.50	677.25	101.61%	666.50	1,032	154.84%	0	0	0	0	0	0	2.29	6.91%	115.44	12.50%		
	4582	Reedyford Ward	1,860	1,447.50	77.82%	1,162.50	1,725	148.39%	666.50	666.50	100.00%	666.50	1,182.50	177.42%	0	0	0	0	0	0	2.86	9.05%	48.67	5.19%		
	4583	Hartley Ward	1,860	1,380	74.19%	1,162.50	1,470	126.45%	666.50	677.25	101.61%	666.50	784.75	117.74%	0	0	0	0	0	0	2.77	8.62%	69.79	7.65%		
RBH	5036	Acute Stroke Unit (B2)	2,325	1,965	84.52%	1,162.50	1,507.50	129.68%	987	997.50	101.06%	651	997.50	153.23%	0	0	0	0	0	0	4.90	12.53%	143.68	14.50%		
	5037	Ward B4	1,860	1,530	82.26%	1,627.50	2,287.50	140.55%	651	682.50	104.84%	651	1,323	203.23%	0	0	0	0	0	0	0.04	0.14%	80.57	7.97%		
	5048	Ward C10	1,860	1,575	84.68%	1,627.50	1,815	111.52%	651	661.50	101.61%	651	997.50	153.23%	0	0	0	0	1	0	0.27	0.90%	35.12	3.98%		
	6025	Ward C9	1,860	1,560	83.87%	1,395	1,792.50	128.49%	666.50	666.50	100.00%	666.50	1,085.75	162.90%	0	0	0	0	1	0	1.94	6.19%	-	-		
	6058	Ward D1	1,860	1,477.50	79.44%	1,395	1,875	134.41%	666.50	688	103.23%	666.50	1,096.50	164.52%	0	0	0	0	1	0	13.04	43.04%	-	-		
	6096	Ward C5	1,116	804	72.04%	1,242	1,350	108.70%	651	651	100.00%	651	913.50	140.32%	0	0	0	0	0	0	6.31	19.84%	45.76	5.86%		
EH44: Speciality Medicine																										
RBH	5040	Ward D3	1,860	1,440	77.42%	1,162.50	1,470	126.45%	666.50	666.50	100.00%	666.50	827.75	124.19%	0	0	0	0	0	0	3.10	10.38%	140.80	16.99%		
EH70: Comm In Patient Care																										
AVH	R133	Avch Ward 2	1,395	1,005	72.04%	930	1,665	179.03%	651	651	100.00%	325.50	808.50	248.39%	0	0	0	0	0	0	1.97	8.68%	73.48	11.28%		
CLI	R141	Ribblesdale Ward	2,325	1,927.50	82.90%	1,860	2,332.50	125.40%	976.50	976.50	100.00%	976.50	1,291.50	132.26%	0	0	0	0	0	0	6.20	13.69%	106.91	9.00%		
Total for 42 wards shown					89.22%	123.13%			100.43%			134.99%			0	0	0	0	5	0	48.26	3.13%	2,743.66	6.40%		

Hospital Site Details				Ward name	in 2 Specialties on each w	Day		Night		Day		Night		CHPPD					
Site code	Hospital Site name	Speciality 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	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - nurses/midwives (%)	Average fill rate - care staff (%)	Sum of Midnight Counts of Patients	CHPPD: Nurses & Midwives	CHPPD: Care staff	Care Hours Per Patient Day (CHPPD) (cols (G+I+K+M)/S)	
RXR60	ACCRINGTON VICTORIA HOSPITAL - RXR60	Ward 2	314 - REHABILITATION	1,395	1,005	930	1,665	651	651	326	809	72.0%	179.0%	100.0%	248.4%	541	3.06	4.57	7.63
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE	2,325	1,965	1,163	1,508	987	998	651	998	84.5%	129.7%	101.1%	153.2%	664	4.46	3.77	8.23
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY	2,093	1,830	930	1,193	667	667	667	645	87.5%	128.2%	100.0%	96.8%	730	3.42	2.52	5.94
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY	1,612	1,352	806	1,047	682	726	341	671	83.9%	129.8%	106.5%	196.8%	479	4.34	3.59	7.92
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS	1,612	1,333	2,418	2,457	682	660	1,705	1,716	82.7%	101.6%	96.8%	100.6%	627	3.18	6.66	9.83
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS	1,612	1,599	1,209	1,482	682	671	682	968	99.2%	122.6%	98.4%	141.9%	670	3.39	3.66	7.04
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE	1,860	1,530	1,628	2,288	651	683	651	1,323	82.3%	140.6%	104.8%	203.2%	711	3.11	5.08	8.19
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS	930	907	465	432	667	667	333	333	97.5%	92.9%	100.0%	100.0%	26	60.50	29.43	89.93
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE	1,628	1,433	1,395	1,913	667	710	667	1,333	88.0%	137.1%	106.5%	200.0%	579	3.70	5.61	9.30
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE	1,860	1,575	1,628	1,815	651	662	651	998	84.7%	111.5%	101.6%	153.2%	664	3.37	4.24	7.60
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE	1,860	1,530	1,163	1,508	667	677	667	871	82.3%	129.7%	101.6%	130.6%	650	3.40	3.66	7.05
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY	2,418	2,054	1,612	1,755	1,023	1,034	1,023	1,188	84.9%	108.9%	101.1%	116.1%	991	3.12	2.97	6.09
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY	2,418	2,100	1,612	1,612	1,023	1,012	1,023	1,023	86.8%	100.0%	98.9%	100.0%	1052	2.96	2.50	5.46
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY	1,860	1,515	1,163	1,673	667	710	667	1,011	81.5%	143.9%	106.5%	151.6%	712	3.12	3.77	6.89
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	2,418	2,269	1,612	1,788	1,023	1,122	1,023	1,188	93.8%	110.9%	109.7%	116.1%	975	3.48	3.05	6.53
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE	1,628	1,388	930	1,508	667	677	667	1,000	85.3%	162.1%	101.6%	150.0%	607	3.40	4.13	7.53
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY	1,860	1,553	1,163	2,018	667	839	667	1,301	83.5%	173.5%	125.8%	195.2%	733	3.26	4.53	7.79
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE	1,116	804	1,242	1,350	651	651	651	914	72.0%	108.7%	100.0%	140.3%	413	3.52	5.48	9.00
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	1,860	1,493	1,163	1,253	667	667	667	667	80.2%	107.7%	100.0%	100.0%	764	2.83	2.51	5.34
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	1,860	1,448	1,163	1,875	667	882	667	1,086	77.8%	161.3%	132.3%	162.9%	586	3.97	5.05	9.03
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	2,325	1,778	1,163	1,388	1,000	1,000	667	699	76.5%	119.4%	100.0%	104.8%	594	4.68	3.51	8.19
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE	1,860	1,560	1,395	1,793	667	667	667	1,086	83.9%	128.5%	100.0%	162.9%	674	3.30	4.27	7.57
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS	4,092	4,116	1,116	1,228	3,255	3,276	326	389	100.6%	110.0%	100.6%	119.4%	1100	6.72	1.47	8.19
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY	1,860	1,665	465	713	1,000	1,000	-	-	89.5%	153.2%	100.0%	0.0%	259	10.29	2.75	13.04
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE	6,838	6,799	1,014	884	5,401	5,379	-	33	99.4%	87.2%	99.6%	3300.0%	626	19.45	1.46	20.92
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE	1,860	1,478	1,395	1,875	667	688	667	1,097	79.4%	134.4%	103.2%	164.5%	612	3.54	4.86	8.39
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE	1,860	1,440	1,163	1,470	667	667	667	828	77.4%	126.5%	100.0%	124.2%	603	3.49	3.81	7.30
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE	3,488	3,368	1,744	2,138	3,139	2,779	1,046	1,328	96.6%	122.6%	88.5%	126.9%	1251	4.91	2.77	7.68
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE	3,720	3,698	2,790	3,128	1,953	2,247	1,302	1,428	99.4%	112.1%	115.1%	109.7%	1179	5.04	3.86	8.91
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS	5,040	5,030	372	193	4,464	4,416	372	84	99.8%	51.9%	98.9%	22.6%	959	9.85	0.29	10.14
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY	1,612	1,606	806	1,001	1,023	1,023	341	715	99.6%	124.2%	100.0%	209.7%	589	4.46	2.91	7.38
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS	1,488	1,497	744	704	1,116	1,088	744	744	100.6%	94.6%	97.5%	100.0%	123	21.02	11.77	32.79
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS	1,434	1,466	372	383	1,176	1,188	372	348	102.2%	102.8%	101.0%	93.5%	66	40.20	11.07	51.27
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS	3,720	3,846	744	840	3,720	3,804	744	768	103.4%	112.9%	102.3%	103.2%	210	36.43	7.66	44.09
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY	1,294	1,274	642	630	839	839	347	346	98.5%	98.1%	100.0%	100.0%	353	5.98	2.77	8.75
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS	2,232	2,394	1,116	1,208	2,232	2,088	1,116	1,296	107.3%	108.2%	93.5%	116.1%	766	5.85	3.27	9.12
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION	1,395	1,118	1,860	2,183	589	589	589	941	80.1%	117.3%	100.0%	159.7%	420	4.06	7.44	11.50
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS	1,482	1,391	1,008	988	682	682	572	561	93.9%	98.1%	100.0%	98.1%	407	5.09	3.81	8.90
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE	2,325	1,913	1,628	2,438	651	651	977	1,638	82.3%	149.8%	100.0%	167.7%	855	3.00	4.77	7.76
RXR70	CLITHEROE COMMUNITY HOSPITAL - RXR70	Ribblesdale	314 - REHABILITATION	2,325	1,928	1,860	2,333	977	977	977	1,292	82.9%	125.4%	100.0%	132.3%	980	2.96	3.70	6.66
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION	1,860	1,380	1,163	1,470	667	677	667	785	74.2%	126.5%	101.6%	117.7%	761	2.70	2.96	5.67
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION	1,860	1,425	1,860	2,070	667	677	667	1,032	76.6%	111.3%	101.6%	154.8%	722	2.91	4.30	7.21
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION	1,860	1,448	1,163	1,725	667	667	667	1,183	77.8%	148.4%	100.0%	177.4%	738	2.86	3.94	6.80

43 of 43 completed

	Total		94,053	84,292	52,971	64,913	51,919	52,428	28,881	38,657	89.6%	122.5%	101.0%	133.9%	28021	4.88	3.70	8.58
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Fill rate indicator return
Staffing: Nursing, midwifery and care staff

Please provide the URL to the page on your trust website where your staffing information is available
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http:// ' in your URL)

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

Comments

Only complete sites your
organisation is accountable
for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day		Night		Day		Night		Day		Night		Care Hours Per Patient Day (CHPPD)			
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION		1395	1005	930	1665	651	651	325.5	808.5	72.0%	179.0%	100.0%	248.4%	541	3.1	4.6	7.6
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	300 - GENERAL MEDICINE		2325	1965	1162.5	1507.5	987	997.5	651	997.5	84.5%	129.7%	101.1%	153.2%	664	4.5	3.8	8.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B18	320 - CARDIOLOGY		2092.5	1830	930	1192.5	666.5	666.5	666.5	645	87.5%	128.2%	100.0%	96.8%	730	3.4	2.5	5.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B20	100 - GENERAL SURGERY		1612	1352	806	1046.5	682	726	341	671	83.9%	129.8%	106.5%	196.8%	479	4.3	3.6	7.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B22	110 - TRAUMA & ORTHOPAEDICS		1612	1332.5	2418	2457	682	660	1705	1716	82.7%	101.6%	96.6%	100.6%	627	3.2	6.7	9.8
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B24	110 - TRAUMA & ORTHOPAEDICS		1612	1599	1209	1482	682	671	682	968	99.2%	122.6%	98.4%	141.9%	670	3.4	3.7	7.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	B4	430 - GERIATRIC MEDICINE		1860	1530	1627.5	2287.5	651	682.5	651	1323	82.3%	140.6%	104.8%	203.2%	711	3.1	5.1	8.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	501 - OBSTETRICS		930	906.5	465	432	666.5	666.5	333.25	333.25	97.5%	92.9%	100.0%	100.0%	26	60.5	29.4	89.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C1	300 - GENERAL MEDICINE		1627.5	1432.5	1395	1912.5	666.5	709.5	666.5	1333	88.0%	137.1%	106.5%	200.0%	579	3.7	5.6	9.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C10	300 - GENERAL MEDICINE		1860	1575	1627.5	1815	651	661.5	651	997.5	84.7%	111.5%	101.6%	153.2%	664	3.4	4.2	7.6
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C11	300 - GENERAL MEDICINE		1860	1530	1162.5	1507.5	666.5	677.25	666.5	870.75	82.3%	129.7%	101.6%	130.6%	650	3.4	3.7	7.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C14	100 - GENERAL SURGERY		2418	2054	1612	1755	1023	1034	1023	1188	84.9%	108.9%	101.1%	116.1%	991	3.1	3.0	6.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C18	100 - GENERAL SURGERY		2418	2099.5	1612	1612	1023	1012	1023	1023	86.8%	100.0%	98.9%	100.0%	1052	3.0	2.5	5.5
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C2	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1860	1515	1162.5	1672.5	666.5	709.5	666.5	1010.5	81.5%	143.9%	106.5%	151.6%	712	3.1	3.8	6.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C22	101 - UROLOGY	120 - ENT	2418	2268.8	1612	1787.5	1023	1122	1023	1188	93.8%	110.9%	109.7%	116.1%	975	3.5	3.1	6.5
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C3	300 - GENERAL MEDICINE		1627.5	1387.5	930	1507.5	666.5	677.25	666.5	999.75	85.3%	162.1%	101.6%	150.0%	607	3.4	4.1	7.5
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C4	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1860	1552.5	1162.5	2017.5	666.5	838.5	666.5	1300.75	83.5%	173.5%	125.8%	195.2%	733	3.3	4.5	7.8
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C5	430 - GERIATRIC MEDICINE		1116	804	1242	1350	651	651	651	913.5	72.0%	108.7%	100.0%	140.3%	413	3.5	5.5	9.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C6	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1860	1492.5	1162.5	1252.5	666.5	666.5	666.5	666.5	80.2%	107.7%	100.0%	100.0%	764	2.8	2.5	5.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C7	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	1860	1447.5	1162.5	1875	666.5	881.5	666.5	1085.75	77.8%	161.3%	132.3%	162.9%	586	4.0	5.1	9.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C8	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	2325	1777.5	1162.5	1387.5	999.75	999.75	666.5	698.75	76.5%	119.4%	100.0%	104.8%	594	4.7	3.5	8.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	C9	300 - GENERAL MEDICINE		1860	1560	1395	1792.5	666.5	666.5	666.5	1085.75	83.9%	128.5%	100.0%	162.9%	674	3.3	4.3	7.6
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit	420 - PAEDIATRICS		4092	4116	1116	1228	3255	3276	325.5	388.5	100.6%	110.0%	100.6%	119.4%	1100	6.7	1.5	8.2
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	320 - CARDIOLOGY		1860	1665	465	712.5	999.75	999.75	0	0	89.5%	153.2%	100.0%	-	259	10.3	2.8	13.0
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	192 - CRITICAL CARE MEDICINE		6838	6799	1014	884	5401	5379	0	33	99.4%	87.2%	99.6%	-	626	19.5	1.5	20.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D1	300 - GENERAL MEDICINE		1860	1477.5	1395	1875	666.5	688	666.5	1096.5	79.4%	134.4%	103.2%	164.5%	612	3.5	4.9	8.4
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	D3	300 - GENERAL MEDICINE		1860	1440	1162.5	1470	666.5	666.5	666.5	827.75	77.4%	126.5%	100.0%	124.2%	603	3.5	3.8	7.3
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUA)	300 - GENERAL MEDICINE		3487.5	3367.5	1743.75	2137.5	3138.75	2778.75	1046.25	1327.5	96.6%	122.6%	88.5%	126.9%	1251	4.9	2.8	7.7
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMUB)	300 - GENERAL MEDICINE		3720	3697.5	2790	3127.5	1953	2247	1302	1428	99.4%	112.1%	115.1%	109.7%	1179	5.0	3.9	8.9
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	420 - PAEDIATRICS		5040	5030	372	193	4464	4416	372	84	99.8%	51.9%	98.9%	22.8%	959	9.8	0.3	10.1
RXR20	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	100 - GENERAL SURGERY		1612	1605.5	806	1001	1023	1023	341	715	99.6%	124.2%	100.0%	209.7%	589	4.5	2.9	7.4
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Antenatal Ward	501 - OBSTETRICS		1488	1497	744	704	1116	1088	744	744	100.6%	94.6%	97.5%	100.0%	123	21.0	11.8	32.8
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Burnley Birth Centre	501 - OBSTETRICS		1434	1465.5	372	382.5	1176	1188	372	348	102.2%	102.8%	101.0%	93.5%	66	40.2	11.1	51.3
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Central Birth Suite	501 - OBSTETRICS		3720	3846	744	840	3720	3804	744	768	103.4%	112.9%	102.3%	103.2%	210	36.4	7.7	44.1
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Gynaecology and Breast Care Ward	502 - GYNAECOLOGY		1294	1274	642	630	838.5	838.5	346.5	346.4	98.5%	98.1%	100.0%	100.0%	353	6.0	2.8	8.8
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Postnatal Ward	501 - OBSTETRICS		2232	2394	1116	1208	2232	2088	1116	1296	107.3%	108.2%	93.5%	116.1%	766	5.9	3.3	9.1
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Rakehead	314 - REHABILITATION		1395	1117.5	1860	2182.5	589	589	589	940.5	80.1%	117.3%	100.0%	159.7%	420	4.1	7.4	11.5

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

Please provide the URL to the page on your trust website where your staffing information is available
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

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

Comments

Only complete sites your
organisation is accountable
for

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
					Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RXR60	ACCRINGTON VICTORIA HOSPITAL	Ward 2	314 - REHABILITATION		1395	1005	930	1665	651	651	325.5	808.5	72.0%	179.0%	100.0%	248.4%	541	3.1	4.6	7.6
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 15	110 - TRAUMA & ORTHOPAEDICS		1482	1391	1007.5	988	682	682	572	561	93.9%	98.1%	100.0%	98.1%	407	5.1	3.8	8.9
RXR10	BURNLEY GENERAL HOSPITAL - RXR10	Ward 16	300 - GENERAL MEDICINE		2325	1912.5	1627.5	2437.5	651	651	976.5	1638	82.3%	149.8%	100.0%	167.7%	855	3.0	4.8	7.8
RXR70	CLITHEROE COMMUNITY HOSPITAL	Ribblesdale	314 - REHABILITATION		2325	1927.5	1860	2332.5	976.5	976.5	976.5	1291.5	82.9%	125.4%	100.0%	132.3%	980	3.0	3.7	6.7
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Hartley	314 - REHABILITATION		1860	1380	1162.5	1470	666.5	677.25	666.5	784.75	74.2%	126.5%	101.6%	117.7%	761	2.7	3.0	5.7
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	314 - REHABILITATION		1860	1425	1860	2070	666.5	677.25	666.5	1032	76.6%	111.3%	101.6%	154.8%	722	2.9	4.3	7.2
RXR50	PENDLE COMMUNITY HOSPITAL - RXR50	Reedyford	314 - REHABILITATION		1860	1447.5	1162.5	1725	666.5	666.5	666.5	1182.5	77.8%	148.4%	100.0%	177.4%	738	2.9	3.9	6.8

TRUST BOARD REPORT

Item **326**

30 November 2016

Purpose Information

Title	Finance and Performance Committee Update Report (October 2016)
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Mr David Wharfe, Non-Executive Director

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on the 24 October 2016.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Finance and Performance Committee Update Report: 24 October 2016

1. At the last meeting of the Finance and Performance Committee held on 24 October 2016 members considered the following matters.
2. The Committee received the Finance Report which provided an overview of the deteriorated financial position in the month of September. Members noted the actions that were in place to recover the financial position, particularly those actions plans at divisional level and around the use of agency staff. They also received an overview of the best, likely and worst case scenarios for year-end. The Committee also received an update regarding the proposed control total received by NHS Improvement.
3. The Committee received a progress report on the work undertaken to address the recommendations in the Lord Carter of Coles review. Members noted the work that was being carried out within the procurement services across the North West and the associated potential savings.
4. Members of the Committee received the Sustaining Safe, Personal and Effective Care 2016/17 update report and as part of the report the Committee was updated on the recruitment of staff to the Programme Management Office (PMO). The Non-Executive members noted that the business plan that is due for submission in December must include a Safely Releasing Costs Programme (SRCP) plan for 2017/18 and 2018/19. Non-Executive Directors expressed concerns over the delivery of the plans for the coming year and sought assurance that the Divisions had the capacity and capability to deliver the current and future year programmes with less input from the PMO.
5. The Committee received a report relating to the planning guidance requirements for 2017/18 and 2018/19, including the need to complete plans and agree contracts for two years rather than one year, and the shortened timeframe for the submission. Non-Executive members requested that they be kept updated on the development of the plans and also the development of the Sustainability and Transformation Plans for the coming year.
6. The Committee also received the Integrated Performance Report; an update on tenders, the Single Oversight Framework consultation and an update on the Estates Strategy. In addition, the Committee received the minutes of the Contract and Data Quality Board.

Kea Ingham, Company Secretarial Assistant, 17 November 2016

TRUST BOARD REPORT

Item **327**

30 November 2016

Purpose Information

Title Quality Committee Update Report
(October and November 2016)

Author Miss K Ingham, Company Secretarial Assistant

Summary: The report sets out the matters discussed and decisions made at the Quality Committee meetings held on 5 October and 9 November 2016

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Quality Committee Update: 5 October 2016

1. At the meeting of the Quality Committee held on 5 October 2016 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.
2. The Committee received the Serious Incidents Requiring Investigation (SIRI) report and updates in relation to duty of candour and the recent never event that had occurred within Theatres. Committee members discussed the ongoing falls collaborative work regarding falls noted that it was currently being rolled out across the whole organisation.
3. The Committee received the Fire Safety Assurance report and noted the work that was required to ensure that there was an adequate number of fully trained Fire Marshalls for the various sites across the Trust. It was agreed to include a risk on the corporate risk register in relation to this matter and the Non-Executive Directors asked for an improvement trajectory to be set. An update will be provided to the Committee in March 2017.
4. The Committee received the Annual Security report prior to submission to the Secretary of State for Health. The Committee members noted that the use of the Security Incident Reporting System (SIRS) was rated as red, however the Trust is using the Datix system to record incidents. The members noted that each of the five areas that were rated as amber had comprehensive action plans for improvement in place. The five areas were noted to be:
 - a) The organisation has systems in place to protect all its assets from the point of procurement to the point of decommissioning or disposal.
 - b) The organisation has departmental asset registers and records for business critical assets worth less than £5000.
 - c) In the event of increased security threats, the organisation is able to increase its security resources and responses.
 - d) The organisation has suitable lockdown arrangements for each of its sites, or for specific buildings or areas.
 - e) The organisation has a clear policy on the recovery of financial losses incurred due to security related incidents and can demonstrate its effectiveness.
5. The Committee received a report about maternity staffing and were informed about the need to increase the number of qualified midwives working in the Trust and the work being undertaken to address this. A progress report will be presented to the Quality Committee in six months' time.

6. Members of the Committee were presented with a report relating to the recent environmental health inspections at the catering facilities at the Royal Blackburn Hospital. Action plans are in place to improve the facilities and it is anticipated that upon re-inspection a four or five star rating will be achieved.
7. The Committee received the results of the National Cancer Patient Experience Survey and noted the improvements in the service achieved over the past year. A good news story will be developed from the survey results for publication.
8. The Committee received a summary of the Clinical Audit Annual Report and noted that the number of audits carried out by the organisation had been refined and consolidated over the course of the last year. The Committee noted that the audits included in the Trust's plan supported the national audit plan and divisional priorities.
9. The Committee received and approved the Raising Concerns Policy on behalf of the Trust Board.
10. The Committee received a verbal update in relation to the developments concerning the Trust Education Board to ensure that it covers education across the Trust.
11. The Committee received the Workforce Race and Equality Standard (WRES) Report for information and Mr Moynes confirmed that it would be presented to the Trust Board in October for formal acceptance. The Committee noted the work that would be undertaken to address the matters raised by the report, including the hosting of a BME Big Conversation event on 8 December.
12. Dr Stanley provided the Committee with an update in relation to the development of the Quality Strategy and confirmed that it would be presented to the Committee in the New Year.
13. The Committee also received the Corporate Risk Register, Quality Dashboard, an update on the 'Prompt to Protect' infection prevention and control collaborative, results of the Patient Led Assessment of the Care Environment (PLACE) process, and summary reports from the following meetings:
 - a) Health and Safety Committee
 - b) Patient Experience Committee
 - c) Internal Safeguarding Board
 - d) Patient Safety and Risk Assurance Committee
 - e) Clinical Effectiveness Committee

Quality Committee Update: 9 November 2016

14. At the last meeting of the Quality Committee held on 9 November 2016 members considered the following matters and undertook to ensure actions would be taken as outlined in the report. Due to the operational pressures currently being experienced by the Trust, the meeting was not quorate and therefore decisions made at the meeting will be ratified at the next meeting in January 2017.
15. The Committee received the draft Medicines Strategy and were asked to provide comments and feedback to Mr Fletcher, Clinical Director for Pharmacy Services. The draft strategy outlined the seven principles for change required to ensure the delivery of the safe and effective use of medicines. The final strategy will be presented to the Committee in the March 2017. The draft strategy was sent to all the Non-Executive Directors for their comments and feedback.
16. The Committee received a verbal update in relation to the development of the winter resilience plan and the final version will be presented to the Trust Board in November 2016.
17. The Committee received a presentation from the Assistant Director of Nursing for Corporate Services regarding the Nursing Assessment and Performance Framework and the process for achieving Safe, Personal and Effective Care Ward status. Committee members recognised the importance of the work carried out by the small team and discussed the possibilities of expanding the capacity of the team to carry out an increased number of assessments.
18. The Committee received the Annual Complaints Report and noted the overall reduction in the number of complaints received over the course of the year and a reduction in those complaints being referred to the Ombudsman. Members noted that there were far fewer complaints relating to the attitude of staff than in previous years, but that complaints relating to 'all aspects of clinical care' had increased.
19. The Committee was presented with the Organ Donation Annual Report and members were pleased to note the work that had been carried out with the Asian communities within the area to raise awareness of organ donation.
20. The Committee also received the Serious Incidents Requiring Investigation report, Corporate Risk Register, Quality Dashboard and the summary reports from the following sub-committees:
 - a) Infection Prevention and Control Committee
 - b) Health and Safety Committee
 - c) Patient Experience Committee
 - d) Clinical Effectiveness Committee

Kea Ingham, Company Secretarial Assistant, 17 November 2016

TRUST BOARD REPORT

Item **328**

30 November 2016

Purpose Information

Title	Remuneration Committee Information Report (September 2016)
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the last Remuneration Committee is presented for Board members' information.

Recommendation: This paper is brought to the Committee for information.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

Remuneration Committee Information Report: 28 September 2016

1. At the last meeting of the Remuneration Committee held on Wednesday 28 September 2016 members considered the following matters:
 - a) Chief Executive Annual Appraisal and Remuneration
 - b) Remuneration for the Director of Finance on Secondment
 - c) Director of Sustainability Secondment Arrangements
 - d) Draft Remuneration Policy
 - e) Fit and Proper Persons Annual Compliance Report

Kea Ingham, Company Secretarial Assistant, 16 November 2016

TRUST BOARD REPORT

Item **329**

30 November 2016

Purpose Information

Title	Trust Board Part Two Information Report
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The report details the agenda items discussed in Part 2 of the Board meetings held in September and October 2016.

As requested by the Board it can be confirmed that, in preparing this report the external context has been taken into account, such as regulatory requirements placed on NHS providers. Other elements such as local needs, trends and engagement with stakeholders would not be applicable in this instance.

Report linkages

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

rating.

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: n/a

Trust Board Part Two Information Report: 28 September 2016

1. At the meeting of the Trust Board on 28 September 2016, the following matters were discussed in private:
 - a) Healthier Lancashire and Pennine Lancashire Update
 - b) CQC Well Led Visit
 - c) Primary care Assessment Centre
 - d) Finance Report
 - e) Sustaining Safe, Personal and Effective Care 2016/17
 - f) Sustaining Safe, Personal and Effective Care 2016/17 Themed Programme
Discussion: Emergency Care Pathway Transformation Project
 - g) Integrated Performance Report Supplementary Information
 - h) Appointment of External Auditors
 - i) Serious Untoward Incident Report
 - j) Doctors with Restrictions
2. The Options for Tobacco Control Onsite report was deferred until the January 2017 meeting.

Trust Board Part Two Information Report: 26 October 2016

3. At the meeting of the Trust Board on 28 September 2016, the following matters were discussed in private:
 - a) Healthier Lancashire and Pennine Lancashire Update
 - b) Business Planning Guidance 2017/18 to 2018/19
 - c) Control Totals Approval
 - d) Agency Spend Letter from NHS Improvement
 - e) Finance Report
 - f) Sustaining Safe, Personal and Effective Care 2016/17
 - g) Accident and Emergency Performance: Current and Future Issues
 - h) Ophthalmology Business Case (Burnley Phase Eight Development)
 - i) Workforce Race Equality Standard Report
 - j) Learning from HR Cases (*strictly private and confidential and subject to legal professional privilege*)
 - k) Serious Untoward Incident Report
 - l) Doctors with Restrictions
4. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that

these items should not be discussed in the public domain. As these items progress, reports will be presented to Part 1 of Board Meetings at the appropriate time.