

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD PART 1 MEETING

13 DECEMBER 2017, 14:00, SEMINAR ROOM 6, ROYAL BLACKBURN HOSPITAL

AGENDA

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

OPENING MATTERS				
TB/2017/146	Chairman's Welcome	Chairman	v	
TB/2017/147	Open Forum To consider questions from the public	Chairman	v	
TB/2017/148	Apologies To note apologies.	Chairman	v	
TB/2017/149	Declaration of Interest To note the directors register of interests and note any new declarations from Directors.	Company Secretary	v	Information
TB/2017/150	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 13 September 2017.	Chairman	d✓	Approval
TB/2017/151	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2017/152	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2017/153	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2017/154	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2017/155	Patient Story To receive and consider the learning from a patient story.	Director of Nursing	p	Information/ Assurance
TB/2017/156	Corporate Risk Register To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Medical Director	d✓	Information
TB/2017/157	Board Assurance Framework To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Medical Director	d✓	Approval
TB/2017/158	Serious Incidents Requiring Investigation Report To receive information in relation to incidents in month or that may come to public attention in month and be assured about the associated learning.	Medical Director	d✓	Information/ Assurance

TB/2017/159	Raising Concerns Report To note performance and progress made with the role of the Staff Guardian.	Director of HR and OD	d✓	Information
STRATEGY				
TB/2017/160	Future Hospitals Final Report To note the final report regarding the Future Hospitals Programme and support the principles outlined in the report	Medical Director	d✓	Information
TB/2017/161	Strategic Focus on Transformation a) Workforce Transformation Update b) Compassionate Leadership Report	Director of HR and OD	d✓ d✓	Information
ACCOUNTABILITY AND PERFORMANCE				
TB/2017/162	Integrated Performance Report To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed: <ul style="list-style-type: none"> • Introduction (Chief Executive) • Performance (Director of Operations) • Quality (Medical Director) • Workforce (Director of HR and OD) • Safer Staffing (Director of Nursing) • Finance (Director of Finance) (incorporating Delayed Transfers of Care – Update Report by Director of Operations)	Executive Directors	d✓	Information/ Assurance
GOVERNANCE				
TB/2017/163	Purchase Orders To note the purchase orders and agree the requisitions that were over £1,000,000 in the current year	Director of Finance	d✓	Information Approval
TB/2017/164	Finance and Performance Committee Update Report and Terms of Reference To note the matters considered by the Committee in discharging its duties and ratify the revised Terms of Reference	Committee Chair	d✓	Information Approval
TB/2017/165	Audit Committee Update Report and Terms of Reference To note the matters considered by the Committee in discharging its duties and ratify the revised Terms of Reference	Committee Chair	d✓	Information Approval
TB/2017/166	Quality Committee Update Report and Terms of Reference To note the matters considered by the Committee in discharging its duties and ratify the revised Terms of Reference	Committee Chair	d✓	Information Approval
TB/2017/167	Trust Charitable Funds Committee Update Report and Terms of Reference To note the matters considered by the Committee in discharging its duties and ratify the revised Terms of Reference	Committee Chair	d✓	Information Approval
TB/2017/168	Remuneration Committee Update Report To note the matters considered by the Committee in discharging its duties	Chairman	d✓	Information
TB/2017/169	Trust Board Part Two Information Report To note the matters considered by the Committee in discharging its duties	Chairman	d✓	Information

FOR INFORMATION				
TB/2017/170	Any Other Business To discuss any urgent items of business.	Chairman	v	
TB/2017/171	Open Forum To consider questions from the public.	Chairman	v	
TB/2017/172	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? • Is the Board shaping a healthy culture for the Board and the organisation and holding to account? • Are the Trust's strategies informed by the soft intelligence from local people's needs, trends and comparative information? • Does the Board give enough priority to engagement with stakeholders and opinion formers within and beyond the organisation? 	Chairman	v	
TB/2017/173	Date and Time of Next Meeting Wednesday 14 March 2018, 2.30pm, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.	Chairman	v	

TRUST BOARD PART ONE REPORT

Item **150**

13 December 2017

Purpose Action

Title Minutes of the Previous Meeting

Author Miss K Ingham, Minute Taker

Executive sponsor Professor E Fairhurst, Chairman

Summary:

The draft minutes of the previous Trust Board meeting held on 13 September 2017 are presented for approval or amendment as appropriate.

Report linkages

Related strategic aim and corporate objective As detailed in these minutes

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

Impact

Legal Yes Financial No

Maintenance of accurate corporate records

Equality No Confidentiality No

Previously considered by: NA

EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 13 SEPTEMBER 2017
MINUTES

PRESENT

Professor E Fairhurst	Chairman	
Mr K McGee	Chief Executive	
Mr J Bannister	Director of Operations	non-voting
Mr S Barnes	Non-Executive Director	
Mr K Griffiths	Director of Sustainability	non-voting
Mr M Hodgson	Director of Service Development	
Mrs C Hughes	Director of Communications and Engagement	non-voting
Miss N Malik	Non-Executive Director	
Mr K Moynes	Director of HR and OD	non-voting
Mrs C Pearson	Director of Nursing	
Mr R Smyth	Non-Executive Director	
Professor M Thomas	Associate Non-Executive Director	non-voting
Mr D Wharfe	Non-Executive Director	
Mr M Wedgeworth	Associate Non-Executive Director	non-voting
Mr J Wood	Director of Finance	

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Associate Director of Corporate Governance/ Company Secretary	
Julie Coope	Berkeley Research Group (UK) Ltd.	Observer/Audience
Mrs K Hollis	Chief Finance Officer, East Lancashire CCG	Observer/Audience
Miss K Ingham	Company Secretarial Assistant	Minutes
Ms F McFarlane	HR Graduate (Shadowing Mr K Moynes)	Observer/Audience
Dr I Stanley	Deputy Medical Director, Quality and Education	For Dr D Riley
Mr W Timms	Member of the Public	For item TB/2017/127
Mr B Todd	Member of the Public	Observer/Audience

APOLOGIES

Mr R Slater	Non-Executive Director
Dr D Riley	Medical Director

TB/2017/118 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed the Directors and the members of public to the meeting, particularly Ms Freya McFarlane, NHS HR Graduate who was shadowing Mr Moynes.

TB/2017/119 OPEN FORUM

Mr Todd referred to the BBC Panorama programme that had recently been on the television, which indicated that the Trust had one of the highest levels of sepsis across the country and asked what was being done to reduce this issue.

Dr Stanley confirmed that the Trust had developed a sepsis task force around two and a half years ago as a result of being rated as an outlier for sepsis related mortality. Since the formulation of the task force, the Divisions have developed workplans for improvement and have adopted the national sepsis care bundle when it was launched. Dr Stanley provided an overview of the process that a patient undergoes when they are identified as having sepsis. He confirmed that whilst there was more work to do, the Trust was no longer an outlier in relation to sepsis related mortality.

TB/2017/120 APOLOGIES

Apologies were received as recorded above.

TB/2017/121 DECLARATIONS OF INTEREST

Mrs Bosnjak-Szekeres presented the report and confirmed that following recommendations made from a recent internal audit report, the full list of the Directors' Register of Interests will be presented three times per year to the Board.

Miss Malik confirmed that her declarations should include her previous tenure as a Non-Executive Director at Lancashire Care NHS Foundation Trust. Pending the inclusion of the aforementioned declaration, the Directors Register of Interests was confirmed as accurate.

RESOLVED: Pending the inclusion of the aforementioned declaration, the Directors' Register of Interests was confirmed as accurate.

TB/2017/0122 MINUTES OF THE PREVIOUS MEETING

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

RESOLVED: **The minutes of the meeting held on 12 July 2017 were approved as a true and accurate record.**

TB/2017/123 MATTERS ARISING

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

TB/2017/124 ACTION MATRIX

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

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

TB/2017/125 CHAIRMAN'S REPORT

Professor Fairhurst confirmed that the Trust had hosted a number of high profile visits since the last meeting, including a visit from Lord Carter of Coles on 18 July 2017. She reported that Lord Carter had been impressed with the work being undertaken within the Trust to release efficiencies and it is likely that he will undertake a further site visit in the autumn.

Directors noted that Professor Anthony Rudd, Consultant Stroke Physician, from Guy's and St. Thomas' had paid a visit to the Trust during the week commencing 17 July 2017 to discuss stroke services and the revised stroke pathway.

Professor Fairhurst reported that she had attended the North West Leadership Academy event where members had discussed how to develop civic leadership throughout the region. She went on to provide an overview of the work being undertaken in Oldham and surrounding areas to encourage women to become involved in civic activities.

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

TB/2017/126 CHIEF EXECUTIVE'S REPORT

Mr McGee referred the Directors to the previously circulated report and highlighted a number of items for information. He gave an overview of the work that was taking place on national level in relation to developing the mental healthcare workforce to ensure that it is fit for the future. Directors noted that ELHT and Lancashire Care NHS Foundation Trust (LCFT) were implementing a mental health liaison service which was designed to have a positive impact

on the flow through the emergency department and deliver better care to individuals who required mental healthcare.

Mr McGee reported that the Trust had hosted a number of successful 'Get It Right First Time' (GRIFT) visits within the Surgical and Anaesthetic Services (SAS) Division. He provided an overview of the GRIFT programme undertaken by the Trust to standardise processes within the surgical teams to further improve the quality of care and patient outcomes.

Directors noted the work being carried out to engage with communities and stakeholders, including the involvement of patients and Shadow Governors in the Patient Led Assessments of the Care Environment (PLACE) assessments. Mr McGee highlighted the process and confirmed that the Trust's scores had improved across all domains that were reviewed and thanked those who were involved in carrying out the assessment visits.

Mr McGee reported that he and a number of other Board members had been involved in the most recent 'Safe, Personal and Effective Care' (SPEC) panel for ward C8 to gain a silver ward status. Mrs Pearson provided an overview of the assessment process and confirmed that the ward had been nominated for silver ward status following three consecutive green rated assessments against the Nursing Assessment and Performance Framework. She confirmed that within the portfolio presented to the panel, the ward team had included a number of testimonials from patients and team members. Mr McGee confirmed the recommendation to the Board that ward C8 be awarded a silver ward status. Following a brief discussion the Directors agreed the recommendation.

RESOLVED: Directors received the report and noted the content.

Directors agreed that ward C8 be awarded a silver ward status.

TB/2017/127 PATIENT STORY

Mrs Pearson introduced Mr Timms who shared his experience of being a patient within the SAS Division at the Trust. Mr Timms reported that he had begun to feel ill whilst on a family holiday in Cyprus, where he was admitted to a private hospital. He received an ultrasound which identified gall stones. His gall bladder was removed, but unfortunately during the operation his bile duct was pierced and he remained in hospital in Cyprus for a further two weeks. Whilst in hospital in Cyprus, it was recommended that he be transferred to Athens for further treatment. Mr Timms refused this move and was transferred back to the UK for further treatment. Once back in the UK, Mr Timms was admitted to the Royal Preston Hospital where he stayed for five days until his transfer to the Royal Blackburn Hospital

under the care of Mr Subar, Consultant General and Hepatobiliary Surgeon. Mr Timms reported that the care and treatment that he received whilst an inpatient and also as an outpatient at the Trust was excellent. He provided an overview of the treatment that he received at the Trust, including the insertion of stents. He suggested that people are quick to criticise the NHS but his recent experience of care was good. Mr Timms commented that everyone he came into contact with, from cleaners to surgeons on ward C14 had been pleasant, courteous and professional at all times and above all caring. He praised the Radiology team for their use of technology to develop custom fitted stents that will degrade over time.

Mr Timms did raise one issue, which was the time that was taken from the decision to discharge him to his actual discharge, which took a number of hours.

The Directors thanked Mr Timms for his time and wished his best for his continued recovery. In response to Professor Fairhurst's question, Mrs Pearson confirmed that she writes a letter of thanks to anyone who provides a patient story to the Board and updates them on any actions that are taken as a result.

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

TB/2017/128 CORPORATE RISK REGISTER

Mrs Bosnjak-Szekeres presented the report on behalf of Dr Riley. She provided an overview of the changes that had been proposed to the register for the Board's consideration. There were three proposed changes to the register and they were noted to be: the revision of the description of Risk 1810 to the following: *'Failure to meet service needs due to lack of Trust capacity impacts adversely on patient care'*, the removal of Risk 3841: *'Failure to meet demand within the chemotherapy units will result in treatment breaches preventing safety & quality being at the heart of everything we do'* from the register due to the completion of actions to strengthen controls and mitigate the risk; and the updated controls regarding Risk 7067: *Failure to provide timely Mental Health treatment impacts adversely on patient care & safety and quality.*

Dr Stanley reported that there had been a lengthy and detailed discussion at the last Quality Committee regarding the initial and current ratings of some risks and the fact that they had not changed in a long time. He confirmed that the discussions resulted in the agreement that whilst the targets set were appropriate and achievable, they had not been met due to other pressures across the Trust being increased. Professor Fairhurst commented that in terms of assurance to the Board, the overview of the discussions described by Dr Stanley

showed that Board sub-committees were undertaking appropriately their roles. Directors approved the proposed changes to the Corporate Risk Register.

RESOLVED: Directors received the report and approved the proposed amendments to the Corporate Risk Register.

TB/2017/129 BOARD ASSURANCE FRAMEWORK (BAF)

Mrs Bosnjak-Szekeres referred the Directors to the previously circulated report and provided an overview of the work carried out since the last meeting, including the presentation and discussion of BAF risks to the Trust Board's sub-committees. She provided an overview of the changes, including the inclusion of the consequence of the risks materialising.

In response to Mr Barnes's question regarding the inclusion of the recent peer support work that the Trust was involved in, Mrs Bosnjak-Szekeres confirmed that it would be included as part of the next review of the document.

Directors noted the proposed changes and updates detailed in the document and approved them for inclusion in the Board Assurance Framework.

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

Mrs Bosnjak-Szekeres to incorporate on the BAF the risk requested for inclusion by Mr Barnes.

TB/2017/130 SERIOUS INCIDENTS REQUIRING INVESTIGATION REPORT

Dr Staley presented the report to the Directors on behalf of Dr Riley and gave an overview of the content. He highlighted three incidents which had been reported that related to a fractured neck of femur following a fall. He confirmed that the apparent spike in this type of incident was related to the overall increase in reporting falls following the roll out of the falls collaborative across the Trust. Directors noted that monitoring of falls and their reporting is undertaken via the Patient Safety and Risk Assurance Committee, the Serious Incidents Requiring Investigation (SIRI) Panel and through the Quality Committee, which is a sub-committee of the Trust Board.

Mr McGee requested an overview of the changes to the reporting process for 12 hour mental health breaches. Dr Stanley confirmed that following a cluster of such breaches, the Trust had agreed a mechanism for recording such incidents on the Strategic Executive Information System (STEIS), in conjunction with NHS England and NHS Improvement.

Mrs Pearson commented that the presentation of the data regarding the falls did not provide

a narrative about the incidents and confirmed that all patients have a falls risk assessment completed.

Dr Stanley provided an overview of the themed section which focused on radiation incidents and confirmed that, following analysis, all the incidents listed had been found to be in the low/no harm category. A number of actions have been put in place to mitigate the risk in the future and they are monitored through the Patient Safety and Risk Assessment Committee which reports into the Quality Committee.

Directors received and noted the information contained within the report.

RESOLVED: Directors received the report and noted its content.

TB/2017/131 QUALITY STRATEGY

Dr Stanley presented the report and confirmed that the document was the second iteration of the Strategy since its creation in 2014. He provided an overview of the Strategy and its continued focus on the provision of safe, personal and effective care. Directors noted that the Strategy demonstrates that quality remains at the centre of the services that the Trust provides and sets out the quality priorities for the next three years that were determined following an extensive engagement exercise with stakeholders. Dr Stanley went on to highlight the inclusion of information regarding pastoral care and the support offered to staff who are involved in incidents and their reporting and investigation.

Mrs Pearson confirmed that the Strategy had been a pleasing read and was very relevant to staff working across the Trust. Mr Wedgeworth agreed and asked whether the Strategy would be available to the public and if so, how it would be made meaningful to them. Dr Stanley suggested that a summary form of the document would be produced and made available to the general public, in addition to the full version of the document.

Mr McGee commented that he was delighted to see the inclusion of the pastoral care elements and suggested that it would link well with the workforce developments that were taking place within the Trust. In response to Mr McGee's question about the capacity within the organisation to develop the Quality Improvement Framework, Dr Stanley confirmed that there was an increasing appetite for this work and provided a number of examples of activity in relation to this work, such as the inclusion of junior doctors in quality improvement schemes.

Directors approved the Strategy for publication and the development of a condensed version for use by the general public.

RESOLVED: Directors approved the Strategy for publication and development

of a condensed version to be produced with assistance from the Communications department for use by the general public.

TB/2017/132 UPDATE OF GENERAL MEDICAL COUNCIL ENHANCED MONITORING

Dr Stanley referred Directors to the previously circulated report. The Trust had been placed under enhanced monitoring by the General Medical Council (GMC) in 2012 following a number of visits by Health Education England North West (HEENW). Directors noted that following completion and maintenance of the required improvements, the GMC and HEENW re-visited the Trust in July 2017. As a result of the recent visit, it was agreed that the Trust had satisfactorily and sustainably resolved concerns in connection with general (internal) medicine at Royal Blackburn Teaching Hospital and would no longer be subject to the enhanced monitoring process.

Dr Stanley highlighted the efforts of Dr Malcolm Littley who was until recently the Director of Medical Education and asked that the thanks of the Board be noted to the team, but particularly to Dr Littley.

RESOLVED: Directors received the report and noted its content.

A letter of recognition from the Board will be written to the Postgraduate Medical Education Team and a separate letter of thanks and recognition will be sent to Dr Littley.

TB/2017/133 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE

Mr McGee reported that eight Sustainability and Transformation Partnership (STP) areas have been identified as vanguards, one of which is the Lancashire and South Cumbria STP area. He went on to confirm that a further update will be provided once the details have been worked through in terms of what it means for the Trust and the population. Directors noted that there was a possibility for more access to capital and increased freedoms from the regulatory frameworks as a vanguard, however this was not confirmed.

Mr McGee reported that Dr Amanda Doyle is the STP lead and she has been working with colleagues to develop a proposed governance structure. The proposed structure has been shared with the Trusts and revised in line with feedback provided. Within the proposal was a suggestion that the lead decision making group would be an STP Board, which will include representation from each of the organisations involved in the STP area.

RESOLVED: Directors received the update provided.

TB/2017/134 WORKFORCE RACE EQUALITY STANDARD (WRES) UPDATE

Mr Moynes provided an overview of the update report to the Directors for information and confirmed that the WRES group had met a total of four times and is chaired by Dr Dominic Sebastian, Consultant Anaesthetist. Directors noted that the Trust was working with 'Diversity by Design' and Mr Simon Fanshawe to develop and implement the actions relating to the Trust specific feedback from the 2016 NHS National Staff Survey. Mr Moynes confirmed that the results of the actions being implemented would not be immediate and suggested that some would take around five years to have a complete effect.

RESOLVED: Director received and noted the update.

TB/2017/135 INTEGRATED PERFORMANCE REPORT

Mr McGee introduced the report to the Directors and confirmed that the report related to the period from April to July 2017 for comparison purposes, but the Board would focus specifically on the performance for the months of June and July 2017. He confirmed that the format of the document continued to be refined to ensure that it provided a fully integrated overview of the Trust's performance. The Directors noted that the overall performance remained good, however further work was required to ensure compliance with the four hour emergency care standard.

a) Performance

Mr Bannister reported that the Referral to Treatment performance continued to be good. There were three patients who waited in excess of 52 weeks for their complete treatment; all were subject to complex pathways of care.

He confirmed that there had been twenty 12 hour breaches within the Emergency Department during June and July. Of those patients, two were waiting for beds to become available within the hospital and the remaining 18 were patients identified as requiring mental health assessments or beds off site. As a result the Trust held a mental health summit meeting with Lancashire Care NHS Foundation Trust (LCFT), NHS England and NHS Improvement and a clear action plan has been developed to address the matter.

Mr Bannister reported that performance against the four hour standard was 84.7% for the month of July and 80% for June. He commented that performance over the two months was disappointing and confirmed that significant changes had taken place within the department

during the month of August, which had contributed to an improved performance. It was anticipated that performance would be in excess of 90% for the months of August and September.

Mr Bannister reported that performance against the ambulance handover compliance indicator was achieved at 94.2% in June and 93.3% in July 2017. However there were 626 patients in June and a further 864 in July that waited in excess of 30 minutes for handover.

Directors noted that the Trust maintained compliance with all the cancer standards in June, but the final figures were not yet available for the month of July.

In response to Mr Smyth's question regarding the issues being experienced in meeting the four hour standard, Mr Bannister confirmed that the performance can be greatly affected by the number of patients that attend the department and their acuity. Directors noted that the number of attendances can be predicted to a degree and work is being undertaken to develop the forecasting tool used to enable more reliable figures. Mr Bannister went on to report that there were other factors that affected the ability to reliably deliver against the four hour standard, including the ability to staff the department effectively due to gaps in medical and consultant rotas.

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

b) Quality

Dr Stanley reported that there had been a number of new infection prevention and control measures introduced since the last report to the Board. He confirmed that the national E-Coli strategy had been implemented within the Trust. Directors noted that the Trust was currently over the year to date trajectory in relation to cases of Clostridium Difficile, but was faring well in comparison to other Trusts in the region.

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

c) Human Resources

Mr Moynes reported that sickness absence had increased slightly in July to 4.65%, but there was an overall reduction in the position in comparison to the same period in 2016. Directors noted that there had been 181 members of staff that returned from long term sickness leave since the last meeting and work was continuing to reduce short term sickness rates across the Trust.

Mr Moynes confirmed that the current appraisal rate was at 78% in July for staff on the Agenda for Change pay rates and improvement plans are in place to increase compliance by the end of November 2017. Directors noted the current status in relation to the core skills training compliance.

Mr Moynes provided an update in relation to recruitment of staff and confirmed that there were 108 nurses currently in the pipeline with 33 anticipated to be in post by the end of October; advertisements for medical staff had been placed with Global Medical and the British Medical Journal and there had been a total of 14 applications for Physicians Assistant roles within the Trust. Directors noted that the national flu campaign had commenced and Mr Moynes encouraged the Board members and staff to be vaccinated.

In response to Mr Barnes's question regarding the reduction in sickness absence, Mr Moynes provided an overview of the changes that had been made to the Trust policy for managing staff sickness in conjunction with the Unions.

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

d) Safer Staffing

Mrs Pearson reported that the nursing and midwifery staffing continued to be a significant challenge and had deteriorated in June and July. She provided an overview of the red flag incidents reported over the two months and confirmed that no harms had been identified in the reported cases.

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

e) Finance

Mr Wood presented the finance section and reported that the Trust was on track to deliver the required financial year end position of a deficit of £863,000, including non-recurrent Sustainability and Transformation Funding allocations. Directors noted that despite remaining on track to deliver the year end position, there had been an overall increase in expenditure to the end of July 2017. It was agreed that the Trust's Finance and Performance Committee would revert to monthly meetings in order to provide additional scrutiny and assurance to the Board in relation to the ability of the Trust to meet the year-end financial position.

Mr Wharfe commented that it was evident that the Trust must meet its financial control total

and the underachievement of the Safely Releasing Costs Programme (SRCP) was a significant risk. He advocated holding the Divisions to account for delivery of their elements of the programme. Directors agreed that there was a need to further tighten financial controls across the Trust to minimise discretionary spend, whilst maintaining patient safety and the quality of the services.

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

In response to Mr Wedgeworth's request for additional information regarding delayed transfers of care, Mr Bannister provided an overview of the issues leading to delayed transfers, particularly the inability to find suitable packages of care or care/rehabilitation facilities for patients upon discharge. Mr Bannister agreed to provide a report to the Board at its next meeting regarding delayed transfers of care.

RESOLVED: Mr Bannister will provide a report to the next Board meeting regarding the specific issue of delayed transfers of care.

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

TB/2017/136 NHS IMPROVEMENT SELF-CERTIFICATION

Mrs Bosnjak-Szekeres provided a summary of the requirements for Trusts to submit self-certifications to NHS Improvement. She confirmed that she and Mr Wood had drafted the responses to the following returns: FT4 – Corporate Governance Statements and G6 and CoS7 – Declarations required by General Condition 6 and Continuity of Service Condition 7 of the NHS Provider Licence.

Directors considered the responses provided and approved them for signature by the Chairman and the Chief Executive and submission to NHS Improvement.

RESOLVED: Directors received, discussed and approved the Self-Certification returns for signature and submission to NHS Improvement.

TB/2017/137 DOCTORS REVALIDATION REPORT AND STATEMENT

Dr Stanley presented the report to members and highlighted the governance processes that are undertaken during revalidation, including peer to peer reviews. Dr Stanley confirmed that the Board was asked to note the work being carried out and the improvement in the numbers of doctors undertaking appraisal and revalidation within the required timeframes.

He went on to confirm that the Chairman and the Chief Executive were required to sign the compliance statement attached to the document. Directors noted the report and agreed for the statement of compliance to be signed as required.

RESOLVED: Directors received the statement and agreed it for signing.

TB/2017/138 EMERGENCY PREPAEDNESS AND RESILIENCE STATEMENT

Mr Bannister presented the report and provided an overview of the content including the intention to declare full compliance on the statement for the first time. He went on to provide a summary of the emergency exercises that have been undertaken in the last year, the testing of decontamination arrangements and the completion of training needs analysis for staff that may be required to deal with major incidents. In response to Professor Fairhurst's question regarding succession planning for the replacement of Mrs Mitchell's post, Mr Bannister confirmed that Mrs Mitchell would be retiring in around 11 months and a review of the emergency planning service will be undertaken in advance of Mrs Mitchell leaving the Trust. Professor Fairhurst thanked Mrs Mitchell for all her work in ensuring that the Trust is in a position to declare full compliance and asked that a letter of thanks be written to Ms Mitchell from the Board to this effect.

Directors approved the statement of compliance for signature and submission.

RESOLVED: Directors received, noted and approved the report and statement of compliance for submission.

A letter of recognition from the Board will be written to Mrs Mitchell.

TB/2017/139 AUDIT COMMITTEE UPDATE REPORT

Mr Smyth presented the report and confirmed that the Committee had received an update in relation to the Trust's cyber security action plan. Directors noted that the Committee had received assurance from the Quality Committee regarding the Venous Thromboembolism (VTE) audit findings from the Quality Account for 2016/17.

RESOLVED: Directors received the report and noted its content.

TB/2017/140 QUALITY COMMITTEE UPDATE REPORT

Miss Malik presented the report and highlighted the overview of the annual report of the Director of Infection Prevention and Control (DIPC Report) and confirmed that the full report was available to the Directors.

RESOLVED: Directors received the report and noted its content.

TB/2017/141 TRUST BOARD PART TWO UPDATE REPORT

The report was presented to the Board for information.

TB/2017/142 ANY OTHER BUSINESS

Professor Fairhurst confirmed that the Trust's Annual General Meeting and associated Health Fayre would take place on Wednesday 20 September 2017 and encouraged members of the public and staff to attend the event.

TB/2017/143 OPEN FORUM

Mr Todd suggested that the number of patients who had received a fractured neck of femur as a result of a fall whilst being inpatients at the Trust (TB/2017/130: Serious Incidents Requiring Investigation Report) was high and asked whether the Board were concerned about these numbers. Dr Stanley confirmed that the higher than expected numbers were as a result of accurate reporting following the roll-out of the Falls Collaborative work that was taking place across the Trust. He went on to report that whilst every effort is being taken to reduce the number of falls, particularly those causing harm to patients, they could never be eliminated. He gave a number of reasons for falls, including slips, patients overreaching or trying to get out of bed despite having been asked not to for their own safety. Mrs Pearson reported that there is a full root cause analysis completed for every patient fall and opportunities for learning are identified and implemented as appropriate.

Mr Todd commented that very little information had been given by Mr McGee in relation to the STP (TB/2017/133: Sustainability and Transformation Partnership Update). He suggested that more information should have been provided regarding the way in which the Trust and its services may be affected. Mr McGee reported that the Trust had no plans to reduce services across the East Lancashire and Blackburn with Darwen areas as a result of the work being undertaken across the STP and Local Delivery Plan areas, however there would be opportunities to transform services across the area, but these opportunities had not yet been identified.

In response to Mr Todd's question regarding the interface between the Trust and GP IT systems, Mr Wood reported that the Trust was developing an electronic patient record (EPR) system. He went on to confirm that the IT channels of communication between the Trust and GP systems had improved and would continue to do so whilst the EPR system was

being developed.

TB/2017/144 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst invited comments and observations about the meeting from the Directors. Mr McGee suggested that there was a need to ensure that soft intelligence was fully taken into account at future meetings. Dr Stanley suggested that such intelligence had been included in the agenda, under the Quality Strategy item, where the harm reduction priorities for the Trust had been set as a result of feedback gained from stakeholders.

Mr Wood suggested that there should be a balance between positive and negative patient stories in the future. Miss Malik commented that it was pleasing to gain positive feedback in the form of a patient story and suggested that less positive stories be presented to the Board in the future, particularly those where there is significant learning from the episode.

RESOLVED: Directors noted the feedback provided.

TB/2017/145 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday 13 December 2017, 14:00, Seminar Room 6, Learning Centre, Royal Blackburn Hospital.

TRUST BOARD REPORT

Item

152

13 December 2017

Purpose Information

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

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

Report linkages

Related strategic aim and corporate objective	<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>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework</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
TB/2017/079: Workforce, Race and Equality Standard (WRES) Action Plan Report	A workforce transformation update will be presented to the Board.	Director of HR and OD	December 2017	Agenda Item December 2017
	A report on the compassionate leadership will be presented to the Board after discussion at the Executive Team meeting.	Director of HR and OD	December 2017	Agenda Item December 2017
TB/2017/126: Chief Executive's Report	Ward C8 to be awarded a silver ward status	Director of Nursing	December 2017	Verbal Report
TB/2017/129: Board Assurance Framework (BAF)	Mrs Bosnjak-Szekeres to incorporate on the BAF the risk relating to peer support work as requested for inclusion by Mr Barnes	Associate Director of Corporate Governance/Company Secretary	December 2017	Agenda Item (Board Assurance Framework) December 2017
TB/2017/131: Quality Strategy	Development of a condensed version of the Quality Strategy to be produced with assistance from the Communications department for use by the general public.	Director of Communications and Engagement	December 2017	Verbal Report
TB/2017/132: Update of General Medical Council Enhanced Monitoring	A letter of recognition from the Board will be written to the Postgraduate Medical Education Team and a separate letter of thanks and recognition will be sent to Dr Littley.	Associate Director of Corporate Governance/Company Secretary	December 2017	Verbal Report Complete



East Lancashire Hospitals

NHS Trust

Item Number	Action	Assigned To	Deadline	Status
TB/2017/135 : Integrated Performance Report	Mr Bannister will provide a report to the next Board meeting regarding the specific issue of delayed transfers of care.	Director of Operations	December 2017	Agenda Item (Integrated Performance Report) December 2017
TB/2017/138: Emergency Preparedness and Resilience Statement	A letter of recognition from the Board will be written to Mrs Mitchell.	Associate Director of Corporate Governance/Company Secretary	December 2017	Verbal Report Complete

TRUST BOARD REPORT

Item **154**

13 December 2017

Purpose Information

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

Summary:

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

Recommendation:

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

Report linkages

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

failure to fulfil regulatory requirements

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

National Updates

1. **UK and EU nurses increasingly quitting the NHS** - New figures released by the Nursing and Midwifery Council (NMC) shows that both EU and UK nurses are increasingly quitting the NHS, fuelling the first drop in staff numbers for four years. It found that 35,363 nurses left the NHS between October 2016 and September 2017 compared to just 27,786 new nurses that joined in the same period. The NMC analysis found the number of European nurses leaving jumped by two-thirds (67%). Twenty-nine thousand UK trained nurses also quit the register last year, 2,500 more than the previous year. The Department of Health stressed that the drop represents “a mere 0.2%” of the nearly 700,000 nurses registered in the UK. Director of policy and strategy at NHS Providers, Saffron Cordery, said: “Just as the health service is trying to respond to the relentless rise in demand and develop new approaches to care, we are seeing more nurses and midwives leaving the register than joining it.” She called for urgent steps to end the “intolerable pressure” nurses were facing, including confirming EU staff’s right to remain after Britain leaves the EU.
2. **NHS needs another £4.2bn to fully upgrade IT systems** - The NHS needs “at least” another £4.2bn to fully replace or upgrade its IT systems, according to NHS England’s chief information officer. Will Smart also explicitly acknowledged that secondary care would not be fully digital by 2020 – a headline target the government has quietly dropped since the Wachter review last year concluded it was “unrealistic”. Asked about priorities for any new funding, Mr Smart said there should be a focus on digitalising secondary care and improving the flow of information between the many siloed IT systems in the NHS. The HSJ adds that it is understood NHS England has been pushing for additional capital funding for IT, particularly cybersecurity, in the upcoming budget.
3. **NHS England explores recruitment targets for BME staff** - NHS England is to look at the possibility of introducing recruitment targets for black and minority ethnic staff, according to chief executive Simon Stevens. At the WRES annual conference, Stevens described some trusts’ WRES data as “particularly disappointing”. Currently, organisations must report on nine different areas, including the proportion of BME staff in senior positions, as well as the likelihood of them entering into a disciplinary process compared with white colleagues. This year’s WRES report revealed that, while there had been some progress between 2015 and 2016 in the number of BME nurses reaching more senior positions, they still remained “seriously under-represented” in the higher banded roles.

4. **GP app could put unnecessary pressure on doctors** - The NHS's new GP app has come under criticism from the Royal College of GPs. The new service gives access to GPs at practices in London via the GP at Hand app, run by health provider, Babylon. Eligible patients can book video consultations with GPs, and if a prescription is required, the GP will send this on to a local pharmacy for collection following the consultation. However, the RCGP has expressed concerns that, whilst this could mean shorter waiting times for appointments for younger, healthier patients, it could result in patients being 'cherry-picked,' which it says would increase the pressures faced by traditional GPs.
5. **BMA hits out at NHS England for 'unacceptable problems' with support services** - GP bosses have called on NHS England to deal with repeated issues in the delivery of vital services. In a letter to Simon Stevens, the BMA has raised concerns about four key major problems and a number of other minor concerns. One complaint was about significant delays in registration and removals of patients. This can affect both practice funding – a portion of which is allocated based on patient list size – and frontline care, with patients facing delays in treatment. Similar administrative errors have led to violent and often dangerous patients not being taken off practice records, despite procedure indicating their removal. Shortcomings in the payroll system have also caused a major concern, with some GP trainees not paid on time. On occasion this has forced practices to rely on patient care budgets to pay staff. In addition, there are concerns that new systems for cervical screening programmes, due to go live in July, are inadequate and unlikely to allow the service to be delivered effectively.
6. **RCP highlights need to deliver responsive seven day service over winter** - Hospitals must be able to deliver a responsive seven day service over winter, the Royal College of Physicians has argued. In a letter to hospital chief executives, the college has warned that doctors shouldn't have to work around low staff numbers and inadequate funding. Its 2016-17 census found that 55% of consultants frequently had a trainee gap in their rota, with three quarters of them saying that it was usually possible for them to "find a workaround solution." In response to RCP members' concerns about morale, working conditions and systems, the college has issued guidance to prepare in the run up to what will be a difficult winter. As part of this guidance it highlights the importance of protecting the physical and mental health of the workforce.

7. **Hammond plans cash injection for health service** - Philip Hammond is planning extra money for the NHS in the budget despite signs of Treasury irritation at an outspoken appeal from the head of the health service. The chancellor is understood to be considering a cash injection and is also likely to boost pay for frontline workers such as nurses, after unions signalled willingness for contract reform. The Times writes that NHS bosses have set expectations high after Simon Stevens said that £4 billion was needed next year to prevent the number of people on surgery waiting lists from rising to a record of five million. In his address, Stevens warned that a multibillion-pound injection was needed to stop things getting worse, threatening that pledges to improve mental health care and speed up cancer diagnoses would have to be shelved without more money.
8. **Patients waiting six months for treatment grows by 40% in one year** - Reports that the number of patients waiting at least six months for operations has risen by 40% in just one year. Statistics show 151,710 patients waiting at least six months for surgery in September of this year, compared with 108,463 12 months before. The number waiting more than one year rose by 50% - with 1,778 such cases. In response to the figures, the Royal College of Surgeons warned safety was increasingly under threat from mounting pressures on services, with rising numbers being left in pain as waiting times grow. Professor Derek Alderson, president, said: "Waiting several months for treatment could have a serious impact on a patient's quality of life and the effectiveness of their eventual surgery." Professor Alderson also raised his fears that six month waiting times could soon "become the norm" with funding "simply not keeping up with patient demand".
9. **NHS England announce plans to save lives by detecting cancers at an earlier stage** - NHS England Chief Executive, Simon Stevens, has announced the scaling up of an innovative scheme that catches lung cancer early with mobile scanners. Speaking at the Economist's War on Cancer he highlighted the success of the [Manchester scanner scheme](#), where mobile scanners are detecting cases of lung cancer in the early stages, when it is easier to treat. The mobile scanning units have picked up one cancer for every 33 patients scanned over the course of the year. NHS England is now funding scanners in other areas as part of a [national programme](#) to diagnose cancer earlier, improve the care for those living with cancer and ensure each cancer patient gets the right care for them.

Local Developments

10. **Trust to support Northern Lincolnshire and Goole NHS Foundation Trust to improve** - East Lancashire Hospitals NHS Trust (ELHT) has confirmed it has been commissioned by NHS Improvement to work with Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) to improve after the Lincolnshire Trust was placed in special measures for quality and finance earlier this year. ELHT was placed in special measures in 2013 and is now rated 'Good' by the Care Quality Commission (CQC). This significant improvement has been achieved by a successful partnership between the Board and the staff of the Trust. Together they continue to focus on improving safety and quality, and are fully committed to the Trust's vision to provide safe, personal and effective care. The Trust has worked hard to build meaningful and useful relationships with all its stakeholders, improving its reputation and regaining the confidence of its public and patients.
11. **Local Clinical Commissioning Group launches family flu campaign** - NHS Blackburn with Darwen Clinical Commissioning Group (CCG) has launched a major drive aimed at protecting families against flu. The campaign, running across the borough, is urging parents/guardians/carers to vaccinate their children against flu. The vaccination not only protects the child, more importantly it helps stop the spread of the illness especially to those older members of the family such as grandparents. It can cause severe illness and even death among vulnerable groups including older people, pregnant women and people with an underlying health condition.
12. **Midwives ask for public support to help win Butterfly Awards** - The maternity bereavement services team at East Lancashire Hospitals NHS Trust (ELHT) is asking for local mums and families to help them win not one, but four, prizes at this year's Butterfly Awards. The annual Butterfly Awards celebrate and recognise the achievements of families overcoming the loss of a baby and the midwives and health professionals that support them during this difficult time. The East Lancashire Bereavement Maternity Service, based at the Lancashire Women and Newborn Centre at Burnley General Teaching Hospital, has been nominated for 'Best Hospital Bereavement Service'. The Trust strives to deliver the highest standard of personalised, compassionate care to families and offers parents a safe and comforting space to grieve.
13. **Burnley ward first to achieve new care standard** - A specialist ward at Burnley General Teaching Hospital has become the first to receive a new award recognising the 'outstanding' care provided by its nurses, healthcare assistants, doctors and

support staff. The Gynaecology and Breast Ward is the first to be presented with a Safe Personal and Effective Care (SPEC) Silver Award from East Lancashire Hospitals NHS Trust's Chief Nurse, Christine Pearson. "The new SPEC Silver Award is a way of both rewarding excellence in the care of our patients and supporting wards to achieve high standards at all times," said Christine Pearson, Director of Nursing.

14. **Trust first in the world to achieve Unicef 'Baby Friendly' Gold standard** - East Lancashire has become the first area in the world to receive the prestigious Baby Friendly Initiative Gold Standard from the United Nations Children's Fund UK (Unicef). This accolade is in recognition of the excellent advice and support families with new babies in East Lancashire receives around nurturing and feeding their babies. Families from Blackburn to Barnoldswick, the Ribble Valley down to Rossendale and every town in between benefit from 'baby' friendly standards that have been pioneered across East Lancashire for the past 20 years. Mrs Rineke Schram, East Lancashire Hospitals NHS Trust's Baby Friendly Guardian and Consultant Obstetrician, said: "The 'Achieving Sustainability' standard is hugely important for the Trust and, most importantly, for the women, children and families we serve."
15. **League of Voluntary Workers delivers double donation** - Patients at Burnley General Teaching Hospital recently received a double boost with not one, but two, donations from the hospital's League of Voluntary Workers. The hospital's breast care nurses received a £2,000 donation from The League of Voluntary Workers which will purchase equipment for the new Breast Care Unit that is due to open later this year. And the Gynaecology and Breast Ward are also celebrating after the latest delivery of special packs of toiletries provided by League of Voluntary Workers volunteers. Both donations were handed over during a visit by volunteers Winn McGeorge MBE, Irene McHattie, David Thomas, Judith Welsh and Joan Carpenter.
16. **ELHT and UCLan to support American University of the Caribbean School of Medicine** - Students, academics and support staff from the American University of the Caribbean School of Medicine (AUC) are in Lancashire this week as plans are finalised to potentially allow them to continue their programme of study after a hurricane damaged the School's home country. Hurricane Irma had a devastating impact on Sint Maarten, the Dutch-French island where AUC's students complete their first two years of pre-clinical medical school. Determined to allow students to proceed with their studies, AUC is working with the University of Central Lancashire

(UCLan) and East Lancashire Hospitals NHS Trust (ELHT) on plans to host the school for its autumn semester, pending necessary regulatory approvals. The plan is for AUC to utilise the University's academic facilities for teaching, and for students and staff to be accommodated in numerous halls of residence and houses within Preston city centre. The visiting students would complete their regular curriculum on a modified schedule, ensuring the existing UCLan student timetables are unaffected. The students would also have access to a range of UCLan facilities including the library and the Student Services team, and be associate members of the Students' Union. Clinical skills training would take place at the Royal Blackburn Teaching Hospital and, potentially, Burnley General Teaching Hospital.

17. **East Lancashire Hospitals strengthens partnership with UCLan** - East Lancashire Hospitals NHS Trust (ELHT) has moved to strengthen its position as the region's leading NHS teaching institution by announcing a strategic alliance with The University of Central Lancashire (UCLan). The 10-year agreement will see the two organisations work together to meet the region's healthcare needs and enable the NHS workforce in Lancashire to work at an optimum level, directly benefitting the patients of East Lancashire. UCLan already trains doctors in the area, in partnership with ELHT. As an area with acute medical workforce needs, the long-term strategic alliance will deliver clinical placements, joint research programmes across Pennine Lancashire and shared academic and clinical staff posts.
18. **New campaign urges more Lancashire women to #bescreened for breast cancer** - New figures show that more than 3 in 10 eligible women in East Lancashire are not screened for breast cancer. And so a new campaign - **#bescreened** – is being launched urging local women to protect themselves from cancer by attending their free NHS breast screening appointment which takes just 30 minutes once every three years.
19. **New hospital quiet room opens thanks to fundraisers** - A special Quiet Room where patients and their families go for some peace during the most difficult days of their lives has opened at Burnley General Teaching Hospital. Charity stalwarts Sarah Bernasconi (Maggie Pearl Parsons Legacy) and Jo Edwards (Friends of Serenity) cut the ribbon to officially open the new Quiet Room on the Gynaecology and Breast Care ward, made possible by a joint £2,500 donation from the two charities.
20. **ELHT introduces revolution in ward nursing care** - Two wards at the Royal Blackburn Teaching Hospital (RBTH) have become the first across East Lancashire

to introduce a revolutionary new way of educating and training student nurses. Officially known as Collaborative Learning in Practice (CLiP®), the new way of training helps student nurses gain greater experience and responsibility for patient care while being fully supported by senior nursing colleagues. CLiP® means student nurses at the Trust have the chance to develop knowledge and skills faster and in a better learning environment for the long term benefit of the Trust and, most importantly, its patients.

21. **Surgeons tackle toughest test to raise funds for cancer patients** - A team of adrenaline seeking surgeons from East Lancashire Hospitals NHS Trust are taking on a punishing challenge to raise funds to provide more state-of-the-art treatment to help patients with pancreatic, prostate, renal and colorectal cancer. Team 'Robo Op' - Consultant Surgeon Daren Subar, Consultant Urologist Iain Campbell, Theatre Support Worker Paul Wilkinson, Colorectal Surgeon Adnan Sheikh, Advanced Nurse Practitioner Crista Hammill and General Manager (Theatres) Leigh Hudson– tackled the 5k Rough Runner event in Manchester on Sunday 22 October.
22. **Hospital Researchers Shortlisted For Award** - A team of research physiotherapists have made the shortlist and will represent East Lancashire Hospitals NHS Trust at next month's Greater Manchester Clinical Research Awards. The physiotherapy team supporting the GRASP research study – led by Principal Investigator Helen Thompson – are shortlisted in the Best Debut category. In addition to the record 160 award nominations received this year, the judges were also struck by the extremely high quality of the nominations submitted across the 10 categories. It made for a very difficult and competitive judging process which left the panel hugely impressed by the levels of excellence and dedication being applied to clinical research across the region.
23. **New car park to ease pressure for visitors and residents** - Planning approval has been given for the construction of a new 517 space car park at the Royal Blackburn Teaching Hospital (RBTH) to improve facilities for patients, visitors and staff, and reduce traffic congestion on surrounding roads. A joint partnership between Blackburn with Darwen Borough Council (BwD) and East Lancashire Hospitals NHS Trust (ELHT) will see a single level car park offering 467 standard spaces, 50 larger spaces and 20 motorcycle spaces built on unused land off Old Bank Lane.
24. **East Lancashire Hospitals NHS Trust Accessibility Checker is now live!** - ELHT has its very own Accessibility Checker thanks to a partnership with DisabledGo.com. It's totally free to use and has loads of detailed information about the accessibility of

the Trust's departments, wards and services for Royal Blackburn Teaching Hospital and Burnley General Teaching Hospital. Visitors, patients and staff can use this information to find out about the access to the service they are visiting so they can be confident about what they will find. You can find out where a department is located in relation to the main entrance, where car parking spaces are located, whether there are lifts to access other floors, whether a hearing loop is fitted at reception, whether information is available in alternative formats and in-depth information about accessible toilets. Most importantly, all the details have been checked in person, so you can be sure you'll get all the facts.

25. **Breath of fresh air for new Respiratory Assessment Unit** - After months of planning and preparation, East Lancashire Hospitals NHS Trust opened its new Respiratory Assessment Unit (RAU) at the Royal Blackburn Teaching Hospital. As part of the hospital's preparations for the busy winter period, the Unit will treat patients from the age of 18 upwards, with a range of respiratory conditions including COPD, asthma and pneumonia. Managed by a team of specialist respiratory nurses, the RAU will focus on assessing, stabilising and treating patients who require hospital treatment, but can be discharged home the same day. Patients will be referred to the unit via the Emergency Department, Urgent Care Centres and Acute Medical Units. Patients will also transfer from inpatient wards or be referred from their GP.
26. **Breast Screening Service Hits The Road With New Mobile Unit** - The East Lancashire Breast Screening Service has taken delivery of a brand new, state of the art mobile unit to continue the fight against breast cancer in the towns and villages of East Lancashire and Blackburn with Darwen. The new mobile breast screening unit features a larger waiting room, two screening rooms fitted with the latest screening technology, four changing cubicles and a private interview area. Elizabeth Read, Breast Imaging Manager at East Lancashire Hospitals NHS Trust, said: "Our old mobile unit has served us well, but the new one is better and has definite benefits for the women who attend for screening.
27. **Coronary Care Nurse awarded Employee of the Month for compassionate care** - Every month a member of staff from East Lancashire Hospitals NHS Trust is given special recognition for going above and beyond in their roles. October's winner, Coronary Care Staff Nurse Dan Whittam, was nominated by a patient's granddaughter for delivering compassionate end of life care. The nomination highlighted the exceptional care and attention her grandma received during her final days: "Dan gave Grandma the utmost compassion and attention; he tended her needs with

dignity and gentle care. The patient, dignified and careful way in which Dan looked after our loved one and us as a family are a credit to him, the department and the Trust”.

28. **Pupils deliver ‘ray of sunshine’ for hospital’s youngest patients** - There were beaming smiles on the faces of children’s ward patients at Royal Blackburn Teaching Hospital when a group of primary school pupils from Burnley delivered a bumper donation of toys. In partnership with national educational charity IIm2Amal, (which means ‘Knowledge To Action’ in Arabic), pupils from Rawdhatul Uloom Primary School last week visited the hospital to present gifts to patients aged from four to fourteen.
29. **Who is your NHS STAR?** - Have you or a member of your family or friends received exceptional care or assistance from local hospital or community NHS staff? If so, East Lancashire Hospitals ‘STAR Awards’ wants to know. East Lancashire Hospitals is launching its **STAR (Staff Thank you And Recognition)** Awards 2018 and are asking patients, families and carers to get involved and nominate a member of staff or team for the special ‘Patient Choice’ award. The STAR Awards honour staff nominated by their colleagues; however, the Patient Choice award is special as it is the only award where nominations are made by patients, their families and carers.
30. **Two new car parks for Clitheroe Community Hospital** – Work on two new car parks at Clitheroe Community Hospital has commenced (Monday 6 November). The work is expected to last 10 weeks and will be split into two phases; Phase 1, the area on the left of the hospital entrance from Chatburn Road and Phase 2, at the rear of the hospital, off the Pimlico Link Road. When complete early in the new year, hospital staff and patients will benefit from an extra 43 car parking spaces, plus three existing spaces will be converted for Blue Badge parking.
31. **Ward B20 have applied for SILVER Ward status** – Following three consecutive Green outcomes of the Nursing Assessment and Performance Framework (N.A.P.F.) assessments the ward applied for SILVER ward status in October 2017. The ward provided a portfolio of evidence and delivered a presentation to the S.P.E.C. (Safe, Personal, and Effective Care) panel to demonstrate how they have achieved consistently high quality care. The staff also described how they will maintain these standards and will showcase this to the rest of the organisation. The panel agreed that the ward should be recommended for this prestigious status following the review.
Approval is therefore required from the Trust Board to award this area SILVER for delivering Safe, Personal and Effective Care at all times.

32. **New mums using Facetime to bond with their babies after complex births** - Mums who are parted from their babies after giving birth are now able to see their newborns using Facetime, thanks to a new initiative at East Lancashire Hospitals NHS Trust. The Neonatal Intensive Care Unit (NICU) at the Lancashire Women and Newborn Centre on the site of Burnley General Teaching Hospital has invested in two iPads using money donated to the unit. These are used by mums who are unable to go and spend time with their baby after giving birth if they are too unwell. NICU Matron Caroline Cowman, explained: "After giving birth, some women can be poorly and need close monitoring and not be well enough to go and see their baby.
33. **East Lancashire Hotbed for Advanced Clinical Practitioners** - In support of the UK's first Advanced Practitioner Week (12-18 November, #AdvPracWeek17), East Lancashire Hospitals NHS Trust (ELHT) is celebrating its reputation as Cumbria and Lancashire's leading NHS Trust for Advanced Practice. Advanced Practitioners are qualified, highly experienced nurses who, after gaining additional qualifications, can now perform extra clinical duties, including work traditionally the exclusive domain of doctors. At ELHTs hospitals and community health facilities, Advanced Practitioners take patient's medical history, carry out physical examinations, prescribe medication, request investigations, and refer patients directly to other specialists, where appropriate.
34. **Pendle Hospital therapy garden benefits from Freemason's grand donation** - A special therapy garden for stroke patients at Pendle Community Hospital has received a boost thanks to a generous contribution from the Freemasons. Burnley and Pendle Freemasons have donated £1,000 to the East Lancashire Hospitals' Integrated Stroke Therapy Service towards the hospital garden, which was created for patients receiving therapy after a stroke. The sheltered garden, which is accessible via the hospital, will feature planting beds, a greenhouse and comfortable seating where patients can relax and enjoy the Pendle climate.
35. **East Lancashire Researchers 'GRASP' Clinical Research Award** - A team of first-time researchers from East Lancashire Hospitals NHS Trust returned triumphant when the 2017 Greater Manchester Clinical Research Awards were announced during a celebration event on Thursday 9 November. The GRASP (**G**etting it **R**ight **A**ddressing **S**houlder **P**ain) team, led by Lead Physiotherapist Helen Thompson and Co-Principal Investigator Mrs Alison Hallett, claimed first prize in the award's Best Debut category. Dr Anton Krige, Associate Director for Research and Innovation at East Lancashire Hospitals NHS Trust, said: "Clinical research is a very important part

of our work at East Lancashire Hospitals and we're delighted that the GRASP research team has been recognised for their outstanding work by the Greater Manchester Clinical Research Network."

36. **Parents of premature baby praise hospital staff for their care and dedication on World Prematurity Day** - A couple whose baby daughter unexpectedly arrived 11 weeks early and spent the first weeks of her life fighting for survival at Burnley General Teaching Hospital's neonatal intensive care unit have spoken out about the amazing care they received from ELHT as a family. Friday November 17 was World Prematurity Day which aims to raise awareness of premature birth and the devastating impact it can have on families. Sarah Howarth and Niall Spence, who live in Todmorden, were thrust into the rollercoaster world of prematurity when Sarah suddenly went into labour and ended up having daughter Nieve almost three months early.
37. **Trust introduces skin-to-skin caesarean for better birth experiences** - Many of the 1,600 mothers who give birth each year via caesarean section at the Lancashire Women and Newborn Centre can now experience the magic of holding their baby skin-to-skin immediately following the birth thanks to a new initiative by maternity staff at East Lancashire Hospitals NHS Trust. 'Immediate skin-to-skin care' is a natural process that involves placing a newborn on the mother's chest directly after the birth. Previously, mothers in East Lancashire could not benefit from immediate skin-to-skin as they are separated from their babies following a caesarean birth. The routine process for caesarean section births was a screen placed in front of the mother which meant she could see her baby being born, for skin-to-skin care after a caesarean birth, the mother and her child must stay together.
38. **East Lancashire Hospitals to Host Centre of Excellence** - Professor Iqbal Singh, Consultant Physician has been commissioned by Health Education England to lead on a programme to provide training for safety in the care of older people. The Centre of Excellence for Safety in the Care of Older People" will be hosted by East Lancashire Hospitals NHS Trust and based at the Acorn Primary Health Care Centre in Accrington. Its objective is to improve safety in hospitals, care homes and the wider community and ensure the values of dignity and respect are always upheld. The Centre will focus on making a major contribution to the training and education of the health and social care sector workforce empowering individuals, teams and organisations to innovate and develop a culture of continuous learning, professionalism and improvement.

- 39. ICSA Fellowship Recognition** - Angela Bosnjak-Szekeres, our Associate Director of Corporate Governance and Company Secretary has been elected to Fellowship of the ICSA Governance Institute and has now achieved the senior grade of membership. The award letter from the Chief Executive of the Institute, Simon Osborne FCIS, states that this marks the considerable experience that she has gained in the corporate governance profession and her advancement to a senior level in her field of expertise.

Summary of Chief Executive's Meetings for October 2017

02/10/17	System Teleconference – RBH
02/10/17	ELHT/ELCCG Fortnightly Catch Up – RBH
02/10/17	David Cockayne – RBH
02/010/17	STP Programme Gateway Review Teleconference - RBH
02/10/17	Russ McLean – RBH
04/10/17	System Teleconference – RBH
04/10/17	Meeting with Burnley Council CEO – RBH
05/10/17	A&E Delivery Board – RBH
05/10/17	NLAG CEO Visiting ELHT – RBH
05/10/17	Pennine Lancashire Teleconference – RBH
05/10/17	NLAG Teleconference with KPMG – RBH
06/10/17	System Teleconference – RBH
06/10/17	Lancashire CEO Meeting – Preston
06/10/17	UCLan AUC Board of Trustees Meeting – Preston
09/10/17	System Teleconference – RBH
10/10/17	Meeting with Graham Burgess – RBH
10/10/17	Teleconference with PwC – RBH
11/10/17	System Teleconference – RBH
11/10/17	Teleconference with LCC to discuss DTOC – RBH
11/10/17	Meeting with Alan Campbell – RBH
12/10/17	Finance Directors Conference – Chester
13/10/17	Finance Directors Conference – Chester
16/10/17	System Teleconference – RBH
16/10/17	Meeting with Tony Schaffel – RBH
17/10/17	Teleconference with GGI – RBH
17/10/17	AE Delivery Board Planning Meeting – RBH

18/10/17	Meeting with Amanda Doyle – Preston
18/10/17	TAHF Programme Executive Team – Blackburn
18/10/17	System Leaders Forum – Blackburn
19/10/17	NHS Providers NW Meeting – Wroughton
19/10/17	Meeting with David Cockayne – RBH
19/10/17	Teleconference with Rothwell Douglas – RBH
20/10/17	Meeting with Andrew Bennett – RBH
20/10/17	Meeting with David Holden – RBH
20/10/17	Meeting with Sandy Bradbrook – Preston
23/10/17	System Teleconference – RBH
23/10/17	Meeting with Mike Wedgeworth – RBH
23/10/17	Teleconference with the GGI – RBH
24/10/17	Estates Stakeholder Event – BGH
25/10/17	NLAG Teleconference – RBH
25/10/17	Healthcare UK Annual Dinner – London
26/10/17	Together a Healthier Future Programme Meeting – Blackburn
27/10/17	System Teleconference – RBH
27/10/17	Team Brief – RBH
27/10/17	Employee of the Month – RBH
27/10/17	NHSI/ELHT Teleconference – RBH
27/10/17	NHSI/ELHT Quarterly Review Meeting – RBH
30/10/17	System Teleconference – RBH
30/10/17	Meeting with County Councillor Ali and Councillor Khan – Blackburn
30/10/17	Teleconference with Bradford Teaching Hospitals CEO – RBH
30/10/17	Teleconference with A&E Delivery Board Chairs – RBH
31/10/17	Chief Executives Round Table – London

Summary of Chief Executive's Meetings for November 2017

01/11/17	System Teleconference – RBH
07/11/17	Board Development Session – Blackburn
08/11/17	System Teleconference – RBH
08/11/17	Teleconference with Newton Europe – RBH
08/11/17	RDL Workshop – Whalley
09/11/17	RDL Workshop – Whalley
09/11/17	Winter Readiness Teleconference

09/11/17	Teleconference to discuss PET Agenda – RBH
10/11/17	System Teleconference – RBH
10/11/17	NHS/ELHT Teleconference – RBH
13/11/17	System Teleconference – BGH
13/11/17	A&E Delivery Board Event – Leeds
14/11/17	NLAG Meeting – RBH
15/11/17	System Teleconference – RBH
15/11/17	STP Board Development Session – Leyland
15/11/17	TAHF Programme Executive Team – Blackburn
15/11/17	System Leaders Forum – Blackburn
15/11/17	Quest Connect Meeting – Manchester
20/11/17	System Teleconference – BGH
20/11/17	Single Item Quality Surveillance Group Meeting – Preston
22/11/17	Lancashire and South Cumbria Provider Stroke Meeting – Preston
22/11/17	NHS NWLA Board Meeting – Manchester
22/11/17	Meeting with Amanda Doyle – RBH
22/11/17	Meeting with UCLan – Preston
23/11/17	Artificial Intelligence and Cognitive Healthcare Conference – Manchester
24/11/17	NHSI/ELHT Catch Up – RBH
27/11/17	System Teleconference – RBH
27/11/17	Integrated Leaders Event – Leeds
28/11/17	Meeting with Graham Burgess – RBH
28/11/17	Acute and Specialised Steering Group – Preston
29/11/17	Meeting with JAG Accreditation Team – RBH
29/11/17	Meeting with AHSN – Daresbury
29/11/17	Professor Singh Centre of Excellence Launch – Dunkenhalgh
30/11/17	STP Corporate Meeting – Leyland

Summary of Chief Executive's Meetings for December 2017

01/12/17	System Teleconference – RBH
01/12/17	Lancashire Chief Executives Meeting – Preston
01/12/17	NHSI/ELHT Meeting – RBH
01/12/17	Team Brief - BGH
04/12/17	System Teleconference – RBH
04/12/17	Meeting with LCC and NHS – Preston

04/12/17	Meeting with Amanda Doyle - Preston
04/12/17	Carol Concert Hospital Choir – Bridgwater Hall
06/12/17	STP Board Meeting - Preston
06/12/17	HFMA Annual Conference – London
07/12/17	HFMA Annual Conference – London
08/12/17	HFMA Annual Conference – London
11/12/17	System Teleconference – BGH
11/12/17	Meeting to discuss Public Health and ACO/ACS – Blackburn
11/12/17	Interview with Lancashire Telegraph – RBH
11/12/17	Russ McLean – RBH
11/12/17	Telephone Conversation with ELCCG- RBH
12/12/17	Meeting with Consort - RBH
12/12/17	BwD Health and Wellbeing Board - Blackburn
13/12/17	System Teleconference – RBH
13/12/17	NLAG Teleconference - RBH
13/12/17	Trust Board Part 2 – RBH
14/12/17	Meeting with LCFT – Chorley
14/12/17	Discharge, Community and Intermediate Care Process - RBH
14/12/17	Winter Readiness Call – RBH
14/12/17	Pennine Lancashire Programme Executive Steering Group – Nelson
14/12/17	Together a Healthier Future Meeting - Burnley
18/12/17	System Teleconference – BGH
18/12/17	Back to the floor - Pendle
19/12/17	AEDB Planning Meeting – RBH
20/12/17	System Teleconference – RBH
20/12/17	Team to Team meeting with ELCCG - RBH
20/12/17	TAHF Programme Executive Team – Blackburn
20/12/17	System Leaders Forum – Blackburn
21/12/17	AEDB Executive Meeting – RBH
21/12/17	Stroke Meeting – RBH
22/12/17	Stroke Meeting – RBH
22/12/17	NHSI/ELHT Teleconference - RBH
29/12/17	System Teleconference – RBH
29/12/17	NHSI/ELHT Meeting – RBH

TRUST BOARD REPORT

Item 156

13 December 2017

Purpose Action

Title Corporate Risk Register Report

Author Mrs F Murphy, Head of Legal Services

Executive sponsor Dr D Riley, Medical Director

Summary: The report presents the outcome of the monthly review of the Corporate Risk Register in accordance with the Trust's Risk Management Strategy and Policy. The Corporate Risk Register is presented for approval with changes in month highlighted in the body of the report.

Recommendation: Members are requested to receive the report.

Report linkages

Related strategic aim and corporate objective

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

Related to key risks identified on assurance framework

- Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
- Recruitment and workforce planning fail to deliver the Trust objective
- Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and



East Lancashire Hospitals

NHS Trust

effective care through clinical pathways

The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

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

Impact

Legal	No	Financial	Yes
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Equality	No	Confidentiality	No
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Previously considered by: Quality Committee (29 November 2017)

1. Introduction

The Risk Assurance Meeting has delegated responsibility for verifying and monitoring the Corporate Risk Register on a monthly basis. No changes to the Risk Register have been recommended in month.

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

None

3. Risks to be incorporated on Corporate Risk Register:

None

4. Corporate Risk Register (Appendix 1)

The current Corporate Risk Register is attached at Appendix 1. Members are asked to note the assurances provided in relation to the ongoing management of the risks on the Corporate Risk Register and approve the paper. A full review of the Corporate Risk Register will be undertaken with risk leads on a monthly basis.

Conclusion

Members are requested to receive and review the report.

Frances Murphy, Head of Legal Services, November 2017

Appendix 1 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:	Tony McDonald	Risk Owner:	John Bannister	Linked to Risks:	2310, 908, 3835
What is the Hazard:	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> Daily staff capacity assessment Daily Consultant ward rounds Establishment of specialised flow team Bed management teams Delayed discharge teams Bed 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	

Appendix 1 Corporate Risk Register

	<p>trolley space/bed to facilitate putting the unassessed patients in to bed/trolley</p> <ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • Regular reports to a variety of specialist and Trust wide committees • Consultant recruitment action plan • Escalation policy and process • Monthly reporting as part of Integrated Performance Report • Weekly reporting at Exec Team • System Oversight by Pennine Lancashire A+E Delivery Board 	What are the gaps in assurance:	None identified
Actions to be carried out			
<p><i>Numerous actions are incorporated within the Emergency Care Pathway Redesign Programme which forms part of the Trust's Transformation Programme</i></p>			
<p>Notes: Mitigating actions are deployed on a daily basis at an operational level to reduce the risk to patient care.</p>			

Appendix 1 Corporate Risk Register

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) , 7268 (SAS), 5557 (FC), 3835 (SAS)
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:	<ul style="list-style-type: none">Escalating costs for locumsBreach of agency capUnplanned expenditureNeed 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			On-going	Reduction in agency staffing costs already demonstrated. Analysis of detailed monthly report through AMG (Agency Monitoring Group). Areas for targeted action understood	
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an on-going basis with assurances being provided to Divisional meetings.					

Appendix 1 Corporate Risk Register

Title:	Failure to appoint to vacant oncologist posts is impacting on service delivery and provision of safe, personal and effective care				
ID	3835	Current Status	Live Risk Register – all risks accepted	Opened	02/07/2014
Initial Rating	Likelihood: 3 Consequence: 2 Total: 6	Current Rating:	Likelihood: 4 Consequence: 4 Total: 16	Target Rating:	Likelihood: 2 Consequence: 1 Total: 2
Risk Handler:	David O’Brien	Risk Owner:	John Bannister	Linked to Risks:	5790, 1810
What is the Hazard:	Lack of Trust consultant oncologist to provide oncology capacity to out patient clinics and the acute oncology service. Impact on financial position with continued locum costs Impact on performance targets Impact on staff covering the service with reduced personnel		What are the risks associated with the Hazard:	Failure to meet required activity	
What controls are in place:	Waiting list management Additional sessions to meet activity demand		Where are the gaps in control:	None identified	
What assurances are in place:	• Cancer Steering group monthly reporting • Divisional Management Board monthly reporting • Divisional Safety & Quality group monthly reporting • Cancer Steering Group Action Plan • Cancer Peer Review annually • Monthly integrated performance report • Monthly contract meeting with CCG		What are the gaps in assurance:	None identified	
Actions to be carried out					
A detailed action plan is in place and is being overseen by the Cancer Steering Group to manage demand and to monitor HR progress in recruitment					
Notes: Mitigating actions are deployed on a daily basis at an operational level to reduce the risk to patient care.					

Appendix 1 Corporate Risk Register

Title:	Aggregated risk – Failure to reduce nursing and midwifery agency costs will adversely impact financial sustainability and patient care				
ID	5791	Current Status	Live Risk Register – all risks accepted	Opened	11/09/15
Initial Rating	Likelihood: 3 Consequence: 5 Total: 15	Current Rating:	Likelihood: 3 Consequence: 5 Total: 15	Target Rating:	Likelihood: 4 Consequence: 2 Total: 8
Risk Handler:		Risk Owner:	Christine Pearson	Linked to Risks:	3804 (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:	<ul style="list-style-type: none"> • Breach of agency cap • Agency costs jeopardising budget management 	
What controls are in place:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • Daily staffing teleconference with Director of Nursing • 6 monthly formal audit of 		What are the gaps in assurance:		

Appendix 1 Corporate Risk Register

Appendix 1 Corporate Risk Register				
	<p>staffing needs to acuity of patients</p> <ul style="list-style-type: none">• Exercise of professional judgement on a daily basis to allocate staff appropriately• Monthly report at Trust Board meeting on planned to actual nurse staffing levels• Active progression of recruitment programmes in identified areas			
Actions to be carried out		Action assigned to	Anticipated completion date	Progress Report
All current planned actions completed as shown in “what controls are in place”		Non-Medical Bank and Agency Group		
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an on-going basis with assurances being provided to Divisional meetings.				

Appendix 1 Corporate Risk Register

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:	Jonathan Wood	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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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 		Where are the gaps in control:	Individual acting outside control environment in place	

Appendix 1 Corporate Risk Register

	<ul style="list-style-type: none"> • Finance department standard operating procedures and segregation of duties 		
What assurances are in place:	<ul style="list-style-type: none"> • 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			
<p>Notes:</p> <p>Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an on-going basis with assurances being provided to Divisional meetings.</p>			

Appendix 1 Corporate Risk Register

Title:	Aggregated Risk - Failure to provide timely Mental Health treatment impacts adversely on patient care & safety and quality				
ID	7067	Current Status	Live Risk Register – all risks accepted	Opened	06/10/2016
Initial Rating	Likelihood: 5 Consequence: 3 Total: 15	Current Rating:	Likelihood: 5 Consequence: 3 Total: 15	Target Rating:	Likelihood: 2 Consequence: 3 Total: 6
Risk Handler:	Jill Wild	Risk Owner:	John Bannister	Linked to Risks:	4423 (FC), 2161 (FC) 6095 (ICG)
What is the Hazard:	Mental Health patients with decision to admit may have extended waits for bed allocation.	What are the risks associated with the Hazard:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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 • Monthly performance monitoring • Monitoring through Pennine Lancashire improvement pathway • Monitoring by Lancashire and Cumbria Mental Health Group • Twice weekly review of 		Where are the gaps in control:	<ul style="list-style-type: none"> • Unplanned demand • ELCAS only commissioned to provide weekday service • Limited appropriately trained agency staff available 	

Appendix 1 Corporate Risk Register

	<p>performance at Executive Team teleconference</p> <ul style="list-style-type: none"> • Discussion and review at four times daily clinical flow meeting 		
What assurances are in place:	<ul style="list-style-type: none"> • Ongoing meetings with LCFT and commissioners • Regular review at Divisional and Executive team level • Appropriate management structures in place to monitor and manage performance • Appropriate monitoring and escalation processes in place to highlight and mitigate risks • Ongoing monitoring of patient feedback through a variety of sources • Escalation of adverse incidents through internal & external governance processes • Appropriate escalation and management policies and procedures • Joint working with external partners 	What are the gaps in assurance:	None identified
Actions to be carried out		Action assigned to	Anticipated completion date
Progress Report			
Per linked risks			
Risk mitigation action plans are appended to each of the linked risks and are reviewed by the Divisions on an on-going basis with assurances being provided to Divisional meetings.			

TRUST BOARD REPORT

Item **157**

13 December 2017

Purpose Approval

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

Summary:

The Executive Directors have reviewed the risks monitored on the BAF and updated the controls, assurances and actions in relation to each risk where appropriate. The Finance and Performance Committee and the Quality Committee discussed the BAF risks at their last meetings. The BAF risk ratings for risks 1, 2, 3 and 5 remain unchanged. The Finance and Performance Committee supported the recommendation to increase the risk rating for BAF risk 4 (finances) from 16 to 20.

Recommendation:

The Board is asked to discuss the risks and approve the proposed changes.

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: NA

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

Risk 1: Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives.

1. The **risk score remains** 12 (likelihood 3 x consequence 4). The following new key control had been included: each scheme has an associated governance structure with senior responsible officers and key milestones.
2. New updates include:
 - a) Care Professionals Board - detailed work to examine the effectiveness of HIMPs in supporting the delivery of new models of care for Pennine Lancashire - report due in March 2018.
 - b) The timeline for completion of the Service Improvement training that is being developed and delivered by the OD team is now due for completion by the end of quarter 4.
 - c) Clinical engagement progressed at both Pennine Lancashire and Healthier Lancashire level and the Care Professionals Board continues to mature.
 - d) Following the starting in post by the Provider Programme Director for the STP the first Providers' Operational Board took place in October 2017.

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

3. The **risk score remains** 12 (likelihood 3 x consequence 4). The following new potential source of assurance has been included: national staff survey 2016/17. Employee sponsor group monitored the staff survey action plan and all actions have been completed.
4. New updates include:
 - a) 110 registered nurses in the pipeline to start with the Trust by the end of October 2017.
 - b) The Trusts recruitment and retention plan continues to be in place. We continue to embed to the 'Retire and Return' approach, over 30 staff returned to practice after retirement.
 - c) National Staff Survey for 2017/18, looking to increase the response rate to 50%. Report due in quarter 4 of 2017/18.

- d) WRES progress update report to be presented to the Trust Board in January 2018. Piloting parallel recruitment process re. unconscious bias - event in November 2017 held by Diversity in Design
- e) Interviews held for Physicians Associate posts and all available posts have been offered to successful candidates, expected to start in post in six months' time (April/May 2018).

Risk 3: Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) will not be sufficient to support the delivery of sustainable, safe and effective care through clinical pathways.

- 5. There is a proposal to amend the title of the risk from the above to **Alignment of partnership organisations and resources required (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP and other providers) could impact adversely on our ability to become an outstanding acute provider.**
- 6. The **risk score remains** 16 (likelihood 4 x consequence 4). Key controls include:
 - a) Defined gateway process sponsored by NHS Improvement and supported by the Good Governance Institute (GGI) in relation to supporting NLAG,
- 7. Potential Sources of Assurance include:
 - a) ELHT Chief Executive chairing the STP Providers' Forum. Programme Director in post - foundations of the work programme started to be designed.
 - b) Agreement across system leaders about the next steps to move to ACS. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire LDP Programme with the
- 7. Gaps in assurance include:
 - a) GP Clinical and managerial relationships still developing. Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.
- 8. Actions/Updates include:
 - a) First Providers Operational Board at STP level held in October 2017.
 - b) First stage review of NLAG mobilised and completed by 31 October 2017. Governance review outcomes reported to the ELHT Board in November 2017.

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

9. Following a discussion at the Finance and Performance Committee meeting it is proposed that the **risk score increases to 20** based on the increase in the likelihood rating from 4 to 5 (likelihood 5 x consequence 4) from the current score of 16 (likelihood 4 x consequence 4).
10. Gaps in control have been updated to include:
 - a) deterioration in the underlying financial position requiring additional transformation schemes in 2018/19. SRCP being delivered non-recurrently.
11. Gaps in assurance have been update to include the following:
 - a) Review of divisional governance processes.
 - b) Understanding the changes in income services (NHS and private).
12. Actions have been updated to include the external review of Divisional governance processes that will be undertaken in quarter 4 of 2017/18, with a report to be presented by the end of March 2018.

Risk 5: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

13. The **risk score** remains at 16 (likelihood 4 x consequence 4).
14. Key controls have been updated to include the Emergency Care Pathway redesign programme monitored through Transformation Board.
15. Potential sources of assurance have been updated to include:
 - a) Opening of Respiratory Assessment Unit to support the delivery of the four hour standard as part of the wider emergency care pathway redesign programme.
 - b) Cancer and RTT improvement plans underway and having an impact through enhanced operational meetings and reported to the Finance and Performance Committee.
 - c) CQC Task and Finish Group established and chaired by the Medical Director and Director of Nursing.
 - d) Mini CQC visits carried out and focussing on community hospitals, reporting back to the Quality Committee.

- e) Reduction in use of bank and agency staff continues, revisiting the specialising policy will further reduction in spend.
- 16. Gaps in assurance have been updated to reflect the funding to resource Nursing Assessment Performance Framework has not yet agreed, impacting on the plans to expand the workplan.
- 17. The actions have been updated to include the following:
 - a) Work on the Emergency Care Pathway and Model Wards continues. Implementation of red to green days and criteria led discharge to be implemented by the end of December 2017. Discharge to assess and ambulatory emergency care to be extended to support 50 patients per week by the end of October 2017. Work ongoing with NHSI and AQUA.
 - b) Four hour target at 90% achieved by end of September 2017 and to achieve 95% by the end of March 2018.
 - c) 110 new registered nurses joining the Trust by the end of October 2017. Recruitment underway for substantive medical posts within ED and Urgent Care.
 - d) Report by the CQC Task and Finish Group, including the findings of the CQC Mini Visits due to the Quality Committee in January 2018.

Angela Bosnjak-Szekeres, Associate Director of Corporate Governance/Company Secretary, 11 November 2017.

Our Strategic Objectives

- 1 Put safety at the heart of everything we do**
- 2 Invest in and develop our workforce**
- 3 Work with key stakeholders to develop effective partnerships**
- 4 Encourage innovation and pathway reform and deliver best practice**

Reference Number: BAF/01												
Responsible Director(s): Director of Service Development and Medical Director												
Aligned to Strategic Objectives: 1, 2, 3 and 4.												
Strategic Risk: Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives												
Consequences of the Risk Materialising: 1. Ability to deliver against the constitutional standards and organisational delivery would be adversely affected 2. Mismatch between demand and capacity will result in ability to balance elective versus emergency care 3. Inability to provide financial assurance to the Board 4. Reduced ability to integrate primary and secondary care 5. Reduced ability to have the right workforce planning												
Key Controls What controls/ systems, we have in place to assist in securing delivery of our objective.	Potential Sources of Assurance Where we can gain evidence that our controls/systems on which we are place reliance, are effective	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2017/18				Gaps in Control Where we are failing to put controls/ systems in place. Where we are failing in making them effective.	Gaps in Assurance Where we are failing to gain evidence that our controls/ systems, on which we place reliance, are effective.	Actions Planned / Update Dates, notes on slippage or controls/assurance failing.
						Q1	Q2	Q3	Q4			
The Trust has agreed the Transformation Schemes for 2017/18: 1) Emergency Care System 2) Productivity and Efficiency 3) Support Services, Efficiency and Cost 4) Discharge and recovery (Pennine Lancashire LDF) Each scheme has an associated governance structure with senior responsible officers and key milestones. Divisional Transformation Boards report into the Transformation Board that reports into the Finance & Performance Committee. Membership of the Pennine Lancashire Partnership Leaders Forum and Care Professionals Board. Transformation/business plans linked to the clinical strategy, high level workforce and estate interdependencies identified. Two year operational plan linking to the transformational plan agreed and submitted to the regulator. Two year contract with commissioners (local and specialist) agreed and signed. Emergency Care Programme Board meets regularly and reports are submitted to the A&E Delivery Board.	Monthly report demonstrating progress against key targets reported to the Transformation Board and the Finance & Performance Committee Internal Audit significant assurance on transformation reported to the Audit Committee. System Leaders Forum committed to work as an Accountable Care System from 2017/18. Director of Sustainability chairing the system wide (Pennine Lancashire) Finance and Investment Group. Divisional plans linked to the operational and transformational plans. Agreed pathway developments part of the transformation plan. Clinical Effectiveness Committee acting as a governance mechanism for the agreement of internal pathways. ELHT continues to have provider to provider discussion (e.g. GP federations) with the aim of refining clinical pathways Economic modelling and forecasting linking with new clinical models. Trust SRCP and transformation plans for 2017-19 developed and linking into local delivery plans. Direct link between the Trust programme and the Pennine Lancashire Local Delivery Plan. Internally, divisional transformation leads embedded into the programme Trust transformation plan developed with clear accountability, governance structure and agreed milestones. Assurance of delivery managed via the use of PM3 software Hosting the Providers Programme Director for the STP Provider Board who will report to the Chief Executive of ELHT. Director of Service Development leading on the construction of the work programme with the Directors of Strategy from all the providers for consideration by the Chief Executive. Pennine Lancashire Organisational Programme has been agreed.	15	10	12	3x4	12	12	12	12	Capacity for delivery of transformation programme Service redesign methodology developed by the Trust (accepted by Pennine Lancashire). Workshops held at system level and plans for ownership due to the changed structures at Pennine Lancashire level are now being put in place. Capacity and resilience building in relation to the service redesign is in early phase. Workforce issues/senior clinical and managerial staff ability to balance the operational and strategic requirements/demands	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. Linking between clinical effectiveness and the transformation programme needs to be developed. Ability to model the system gain from each transformation scheme is only partial.	Using the Transformation Board meetings and our membership of Pennine Lancashire to influence delivery of transformation. Resources allocated for the delivery of the transformation programme. PMO infrastructure significantly increased and support to build capacity at Divisional level is ongoing. Use of new software PM3 to drive delivery started in September 2017. PMO primary focus on the delivery of the whole transformation plan. Each constituent programme has an allocated member of the PMO team. Care Professionals Board - detailed work to examine the effectiveness of HIMP's in supporting the delivery of new models of care for Pennine Lancashire - report due in March 2018. Service Improvement training is being developed will be delivered by the OD team. Timeline for completion of the revision has been changed to the end of quarter 4. Clinical engagement progressed at both Pennine Lancashire and Healthier Lancashire level and the Care Professionals Board continues to mature. Following the starting in post by the Provider Programme Director for the STP the first Providers' Operational Board took place in October 2017.

Reference Number: BAF/02									
Responsible Director(s): Director of HR and OD									
Aligned to Strategic Objectives: 2, 3 and 4.									
Strategic Risk: Recruitment and workforce planning fail to deliver the Trust objectives									
Consequences of the Risk Materialising:									
1. Gaps on rotas impacting adversely on ability to deliver safe, personal and effective care									
2.. negative impact on financial position through use of agency staff									

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 2017/18				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			
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, One Workforce Planning Methodology across Pennine Lancashire. Joint SRO at Pennine Lancashire LDP level.	Performance measures, time limited focus groups with action plans, board and committee reports, regulatory and inspection agencies, stakeholders, internal audit. National staff survey 2016/17. Employee sponsor group monitored the staff survey action plan and all actions have been completed. WRES action plan with timelines in place. Regular reporting to the Board on progress. Work with the Fanshawe Report. Workforce Control Group regularly reports to the Executive on workforce control measures and indicators. Dashboard developed. Annual report to the Quality Committee. Medical and Non-Medical Agency Group in place. Dashboard presented to the executive monthly. The Trust ensures that all staff are involved, included and engaged with on key changes within the Trust using the Employee Engagement Strategy.	16	10	12	3x4	12	12	12		National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions. Reduction of CPD monies from HEE (could be off-set by the apprenticeship levy). Implications of Brexit on the workforce - uncertainty/workforce are yet to be determined.	Assurances in place in the IPR, Safer Staffing Report and Quality Dashboard. Assurance through the HR governance processes.	110 registered nurses in the pipeline to start with the Trust by the end of October 2017. The Trusts recruitment and retention plan continues to be in place. We continue to embed to the 'Retire and Return' approach, over 30 staff returned to practice after retirement. National Staff Survey for 2017/18, looking to increase the response rate to 50%. Report due in quarter 4 of 2017/18. WRES progress update report to be presented to the Trust Board in January 2018. Piloting parallel recruitment process re. unconscious bias - event in November 2017 held by Diversity in Design. The Workforce Transformation Strategy addresses the future workforce supply pipeline, opportunities to up skill current staff, introducing new competencies, e.g. Physicians Associates and Associate Nurses and establishing new ways of working. This approach will direct the Pennine Lancashire approach to workforce transformation. Workforce Transformation Team in place. First cohort of Associate Nurses pilot started in Trust. Interviews held for Physicians Associate posts and all available posts have been offered to successful candidates, expected to start in post in six months time (April/May 2018). We have purchased a Global Medical Careers Jobs Board in order to provide a greater reach globally. Included in the package is a Premium Microsite. Integrated with Social Recruiting (Twitter, LinkedIn, and Facebook), Branded Ad Template, Unlimited Job Credits and newsletter as well as all jobs uplifted from NHS jobs and advertised and posted on Global Medical Careers Job Board which reaches over 50+ countries worldwide

Reference Number: BAF/03												
Responsible Director(s): Chief Executive, Director of Finance, Director of Service Improvement and Medical Director												
Aligned to Strategic Objectives: 3 and 4												
Strategic Risk: Alignment of partnership organisations and resources required (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP and other providers) could impact adversely on our ability to become an outstanding acute provider.												
Consequences of the Risk Materialising: 1. Failure to secure key services for Pennine Lancashire 2. Failure to develop as an Accountable Care System (ACS) 3. Failure to maximise our potential as a provider of key specialist services (Stroke, etc.) across the STP footprint 4. Delay in the speed of implementing integrated solutions and planning public engagement due to less effective partnerships. 5. Distraction of management and clinical capacity as a consequence of supporting other partners.												
Key Controls What controls/systems, we have in place to assist in securing delivery of our objective.	Potential Sources of Assurance Where we can gain evidence that our controls/systems on which we are place reliance, are effective	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2017/18			Gaps in Control Where we are failing to put controls/systems in place. Where we are failing in making them effective.	Gaps in Assurance Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.	Actions Planned / Update Dates, notes on slippage or controls/assurance failing.	
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. Care Professional Group of Pennine Lancashire reporting to the Transformation Steering Group. Care Professionals Group at STP level also formed. At Pennine Lancashire level health improvement priorities agreed (HIMPs). HIMPs reporting to the Care Professionals Board. Number of senior clinicians involved with STP work groups. System Leaders Forum. STP Finance Group. Defined gateway process sponsored by NHS Improvement and supported by the Good Governance Institute (GGI) in relation to supporting NLAG,	Verbal and written updates, where appropriate Board approvals will be established and permissions will be provided by the Board to let Executives to progress the generations of ideas and options with external stakeholders. The Pennine Lancashire and STP Cases for Change have been published. Pennine Lancashire resource in post working on developing models of care against specific improvement priorities (paediatrics, respiratory and frailty). Health and Wellbeing Improvement Partnerships (HIMPs) at Pennine Lancashire level reviewed around the health improvement priorities and the majority are relatively well established with minor changes need to link into the new structures. STP governance oversight forms part of the Audit Committee standing agenda for 2017/18. Fostering good relationships with GP practices and Federations e.g. service pilots and as a result of tenders and general dialogue. These are the most advanced at STP level Pennine Lancashire Memorandum of Understanding agreed by stakeholders. ELHT Chief Executive chairing the STP Providers' Forum. Programme Director in post - foundations of the work programme started to be designed. Component business cases at Pennine Lancashire level forming a draft overarching LDP plan. Structures in place for the Out of Hospital stream with the Trust significantly contributing to the workstream. Agreement across system leaders about the next steps to move to ACS. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire LDP Programme with the aim to create a shadow ACS from 1 April 2018. Potential gains in strengthened reputation with regulators and across the STP footprint with regular reporting to the Board via the Finance and Performance Committee on progress, milestones and risks linked to the gateway process.	16	12	16	4x4	16	16	16	System leaders agreed a process to develop the governance system for an ACS across Pennine Lancashire; however this is still in development STP System Management model is in early stages of development. Significant external interest and influence from external stakeholders in relation to NLAG could affect scope, pace and impact. Programme Lead for Pennine Lancashire LDP to be appointed following the departure of the postholder. Support for NLAG is in its infancy and therefore assurances will need to be reviewed routinely to reflect the work on the ground. GP Clinical and managerial relationships still developing.	Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at LDP level. Lack of unified approach in relation to procurement by Commissioners. Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases. Programme Lead for Pennine Lancashire LDP to be appointed following the departure of the postholder. Support for NLAG is in its infancy and therefore assurances will need to be reviewed routinely to reflect the work on the ground. GP Clinical and managerial relationships still developing.	Regular updates provided to Board and the Audit Committee. Pennine Lancashire project solution design phase completed and case for change published Prioritisation mechanism to be resolved externally as part of the Pennine Lancashire HIMPs reporting to the Care Professionals Board each month as part of the Pennine Lancashire Transformation Programme. This work is ongoing. Across the STP footprint the Medical Directors of the four Trusts agreed to focus on urology, vascular services, stroke, emergency department, interventional radiology and gastrointestinal bleed, and neonatology. At STP level all providers met to formulate work programme - 3 categories of services agreed a) services that are fragile now, b) services where there is no immediate risk but possible in the not too distant future and c) services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed. Component Business Cases were submitted. The Executives reviewed the In Hospital Business Case before submission and shaping and influencing the Business Case. Presented to the System Leaders Forum at the end of September 2017. Feedback received. Pennine Lancashire LDP draft component business case prepared and consultation planned for the end of year (2017).. First Providers Operational Board at STP level held in October 2017. First stage review of NLAG mobilised and completed by 31 October 2017. Governance review outcomes reported to the ELHT Board in November 2017.	

Reference Number: BAF/04									
Responsible Director(s): Director of Finance									
Aligned to Strategic Objectives: 3 and 4.									
Strategic Risk: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework									
Consequences of the Risk Materialising:									
1. Inability to invest and maintain the estate									
2. Potential negative impact on safety and quality/increased risk of harm									
3. Financial Special Measures									

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 2017/18				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			
Budgetary controls (income & expenditure) in place including virement authorisation, workforce control, monthly performance meetings, variance analysis as described in the recovery plan. Financial recovery plan in place and is being implemented through the Transformation Board. Monitoring through the Transformation Board, Finance and Performance Committee and Trust Executives.	Monthly reporting to Finance and Performance reports and the Board to reflect financial position. Separate reporting available to support assurances on the transformation programme. Regular Performance Review meetings between Executives and Divisions. Financial recovery plans developed and agreed. Financial recovery plan approved by Trust Board March 2017. Governance through PMO to be monitored by Finance and Performance Committee. Financial objectives are included in individual appraisals. Action taken when personal objectives are not delivered.	16	12	16	5x4	16	16	20		Additional workforce controls to remain in place. policies and procedures may require amendments where they are no longer fit for purpose. Controls around transformation schemes and SRCP to be monitored by the PMO and the Finance Department with Division to be held to account via the PMO. Gaps in control regarding funding for A&E and STF Funding - recovery plan underway. Weaknesses in appraisals and accountability framework. Weaknesses in rostering controls. Weaknesses in discretionary non-pay spend deterioration in the underlying financial position requiring additional transformation schemes in 2018/19. SRCP being delivered non-recurrently.	Utilise the internal audit programme to test for assurance on core controls, SRCP and transformation plans. External audit view on value for money. Review of divisional governance processes. Understanding the changes in income services (NHS and private).	Regular updates to Board and Finance and Performance Committee Finance risk around A&E and STF funding identified and operational plans to recover are ongoing. Risks in relation to the impact of the changes to CQUIN and STF arrangements for the next two years are being managed and reporting to the Quality Committee and Finance and Performance Committee. External review of Divisional governance processes to be undertaken in quarter 4 of 2017/18, report by the end of March 2018.

Reference Number: BAF/05											
Responsible Director(s): Director of Operations, Director of Nursing and Medical Director											
Aligned to Strategic Objectives: 1, 3 and 4.											
Strategic Risk: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements											
Consequences of the Risk Materialising: 1. Poor patient experience. 2. Increased regulatory intervention, including the risk of being placed in special measures. 3. Risk to income if four hour standard is not met.											
Key Controls What controls/systems, we have in place to assist in securing delivery of our objective.	Potential Sources of Assurance Where we can gain evidence that our controls/systems on which we are place reliance, are effective	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2017/18			Gaps in Control Where we are failing to put controls/systems in place. Where we are failing in making them effective.	Gaps in Assurance Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.	Actions Planned / Update Dates, notes on slippage or controls/assurance failing.
Divisional business plans, weekly operational performance meetings, monthly 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 COC, 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 received significant assurance from internal audit System wide approach as part of the new A&E Delivery Board. Emergency Care Pathway redesign programme monitored through Transformation Board. Established an emergency pathway improvement programme with agreed priorities and support from NHSI started during the month of January and is ongoing. Weekly operational meeting covering RTT, cancer and 4 hour performance. Implementation of the internal four hour recovery team, weekly meeting in place with key stakeholders across divisions. Introduction of a cross system A & E Delivery Board Sub-Group meeting on a weekly basis. Weekly Medical Staffing Review.	IPR reporting to the ODB and at Board/Committee level, regular deep dive into the IPR through Finance and Performance Committee. Regular reporting to the NHSI, monthly integrated delivery meeting with the NHSI and A&E Delivery Board. Regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignment with national priorities through the quality and safety governance mechanisms. Trust rated 'Good' by COC. ED performance improvement action plan aligned with the NHSI Rapid Improvement Collaborative and agreed by NHS England. Opening of Respiratory Assessment Unit to support the delivery of the four hour standard as part of the wider emergency care pathway redesign programme. Cancer and RTT improvement plans underway and having an impact through enhanced operational meetings and reported to the Finance and Performance Committee. Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues. Four Silver Accreditation of a ward approved by the Trust Board. Increased number of assessments under the framework planned all inpatient wards completed in ICG and SAS. Work started on Family Care and Community Services and a plan is in place for 2017/18. Significant reduction in the number of complaints upheld by the Ombudsman. Comprehensive system for addressing complaints. PLACE assessments - percentage improved in all areas. Positive patient survey with improvement areas identified. CQC Task and Finish Group established and chaired by the Medical Director and Director of Nursing. Mini CQC visits carried out and focussing on community hospitals, reporting back to the Quality Committee. Reduction in use of bank and agency staff continues, revisiting the specialising policy will further reduction in spend.	15	9	16	4x4	16	16	16	Staffing gaps due to vacancies/inabilities to secure locum staff means that on occasions that some slots/rotas are not filled. Still high number of medical, nursing and midwifery vacancies. Lack of control over out of hospital and mental health service capacity. Complaints are a potential source of action by the CQC. Wider system analysis of capacity in primary care and care sector needed. Risk of not being able to deliver 7 day services. Unclear demand for ambulatory assessment capacity and uncertainty about further ward escalation capacity.	Risks around some of the national trajectories identified. Recovery plans are being implemented. Continued non-elective activity is placing pressure on the elective care and the RTT standard. Funding to resource Nursing Assessment Performance Framework not agreed, impacting on the plans to expand the workplan. Assessments under the Framework to go through the Patient Safety & Risk Assurance Committee before presentation to the Quality Committee.	Reduction on overall number of complaints. 50+ and 40+ days continues. Review of the complaints element of the Patient Experience Strategy to be completed by September 2018. 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. NHSI/ECIP review received and Concordat to support implementation agreed. Board receives regular SRCP and transformation updates. Work on the Emergency Care Pathway and Model Wards continues. Implementation of red to green days and criteria led discharge to be implemented by the end of December 2017. Discharge to assess and ambulatory emergency care to be extended to support 50 patients per week by the end of October 2017. Work ongoing with NHSI and AQUA. Four hour target at 90% achieved by end of September 2017 and to achieve 95% by the end of March 2018. Recovery plans being implemented around achievement of national trajectories. Improvement trajectory for Delayed Transfers of Care (DTC) to deliver 3.5% by March 2018. Improvement trajectory to reduce complex care trigger list is in place. Nursing Assessment and Performance Framework assessments are continuing. Four Silver Accreditation of a ward approved by the Trust Board. 110 new registered nurses joining the Trust by the end of October 2017. Recruitment underway for substantive medical posts within ED and Urgent Care. Report by the CQC Task and Finish Group, including the findings of the CQC Mini Visits due to the Quality Committee in January 2018.
						16	16	16			

TRUST BOARD REPORT

Item

158

13 December 2017

Purpose Information Assurance

Title Serious Incidents Requiring Investigation Report

Author Mrs Rebecca Jones, Patient Safety Manager

Executive sponsor Dr D Riley, Medical Director

Summary: This report provides a summary of the Serious incidents and Duty of Candour requirements that have occurred within the Trust in September and October 2017

This report also provides a summary themed analysis of Never Events

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

Report linkages

Related strategic aim and corporate objective

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

Related to key risks identified on assurance framework

- Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
- Recruitment and workforce planning fail to deliver the Trust objective
- Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
- The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in

line with the Single Oversight Framework

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Quality Committee (November 2017)

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Executive Summary

1. The Trust has reported 11 STEIS incidents
 - a) Duty of candour has been served in all appropriate cases
 - b) Investigations are in progress
2. The Trust has requested 16 internal RCA investigations within the Divisions
3. East Lancashire Hospitals NHS Trust have reported 5 Never events between April 2017 and September 2017 which are:
 - a) Abscess (wrong site surgery)
 - b) Vocal cord (wrong site surgery)
 - c) Lap chole (retained foreign body)
 - d) Varicose veins (wrong site surgery)
 - e) Renal biopsy (diagnostic/wrong patient)
4. and of which:
 - a) 3 have had full investigations undertaken with resultant action plans
 - b) 2 are under investigation and due at Trust SIRI Panel either in November and December
5. National Never Event data shows from April 2017 to September 2017 that 218 incidents have been reported. The Top three categories are:
 - c) Wrong Site Surgery (n=84)
 - d) Retained foreign object post procedure (n=62)
 - a) Wrong implant / prosthesis (n=33)
6. As a result of the feedback from the Never Event investigations the Trust's Serious Incident Investigation process has been further developed and with new flow chart (appendices one)

Part 1: Overview of SIRIS Reported

STEIS SIRIs reported in September and October 2017

7. There have been 11 serious incidents requiring investigation (SIRI) which have been reported through the Strategic Executive Information System (STEIS). Each incident has had a rapid review undertaken which has been copied to our commissioners and regulatory bodies. The Associate Director of Quality and Safety has commissioned a root cause analysis investigation (RCA) for each incident and on completion these will be presented to the SIRI panel. The following table provides an overview of these incidents.

Type of Incident	Number of incidents	Locations	Immediate actions/changes	QI plans in place to address issue
Fall with harm	5	Out patients Ward 16 Ribblesdale Ward AMU A C1	Dr review/ x-rays/ surgery	Falls collaborative harms reduction programme
Failure to respond to deteriorating patient	2	STU C4	Treatment given on recognition of deterioration	Deteriorating Patient Harms reduction programme
Stillbirth / Intrauterine Death	1	Birth Suite	Counselling and condolences	Saving Babies lives/Still Birth harms reduction programme
Breach of confidentiality	1	Public place (involving ICG patients)	Collection of papers to identify total of patients information involved. Scored against ICO toolkit	No QI involvement
Wrong site surgery	1	Theatre 4	Round table meeting	Safer Surgery Harms reduction programme
Diagnostic Error	1	Ultrasound department	Round table meeting Work ongoing with porters and systems around identifying correct patients	No QI involvement

Part 2: Non STEIS SIRIs reported in September and October 2017

8. There were 16 non-STEIS incidents deemed to be SIRI's. A rapid review has been undertaken where further information was required and Duty of Candour completed on all moderate and above incidents in line with trust policy. A full root cause analysis investigations have been requested and once complete will be presented to each divisional SIRG panels. The following table provides an overview of the incidents.

Type of Incident	Number of incidents	Locations	Immediate actions/changes	QI plans in place to address issue
IR1 raised due to complaint around patient care received	1	C3	Investigation to be undertaken	Awaiting RCA
Breach of confidentiality	2	Post-natal ward (x2)	Handover of care of sensitive information to be done away from bedside (if on a bay) Both babies had NIPE reassessment	Information Governance training
Screening incident	1	Antenatal clinic	Blood test carried out once recognised	No QI involvement
Missed diagnosis of cancer	1	C7 (Failure of GP to refer to ENT)	Contact with GP for input to RCA	Awaiting RCA
Labour trauma	2	Birth Suite	Treatment given	Not indicated
Medication error	2 (Both Insulin related)	C6 C8	Medication rectified and observations to be carried out	Medication error harms reduction programme
Slips/trips and falls	1	Postnatal ward	Dr review and scan of	Falls collaborative harms reduction programme

Return to theatre	2	Theatre (x2)	Surgery performed	Not indicated
Self harm	1	B22	Referred to safe guarding	Not indicated
Delay in treatment	3	ED Eye clinic C11	Treatment given once recognised delay	Specific feedback to clinicians involved

Part 3 – Never Events

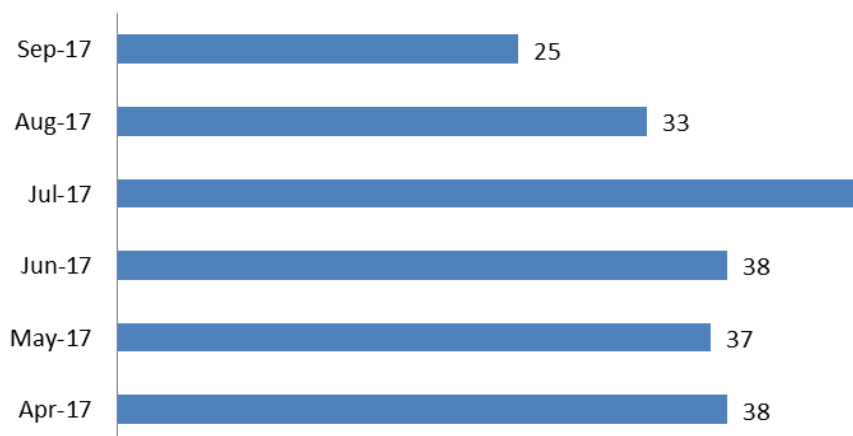
Definition

- Never Events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations. The current Never Events Policy and Framework suggests that Never Events may highlight potential weaknesses in how an organisation manages fundamental safety processes. Never Events are different from other serious incidents as the overriding principle of having the Never Events list is that even a single Never Event acts as a red flag that an organisation's systems for implementing existing safety advice/alerts may not be robust. The concept of Never Events is not about apportioning blame to organisations when these incidents occur but rather to learn from what happened. Identifying and addressing the reasons behind Never Events can potentially improve safety in ways that extend far beyond the department where the Never Event occurred or the type of procedure involved.

National Data (April 1st-September 30th 2017)

- Between 1st April and 30th September 2017 218 Never Events were reported nationally (from various trusts). This information can be found on the NHSI website. A breakdown of each month is noted below:-

Nationally Reported Never Events



*subject to change on completion of local investigations.

Of the 218 never events reported nationally a further breakdown of type of incident as below

Never event	Total
Wrong site surgery	84
Retained foreign object post procedure	62
Wrong implant/prosthesis	33
Wrong route administration of medication	13
Misplaced naso or oro gastric tubes	12
Overdose of insulin due to abbreviations or incorrect device	4
Overdose of methotrexate for non-cancer treatment	4
Transfusion or transplantation of ABO incompatible blood components or organs	2
Falls from poorly restricted windows	1
Failure to install functional collapsible shower or curtain rails	1
Scalding of patients	1
Mis-selection of a strong potassium-containing solution	1
Total	218

*subject to change on completion of local investigations. A further breakdown can be found on NHSI website.

East Lancashire NHS Trust Never Events from 1st April 2017

11. Since April 2017 to current date the Trust has reported 5 never events which are detailed in the below table. A full investigation of each has been undertaken/being undertaken, identifying lessons learnt, recommendation and action plans for all 5 incidents to minimise / prevent these type of incidents from happening in the future.

Event	Duty of Candour	Rapid Review Done	Description	Level of harm caused
Wrong Site Surgery	Yes	Yes	Patient was listed for micro laryngoscopy and right sided vocal cord medialisation. Right side of the face was marked and visible during operation. Material prepped and passed to surgeon and a small portion of this was injected into the left vocal cord. The error was identified straight away and the material was removed with suction before it solidified. Procedure was abandoned and no material was injected into the right vocal cord.	No harm
Wrong Site Surgery	Yes	Yes	Patient was listed and consented for incision and drainage of right gluteal abscess. Patient had multiple abscesses and the wrong abscess was drained due to the wrong positioning of patient prior to surgery. Patient was discharged home after surgery but later telephoned the ward to say the abscess had not been drained.	Moderate
Retained foreign object post procedure	Yes	yes	Patient attended for gall bladder surgery and discharged. Patient then re-attended twice with abdomen pain, on the 2 nd admission a retained foreign body was identified on scan and patient taken to theatre where it was identified that the gall bladder had been left inside in the retrieval bag.	Severe/Major

Event	Duty of Candour	Rapid Review Done	Description	Level of harm caused
Wrong Site Surgery	yes	yes	Patient listed for Right sided RFA and bilateral multiple avulsions. Left RFA was done initial and then continued to do Right RFA (patient would have need this done at a later stage)	No Harm
Wrong Site Surgery	Yes	Yes	Wrong patient taken for ultrasound guided biopsy. Two patients with same name – Patient A on ward as an inpatient and Patient B as a day case	Moderate

External Agencies Communication

12. NHS England's 'Revised Never Events Policy and Framework' (April 2016) describes how Never Events should be reported, investigated and learned from. The Framework describes responsibilities of providers and commissioners.
13. As ELHT has reported 5 Never Events recently, a Single Item Quality Surveillance Group QSG is being held on the 20th November 2017. The purpose of the meeting is to consider recent Never Events that have occurred and actions being taken. Representatives from NHS East Lancashire Clinical Commissioning Group, NHS England, NHS Improvement, Care Quality Commission and local Health watch Organisations will be present at the meeting

Never Event Action Plan Update

14. Of the 5 Never Events, three have been fully investigated and actions plans developed.

Review of Trusts Serious Incident Investigation Process

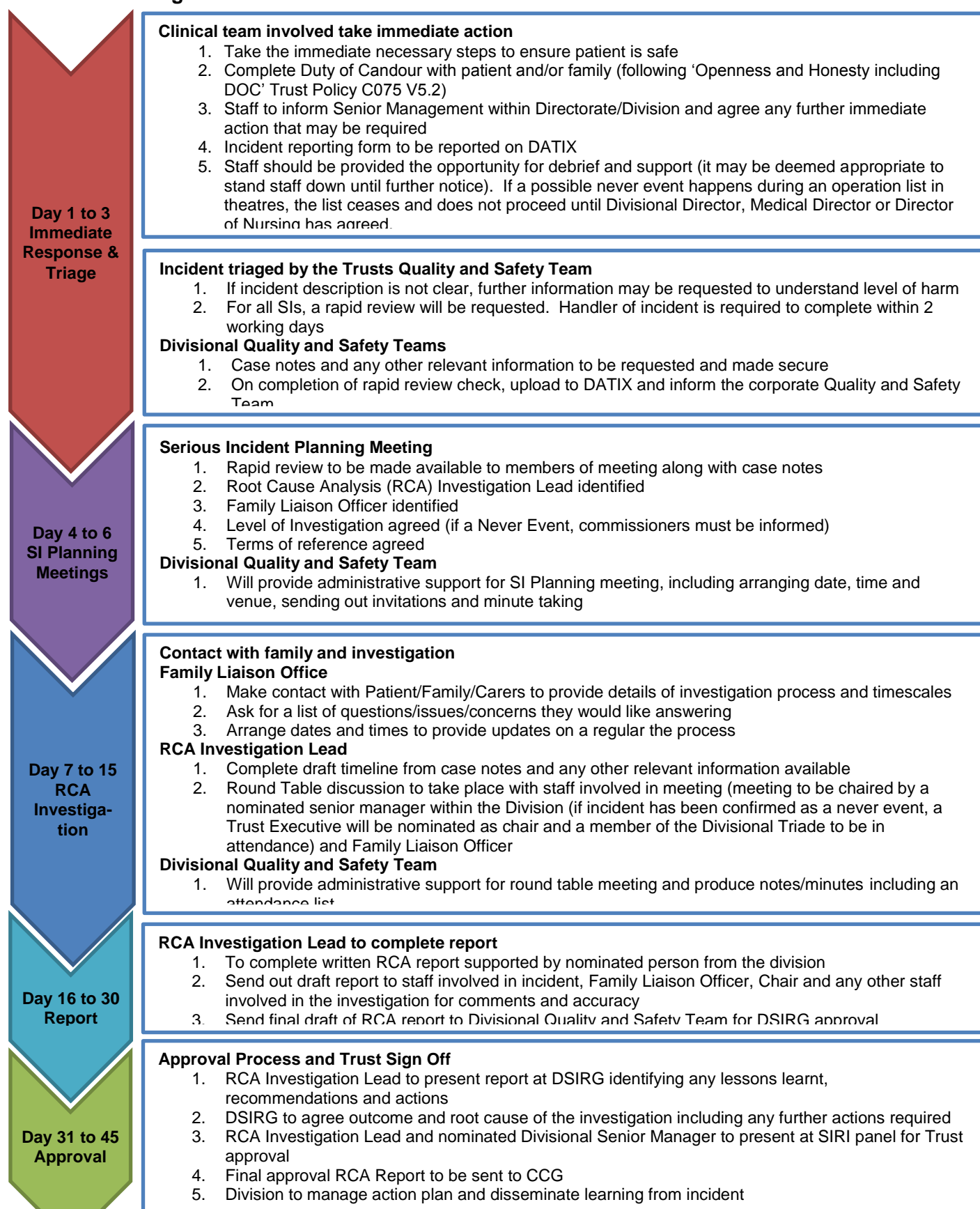
15. The Trust has reviewed and amended the process for the investigation of all Serious Incidents including Never Events on feedback and reflection of current processes. A new flowchart (appendix 1) has been developed which includes:
 - a) A Family Liaison Officer will be appointed and be responsible for ensuring appropriate support is offered to the patient/family/carers and confirming any

questions of concern the family/patient/carers would

like including as part of the investigation and linking in with the investigation lead.

- b) Staff involved in the incident will be required to attend a round table discussion and/or interviews as requested by the Investigation Lead, ideally within 10 working days for a possible Never Event and 15 working days for all other SIs. The release of staff and cover of their duties to attend these meetings should be prioritised with their line manager.
- c) The RCA Investigation Lead will use the information from the round table discussion, interviews with staff, medical records and any other relevant evidence available to complete an RCA investigation and report.
- d) The RCA Investigation Lead (supported by the Divisional Quality and Safety Team) will be responsible for ensuring an appropriate record is kept of all meetings and documentation is kept secure.
- e) The RCA Investigation Lead will present the draft RCA report at the Divisional Serious Incident Reporting Group (DSIRG). The date for meeting will be provided by the Divisional Quality and Safety Team. The purpose of this meeting will be to agree and finalise the report recommendations, and actions, agreeing timescales for completion ready for the report to be presented at the Trusts Serious Incident Requiring Investigation (SIRI) Panel.
- f) The two groups DSIRG and SIRI will review the outcome of the investigation and agree any further actions required in relation to:
 - i. Review of final report to confirm accuracy of facts
 - ii. Agree recommendations including system improvement where appropriate.
 - iii. Review any performance/ capability concerns considered in line with HR procedures and NPSA Incident decision tree (If the individual is a medical trainee this will be discussed further with the Deanery).

Appendix 1: Flowchart Process following a Serious Incident including Never Events



TRUST BOARD REPORT

Item **159**

13 December 2017

Purpose Information

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

Summary:

This report details the background on the guardian role, details of the progress made since the appointed of the new Guardian, numbers of concerns raised, emerging themes and information from the National Guardian Office.

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>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of</p>

failure to fulfil regulatory requirements

Impact

Legal	Yes/No	Financial	Yes/No
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Equality	Yes/No	Confidentiality	Yes/No
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Previously considered by: NA

Raising Concerns Annual Report

Background

1. Following the publication of the Francis Enquiry of Mid Staffordshire NHS Foundation Trust, the National Guardian Office was established in April 2016 with Dr Henriette Hughes being appointed as National Guardian.
2. Sir Francis recommended that Trusts as a minimum should appoint “someone to whom staff can go to, who are recognised as independent and impartial, has authority to speak to anyone within or outside the Trust, is expert in all aspects of raising and handling concerns, has the tenacity to ensure safety issues are addressed and has dedicated time to perform this role”. To date there are 530 Freedom to Speak Up Guardians across 10 regions. 56 of these are within the North West Region.

Introduction

3. The Trust embraced the recommendations from the report and in September 2015 appointed the first Staff Guardian. Following retirement the Trust appointed Jane Butcher who commenced in post on 15th May 2017.
4. This report has been prepared to advise the Board of progress made since the last report to Trust Board in May 2017; the report aims to highlight the number of staff who have raised concerns, emerging themes, actions taken and the latest news from the National Guardian Office.

Terminology

5. Different terminology is used across the Trust to identify concerns or issues that staff/s need addressing, however the Guardian role is to provide support to those who want to raise a concern by either;
 - a) “Speaking Out” when someone raises a concern or what they perceive to be a concern either confidentially or anonymously and or:
 - b) ‘Whistleblowing’ is making a protected disclosure in the public interest and occurs when a member of staff raises a concern about patient safety, a clinical concern, risk, bribery, financial malpractice, a criminal offence or environmental damage that might affect patients.

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

Progress to Date

- 6. The previous Staff Guardian retired on 5th May and the Trust then appointed Jane Butcher as the new Staff Guardian therefore, a new communication strategy has been deployed ensuring staff are aware of this change.
 - a) To raise awareness of the new Staff Guardian role, posters has been placed in key locations on all Trust sites.
 - b) The Guardian will now regularly report to the Sponsor Group, JNCC, HRDBM, and Quality Committee.
 - c) Role and responsibilities and the introduction of the Guardian have been outlined in Trust Newsletter May 2017.
 - d) The Staff App now has a section dedicated to the Staff Guardian
 - e) Press and social media coverage of the role and the introduction of the new Staff Guardian have been published.
 - f) Staff Guardian Section on Corporate Induction continues to be embedded.
 - g) Guardian personally presents her role at Staff Induction weekly
 - h) Staff Guardian monthly walkabout takes place.
 - i) ELHT Staff Guardian on national forum to address Guardian issues.
 - j) Attendance at National Workshop for Staff Guardians in June 2017
 - k) Attendance at National Conference in October 2017
 - l) Guardian appointed as Co-chair for the region for six months then Chair for the following 6 months
 - m) 56 FTSU guardian will be invited to ELHT for the regional meeting on 4th December 2017
 - n) Attends WRES meetings
 - o) Gathers soft intelligence by working closely with Quality and Safety, HR, Unions and Staff Engagement
 - p) Teaching/presenting on the Engaging Managers course

The Second Annual Report - Raising Concerns Report

- 7. This report is the second Trust Report to be produced on raising concerns.

8. Since the Guardian's appointment in May there has been 1 concern raised which was classed as a "whistle blow" which is still on-going to date.
9. There had been 99 formal concerns raised and many informal contacts from May 2017 to October 2017. 26 formal cases are still on-going
10. 14 concerns have been directly linked to Patient Care
11. Emerging Themes: "Potential bullying by the manager" remains the top concern raised and increased from 14 to 27 concerns since the last report. Staff Aggrieved against "HR Processes" has increased and moved to 2nd place from 4 to 15 and "Lack of support from manager" is now the 3rd highest concern raised
12. The Supporting Managers course covers some of the areas identified as themes; however, the Staff Guardian is working closely with the Director of HR & OD to address the communication element of concerns raised in relation to HR procedures.

Address the Themes

13. Standards of Behaviour frameworks are being introduced in areas where there are issues relating to B & H and inappropriate behaviours
14. Close working relationship with the Mediation Manager
15. Reporting to HR Divisional Management Board to share the data with HR colleagues and to address issues collectively where staffs are aggrieved with HR processes.
16. To support managers going forward, a bespoke training programme "Engaging Managers" has been developed. It is a scenario based programme to explore how managers can enhance their skills in supporting staff through effective communication, behaviours and engagement. This has now been running for over a year.
17. The Staff Guardian will now deliver a presentation on this training programme to enable managers to have a better understanding of the Guardian role.
18. The Guardian works closely with the Staff Engagement team to address issue where it is deemed that lack of engagement causes concerns.
19. Monthly workshops are now held with HR, Management, Staff and Union Representatives which the Guardian attends to address the perceived lack of communication that has been identified in certain areas.
20. The Staff Experience Champions are now embedded and the intention is that they will become ambassadors for Freedom To Speak Up

21. Weekly, the Guardian presents at the staff induction to ensure that all staff new to the organisation are aware of the role and how to raise concerns.

National Guardian Office

22. The third Freedom to Speak Up (FTSU) National Conference was to be held in October 2017 in London.
23. 530 FTSU Guardians are now in place throughout 10 regions, 56 FTSU Guardians are within the North West Region
24. The bi-annual regional networking event will be hosted at ELHT on 4th December 2017 which will be co-chaired by Jane.
25. The National Office have made several recommendations in relation to the Guardian post and these have been shared with all CEO. ELHT are meeting the recommendations
26. It is proposed that these recommendation will form part of the Standard NHS Contract going forward
27. Guardians will now play a key part in the CQC inspection/s under the “well-led” domain and will be interviewed by the inspectors.

Recommendation

28. The Trust Board is asked to note progress and approve the content of the report.

TRUST BOARD REPORT

Item **160**

13 December 2017

Purpose Information

Title	Future Hospitals Final Report
Author	Dr John Dean, Deputy Medical Director
Executive sponsor	Dr D Riley, Executive Medical Director

Summary: The Royal College of Physicians published *Future Hospital Caring for Medical Patients* in 2013 which outlined the direction of travel for patient centred coordinated effective care. This included 50 recommendations and 11 principles for care of medical Patients. The Future Hospital Programme which ran from 2014-2017 was a “proof of concept” to work with a small number of trusts, and other focus areas to demonstrate whether these principles could be delivered in today’s NHS. ELHT was selected as one of 8 development sites for the Future Hospital Programme. A programme of work to improve and support care for frail older people across the continuum of care was developed and delivered as part of this in ELHT. This has also increased ELHTs national profile, *Delivering the Future Hospital* is the final report of the Future Hospital programme, including the results of independent evaluation, and recommendations to continue similar programmes of work.

Recommendation: Board of Directors is asked to:

- Note the content and recommendations of Delivering the Future Hospital and ELHT Development site final report.
- Support the principles outlines in Delivering the Future Hospital for other service improvement programmes within ELHT and Pennine Lancashire
- Support the establishment of the Chief Registrar Role within ELHT.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation’s corporate objectives Recruitment and workforce planning fail to deliver the

Trust objective

Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways

The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Pennine Lancashire Frailty Steering Group



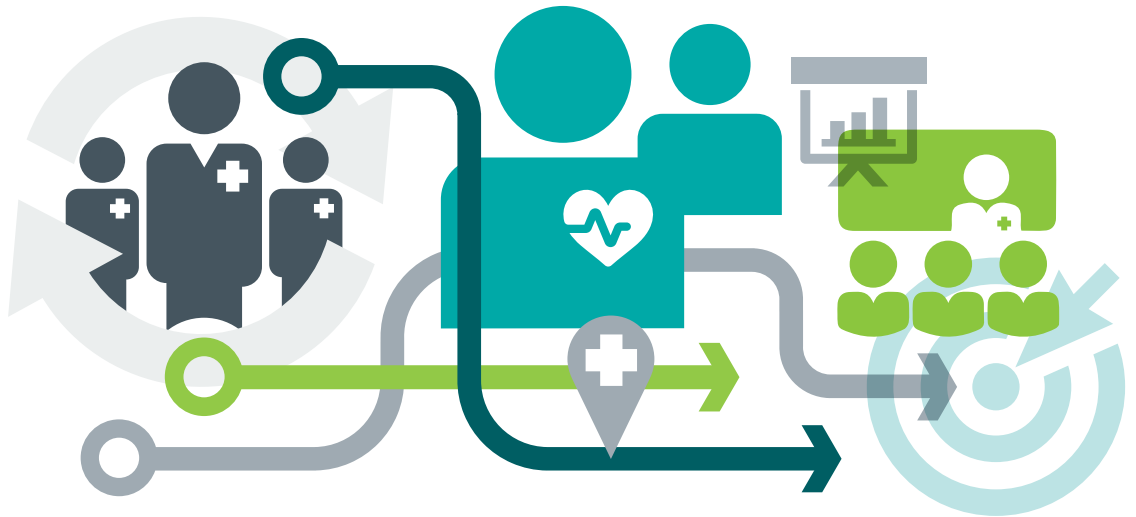
Delivering the future hospital

Executive summary

November 2017

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What was the Future Hospital Programme?

The Future Hospital Programme (FHP) was established by the Royal College of Physicians (RCP) in response to the seminal Future Hospital Commission (FHC) report.¹ The report described a new model of patient-centred care underpinned by a core set of principles and new approaches to leadership and training.

The FHP put this vision into practice with clinical partners across England and Wales in order to evaluate the real-world impact of the FHC's recommendations. At its heart was the need to change and improve services for patients. The FHP demonstrated the RCP's commitment to being part of the wider solution to the challenges being faced by the NHS.



Foreword Jane Dacre, PRCP

Future Hospital: Caring for medical patients was that rare thing in medicine – a report that was radical, engaging and popular, full of new ideas and solutions to the common problems that beset the NHS. The product of 18 months' work by dozens of people, including patients and carers, it outlined a new blueprint for health services – a blueprint that would bring care to the patient where they were in the hospital, and identify and care for deteriorating patients in the community before they needed to go to hospital. It hit the headlines, garnered support from government, the NHS and the health professions, and saw its ideas incorporated into national initiatives such as NHS England's Five Year Forward View.

My predecessor Sir Richard Thompson vowed he would not let the report sit on a shelf, and he was true to his word. The RCP invested in a 3-year Future Hospital Programme (FHP) to implement the recommendations of the report, provide proof of concept and turn the words on paper into real, measurable improvements in patient care. As the RCP president who took over responsibility for its implementation I am proud to say that it has done exactly that – the diverse elements of the programme have shown genuine and replicable successes.

The results – increased patient satisfaction, meaningful patient engagement, saving of money and resources, reduced admissions, patients treated more safely and effectively, increased clinician engagement, higher morale in FHP units leading to easier recruitment, improved self-management of conditions – are impressive and inspiring.

As Sir Richard said in his own foreword to the original report, 'Delivering radical change is not easy. It will mean evolution, difficult decisions and strong leadership.' And so it has proved. Common challenges across the FHP projects included limited resources, staff changes and vacancies, local structures actively hindering new patterns of working, and issues with data collection and sharing. Overcoming these difficulties makes the successes more remarkable.

The FHP demonstrated beyond doubt the value of both small and large investments for improvement projects, the need for strong leadership and inspirational staff who can lift team morale, the value of patient engagement and representation, and the need for stable teams and structures to support change.

Most importantly, we established that we can enact change against the background of the challenges described earlier. We now have a cadre of change champions from across the programme, whose experiences can inform those looking to replicate the improvement projects in their own trusts and community services.

Although the formal FHP is drawing to a close as a separate entity, the learning will be incorporated into the RCP's new Quality Improvement Programme, which will provide support to clinicians and their teams to deliver improvements in care and services. The programme will include a faculty of QI experts, develop training and education in QI, create networks and offer bespoke support to physicians, teams and organisations. The chief registrar scheme, which has been so successful in engaging our trainees in quality improvement programmes, will continue to be supported, with an ongoing network to support career development in QI after leaving the scheme.

I would like to offer my heartfelt thanks to every patient, every health professional, and every manager involved in the programme, for their commitment, their determination and their belief in Future Hospital. It was always about people, and it always will be.

Professor Jane Dacre
RCP President



Foreword Elisabeth Davies, PCN Chair

Patient and public involvement isn't always easy and rarely offers a quick fix solution. If it's going to succeed it often needs the deep-seated commitment of key individuals, working together to deliver a clear and unshakable vision for how services can be made measurably better by involving and engaging service users. It is this commitment – to both involvement and person-centred care – that has been a true hallmark of the Future Hospital Programme (FHP) from the outset.

This commitment has been woven into many of the different projects within the FHP, but there's no doubt in my mind that it's within the development sites that we've come closest to being able to deliver co-production. The RCP Patient and Carer Network (PCN) has been involved not just locally but in the project governance and design, including the recruitment and selection of the sites. It's therefore no surprise that this is the area where patient and public involvement has been most effective and where we've faced some challenges too.

We've seen improved patient experience reported at each development site. Patient representatives (both from the PCN and local lay representatives) have often taken the lead in defining and sometimes even collecting patient experience data. They've helped produce new information leaflets and they've set up new ways of engaging patients, including a Patient Advisory Group. At its best they've been very much equal partners within the quality improvement team.

The challenges they've faced in many ways echo the challenges for the wider development sites. PCN and lay reps have had to deal with the impact of changes to project management teams and losing those staff who have previously championed patient involvement. These factors have a knock-on effect on whether involvement has always felt meaningful and whether it can be embedded into routine practice – this isn't about a 'nice to have' but about the importance of understanding and measuring what matters most to patients.

Are there any surprises in this? Probably not when it comes to the challenges but familiarity doesn't make the learning and reflections set out within this report any less significant or useful.

What I am really struck by is that, as with so many aspects of healthcare, despite the systems and complexities, effectiveness so often comes down to the trust and the relationships that can be established between individuals. In the FHP I have met some exceptional individuals – our PCN development site leads, local lay representatives and clinicians and managers who have demonstrated true leadership and a commitment to improving the quality of what matters most to patients.

Current pressures mean it is more important than ever to design and deliver services based on the needs of patients and carers. This report is a testimony to what can be achieved.

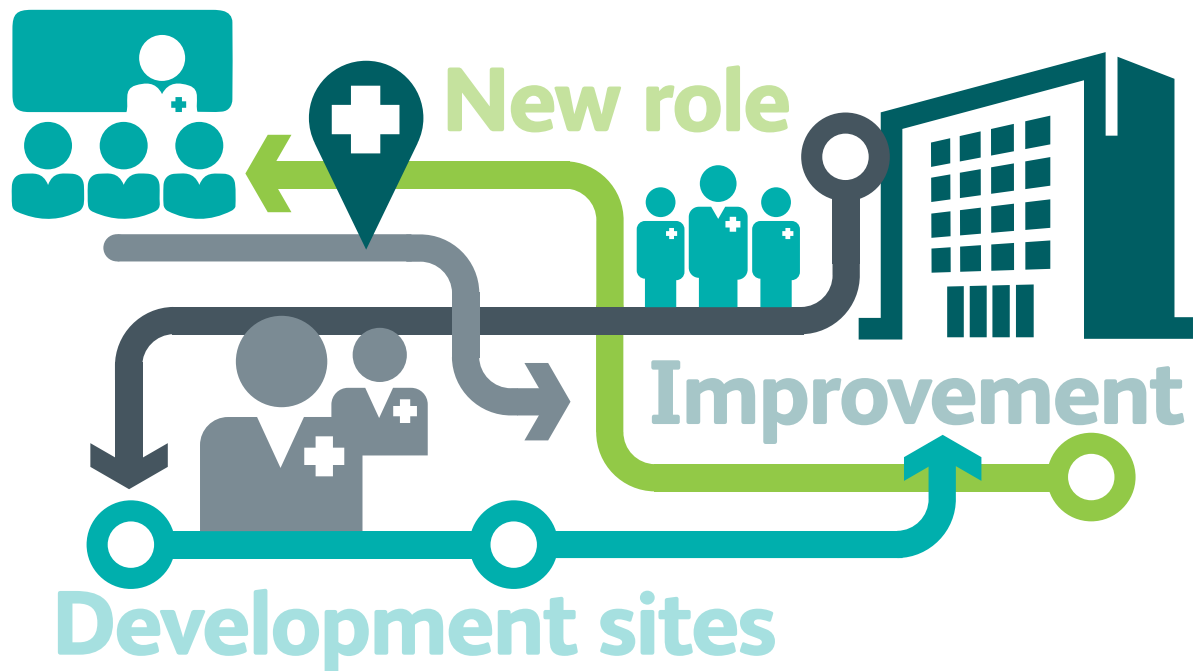
Elisabeth Davies
Chair, RCP Patient and Carer Network

What was different about the FHP?

NHS staff and patients are currently exposed to a raft of service improvement and transformation programmes as healthcare organisations strive to cope with increasing demand and constrained budgets.

The FHP was a new venture for the RCP. It represented a unique, comprehensive programme of activity which included: eight FH development sites (selected, supported local healthcare project teams); a pilot of a new role of chief registrar (a senior clinical leadership role for experienced trainee doctors); and other workstreams relating to person-centred care, young adults and adolescents and integrated care. The FHP:

- > **championed patient experience and patient-centred care throughout, by facilitating leadership by patients, carers and the public and their involvement in service redesign and delivery from the outset**
- > **embedded in clinical practice the FHC 'blueprint' and its 11 principles of patient care'**
- > **applied a standardised approach to measuring the impact of new ways of working through quality improvement methodology**
- > **supported development sites to improve front-line services within existing local resources with no additional transformational funding**
- > **advocated a front-line clinician-led approach to improvement by selecting eight sites with strong, multiprofessional team working and patient engagement, from inception through to implementation**
- > **led on the development of future clinical leaders through a bespoke leadership, management and improvement programme as part of the chief registrar project**
- > **used the expertise, resource and influence of a medical royal college to support improved patient care**
- > **commissioned independent evaluation by academic organisations.**





Key learning

1. Ensure patients and carers are at the centre of healthcare design and delivery

From the outset, the FHP championed patient involvement. Patients were involved in the design and delivery of all development site improvement projects to varying extents. It is recognised that full, meaningful integration of patient representatives into clinical teams remains a challenge. Learning from the development sites showed that successful patient involvement in service design and delivery can be achieved by:

- > harnessing the individual strengths and skills of patient representatives
- > appointing at least two patient representatives to each clinical team and fostering mutual support and cross cover, to maintain continuity and to obtain a wider viewpoint
- > peer support provided by an organised patient group, for example the RCP's Patient and Carer Network (PCN) or National Voices
- > ensuring that clinical teams continuously reflect on, and refine the role of patient representatives
- > identifying a member of the clinical team to act as a main point of contact for patient representatives; ideally, this should be the project lead
- > ensuring that the patient's voice is heard and not marginalised by terminology, clinical decision making, professional relationships and hierarchy.

Development sites benefited from the varied backgrounds and experience of their patient representatives. Patients authored project reports, blogs and journal articles, led the redesign of a website to host resources for clinicians and the public, and presented at FHP learning events.



2. Provide local support for teams to improve patient care in a financially constrained, politically exposed healthcare system.

Almost all development site projects were put at risk or adversely impacted by systemic pressures in their organisation. Unprecedented healthcare demand led to reorganisation and staff redeployment while staff vacancies disrupted teams. These challenges were mitigated by:

- > ensuring board-level sponsorship, support and alignment with wider organisational and health economy priorities from the outset
- > strong clinical and managerial leadership across primary, secondary, tertiary and social care
- > patient involvement at every stage of the project, which engaged and motivated staff and managers and ensured a focus on goals that were meaningful to patients
- > ensuring that wide staff engagement, resilience and morale were top priorities
- > professionals having time, space and support to focus and participate in improvement activities outside of routine clinical practice.

The absence of RCP funding for service provision, or staff recruitment, in development site host organisations meant that improvements were achieved within existing budgets and, consequently, readily sustainable.

One Future Hospital development site team aimed to integrate respiratory services across central and south Manchester. Ensuring staff engagement across two large organisations was crucial for making progress. Regular meetings were held for teams to share ideas and collaborate on how integration would benefit patient care.



3. Develop a collaborative learning structure to enable healthcare teams to successfully implement improvement projects

Over its span, the FHP refined a series of educational and supportive interventions to help individuals and teams successfully implement improvement projects, which included:

- > collaborative learning opportunities
- > sharing project successes and failures both within and outside the FHP
- > fostering a wider community of interest to share best practice and learning
- > building peer support, particularly valued by chief registrars embarking on a unique and new role
- > training in improvement methodology
- > training in developing and implementing patient experience data collection and disseminating this to drive improvement.

The FHP facilitated regular learning events for Future Hospital development sites to meet, share learning, network and find solutions to common challenges, which were highly valued by teams. Likewise, through the Future Hospital chief registrar scheme, chief registrars were encouraged to collaborate and share learning through regular training days held at the RCP.



4. Collect and analyse data to support ongoing improvements to patient care

The FHP provided all development site teams with training and support from experts in quality improvement and data analysis from the outset. Teams which included a local data analyst utilised statistically valid methodology more extensively, with an enhanced ability to demonstrate the impact of their interventions. These analysts helped to upskill clinical colleagues to utilise data to improve the care delivered to patients.

There remains limited expertise in the wider NHS in applying the 'measurement for improvement' model. Significant input is required to:

- > recruit and upskill data analysts
- > embed data analysts into clinical teams at the outset of improvement projects
- > support and train clinical teams to ensure the right data are collected, analysed and interpreted to measure the improvement in care sought
- > support clinical teams in collecting and interpreting patient experience data
- > focus on data that measure the true impact of clinically-led improvement or change
- > focus on data that enable clinical teams to improve patient-centred care and outcomes.

Development site projects adopted the Institute for Healthcare Improvement measurement for improvement model, which includes repeated Plan, Do, Study, Act (PDSA) cycles to drive continuous improvement.

The Future Hospital Programme has demonstrated that a patient-centred approach to improving services can help deliver better care for patients by more motivated, engaged staff.



5. Develop future clinical leaders

Clinical leadership, prestige and professional pride were significant drivers for success throughout the FHP. The chief registrar scheme was launched at a time when medical trainees felt undervalued and morale in the workforce was at an all-time low. The chief registrar pilot demonstrated:

- > the value of the role of chief registrar for individuals, patients, their organisation and the NHS
- > the need for future clinical leaders to have structured leadership, improvement and management training, while remaining engaged in the delivery of acute, front-line care.

Chief registrars are the NHS's future clinical leaders and take a leading role in developing innovative improvement projects that address key local challenges.



6. Partnership working between the RCP and local teams is an effective model for improving aspects of patient care

The FHP was a new initiative for the RCP. The prestige of being badged as part of the RCP's FHP was held in high regard by clinical teams, managers and healthcare boards. Affiliation with the RCP:

- > helped to gain organisation board-level support, which in turn accelerated local decision making processes
- > attracted positive local and national media and political attention which supported dissemination
- > enabled further progress through links with other national NHS organisations (for example the Society of Acute Medicine)
- > facilitated networking, shared learning and structured training
- > provided project management support, with exposure to national clinical leaders and expertise.

The FHP was a new initiative for the RCP. The prestige of being badged as part of the RCP's FHP was held in high regard by clinical teams, managers and healthcare boards.

Successes

The right doctors assessed acutely ill patients early and as close to the hospital front door as possible

Future Hospital projects showed:

- > patients on surgical pathways who had access to acute physicians and geriatricians, used ambulatory care more and had shorter hospital lengths of stay
- > patients receiving comprehensive geriatric assessment from a specialist multidisciplinary team tended to have a shorter length of stay in hospital.



Specialist medical care extended seamlessly into the community so that patients at home, or close to home benefit from integrated specialist and community-based care

Future Hospital projects showed:

- > patients with frailty who received specialist care in the community experienced fewer emergency visits to hospital
- > patients with respiratory illness experienced longer intervals between emergency admissions once specialist services were integrated
- > patients with access to telemedicine were able to receive specialist care in the community, which resulted in reduced travel time and costs for both patients and physicians
- > frail, older patients given enhanced community assessment, experienced a reduction in admissions to hospital due to falls.

Patient experience is valued as much as clinical effectiveness

Future Hospital projects showed:

- > patient representation was embedded in each of the development site teams.
- > local patient representatives were complemented by a member of the RCP's PCN.
- > improved patient experience was reported consistently at each of the development sites.
- > teams needed support to collect and analyse patient experience data in real time.



Staff are supported to deliver safe compassionate care and are committed to improving quality

Future Hospital projects showed:

- > project teams were able to build on their success through the creation of new posts and improved recruitment
- > sites reported improved resilience, staff morale, team working and collaboration across healthcare boundaries. There was also expansion and replication of their projects in new locations.

External recognition

The FHP and its projects were recognised as beacons of excellence.

- > Several of the development sites and the chief registrar project were recognised with national nominations and awards, including the HSJ award for 'Improving Outcomes through Learning and Development'.
- > Project teams were visited by health ministers and members of parliament.
- > The overall FHP won the LaingBuisson award for innovation in care in 2016.



Conclusions

The FHP has demonstrated that a patient-centred approach to improving services can help deliver better care for patients by more motivated, engaged staff. The FHC vision of improving patient care through enhanced access to specialist medical care closer to home and earlier in hospital pathways was realised in part.

Development sites recruited in 2014 showed improvements in the care of frail older people in hospital and community settings. Development sites commencing their projects in 2016 highlighted the promise and initial impact of enhanced joint working across healthcare boundaries for respiratory, allergy and frail and older people services.

Patient involvement

Patient involvement helped to ensure that the improvements reported were meaningful to patients. Successful and effective patient involvement required careful planning and continuing support.

Team morale and resilience

Almost all development site projects were put at risk by relentless systemic pressures in their organisations, leading to staff redeployment and vacancies. Improvement requires resilience and flexibility; projects may evolve in directions that were not foreseen at their inception.

Collecting data for improvement

The IHI improvement methodology was utilised by all development site teams. Those teams with data analysts were able to apply this methodology most effectively. Data analysts should be embedded in front-line clinical teams seeking to improve care. This will ensure that the 'right' data are collected, analysed and appropriately interpreted.

Developing future leaders

The pilot of the role of chief registrar has been a notable success of the FHP. The evaluation from the University of Birmingham provides important insights into its implementation.² The achievements of the first chief registrars have been impressive, leading to wide support and a doubling of recruitment.



Improving future health and care

The findings and learning from the FHP confirm that the RCP is uniquely placed to support physicians to improve patient care through:

- > supporting patients and carers to be members of improvement teams
- > harnessing its national and international prestige to improve patient care
- > facilitating collaborative learning and networking opportunities with peers and experts
- > supporting the development of the next generation of clinical leaders and ensuring today's leaders are equipped with the skills to continuously improve patient care.

References

- 1 Future Hospital Commission. *Future Hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013.
- 2 Exworthy M and Snelling I. *Evaluation of the RCP's Chief Registrar programme: Final report*. Birmingham: University of Birmingham, 2017.

Delivering the future hospital

Executive summary

This report is an account of the successes, challenges and learning from the FHP in the 3 years between 2014 and 2017. Its purpose is to report on the findings of the FHP and its partners.

This report is for healthcare professionals, patients and carers, commissioners and NHS managers.



Royal College
of Physicians



Future Hospital
Programme



Aim

Outline

- 1 develop integrated community care teams to support frail older people
- 2 implement a rapid frailty assessment for frail older people attending hospital as an emergency
- 3 embed holistic care planning for frail older people approaching the end of their lives
- 4 learn from the experiences of patients and families to improve services.

- **Adaptability** to local changes, and embedding the work within them, has brought the current success, and set a platform for the future.
- The sense of being part of a **community of practice** that is testing the real world implementation of the Future Hospital principles has been both invigorating and created resilience in challenging times.
- Recognising that the prominent culture of **care is a continuum** that may include hospital care. This has been exemplified through this work and has influenced organisation and **system culture**.
- Establishing the measures for the process and outcomes of care at the start of the programme or project, alongside robust **project management**, may bring earlier results.
- Keeping **patients at the centre** and embedding your work in the organisation's everyday business.
- By **raising the profile of vulnerable patient groups**, multiprofessional staff are now better coordinated to meet families' needs, and improvements in care are progressing fast.

Methods

1. Developing integrated community-based teams

These teams were developed to support frail and older people within their homes, either preventing admission to hospital or provision of continuing care following initial assessment and care in hospital. This included the following:

- Integrated neighbourhood teams (INT): a case-management approach for high-need individuals, linked to multidisciplinary teams.
- Intensive home support service (IHSS): an urgent multiprofessional support at home to prevent or reduce hospitalisation.
- Intermediate care allocation team (ICAT): a multiprofessional team who coordinate referrals, care planning and packages and monitor service capacity.
- Integrated discharge service (IDS): to signpost, coordinate and progress throughout the patient discharge pathway, acting as a central point of referral, assessment and information, thereby actively reducing length of stay (LOS) in the acute setting.
- 'Home first': a discharge-to-assess approach which was piloted across Pennine Lancashire.

2. Rapid frailty assessment for older people attending hospital as an emergency

A frailty specialty doctor was appointed in August 2016 to lead and provide the medical input for rapid frailty assessment. The multiprofessional team assesses those patients highlighted by emergency department coordinators or who have been 'screened' in the department.

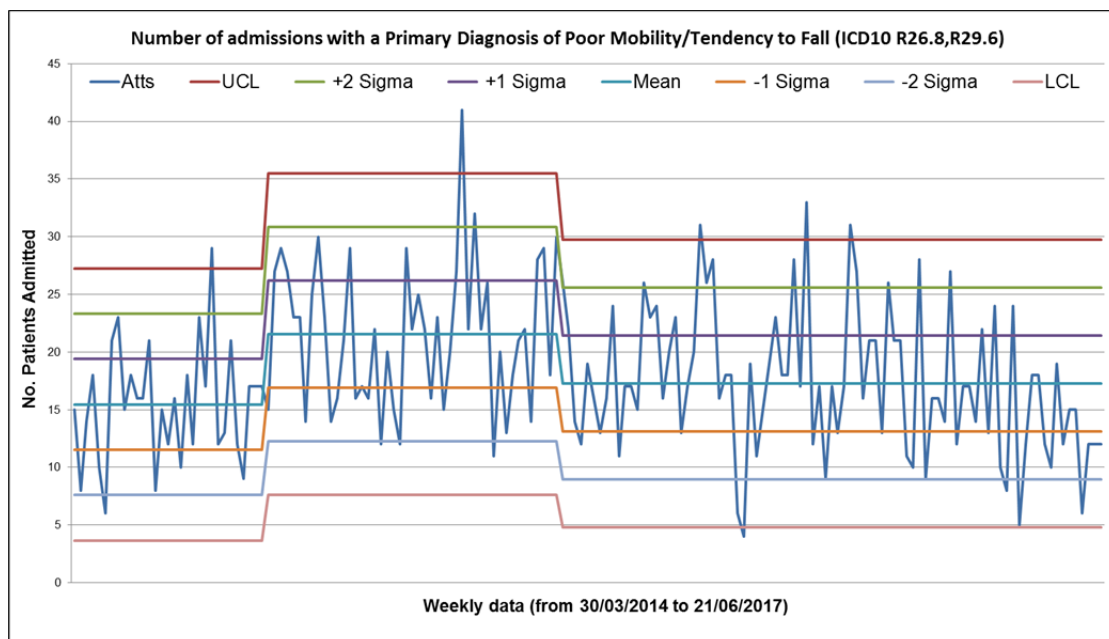
Milestones

- Jul 2013: East Lancashire Hospitals NHS Trust (ELHT) enters special measures.
- Jul 2014: ELHT taken out of special measures.
- Sep 2014: Appointed as an FHP development site.
- Feb 2015: Frailty MDT piloted in medical assessment unit.
- Oct 2015: Expansion of acute medical unit (AMU), to AMU A and AMU B with 82 beds.
- Dec 2015: IHSS and ICAT services commence.
- Feb 2016: IDS commences.
- Mar 2016: Hosted learning event for phase 1.
- Aug 2016: IHSS fully operational. Frailty specialty doctor appointed to lead rapid frailty assessment.
- Oct 2016: Specialty doctor begins working as part of the front door team in the emergency department at Royal Blackburn Hospital.
- Jan 2017: ELHT rated 'good' in Care Quality Commission (CQC) inspection.
- Mar 2017: Pilot of 'discharge to assess' system.

Outcomes

1. Admissions due to falls or poor mobility

There has been a **reduction in admissions to hospital** as a result of falls and poor mobility. This initially coincided with the development of IHSS and INTs, with a trend to further reduction since January 2017. The increase in November 2014 is thought to be due to changes in clinical coding.



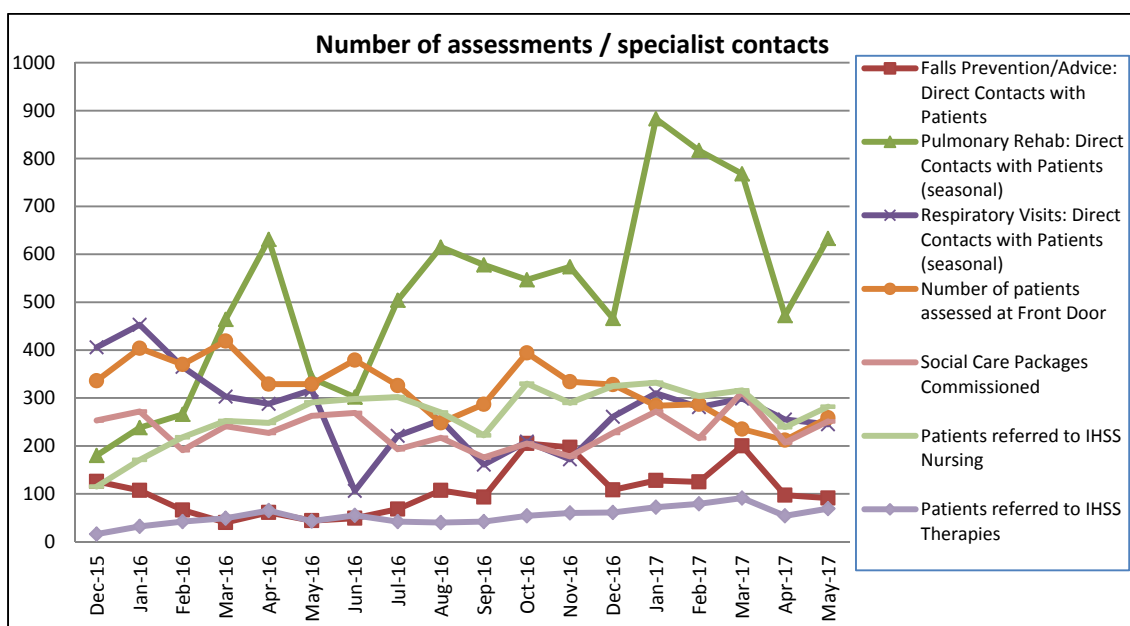
2. Patient experience

Strong themes that emerged from patient experience reporting have been:

- the need for improved information about what care to expect
- the need for greater involvement of families and carers in care
- the importance of other services, eg community pharmacy, ambulance services and voluntary sector
- the importance of good end-of-life care.

3. Impact on community services

Community services have responded to patients' needs, not only those referred from the emergency department, but also patients referred directly from community services, including INTs. A notable **increase in falls prevention advice** and input, together with **fewer but more complex assessments by the 'front door team'**, have been seen.



4. Staff engagement

The introduction of a frailty specialty doctor (FSD) to the front door team has had a **positive impact** on many staff in the emergency department.

- *'The FSD gives me confidence of a safe discharge. They have time to go into detail that I will never have. The team have a familiarity with support services.'*
Emergency department consultant
- *'The FSD gives us confidence to make higher risk decisions and a greater understanding of what can be treated at home. I am reassured that the patient is going to the right place. We now work in a less risk-averse way.'*
Occupational therapist

Successes and challenges

Successes

- ✓ A new approach to using patient experience through structured interviews about the whole experience of care.
- ✓ Standardised patient stories used by teams and leadership to guide and invigorate continuous improvement.
- ✓ Better conversations and care planning have been major outcomes.
- ✓ Improvements in care and experience for frail and older people in their own homes, when attending hospital and during and following a hospital admission.
- ✓ Reduced admission rates for people with mobility problems
- ✓ Consistent use of improvement methodology of small-scale testing and adaptation moving to wider scale implementation.
- ✓ CQUIN (quality funding incentive) negotiated, thanks to status as FHP development site.

Challenges

- Challenging to coordinate and involve multiple stakeholders working across a number of internal and external programmes of work.
- East Lancashire has a complex health and social care economy, with two clinical commissioning groups (CCGs), two community providers and two local authorities.
- Having the workforce resources to deliver the project was not always possible and at times it was demoralising.
- Difficult to retain volunteers to deliver the patient experience elements of the project.
- Issues around governance and competing priorities for the patient experience team and clinical and managerial leads.

Read the full report from East Lancashire's development site team at
www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Dr Ray Hyatt, raymond.hyatt@elht.nhs.uk



Delivering the future hospital Full report

November 2017

Future Hospital Programme

The Future Hospital Programme was established in 2013 to implement the recommendations of the Royal College of Physicians' [Future Hospital Commission](#).

Royal College of Physicians

The Royal College of Physicians (RCP) plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. The RCP provides physicians in over 30 medical specialties with education, training and support throughout their careers. As an independent charity representing more than 34,000 fellows and members worldwide, the RCP advises and works with government, patients, allied health professionals and the public to improve health and healthcare.

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Foreword Jane Dacre, PRCP

Future Hospital: Caring for medical patients was that rare thing in medicine – a report that was radical, engaging and popular, full of new ideas and solutions to the common problems that beset the NHS. The product of 18 months' work by dozens of people, including patients and carers, it outlined a new blueprint for health services – a blueprint that would bring care to the patient where they were in the hospital, and identify and care for deteriorating patients in the community before they needed to go to hospital. It hit the headlines, garnered support from government, the NHS and the health professions, and saw its ideas incorporated into national initiatives such as NHS England's Five Year Forward View.

My predecessor Sir Richard Thompson vowed he would not let the report sit on a shelf, and he was true to his word. The RCP invested in a 3-year Future Hospital Programme (FHP) to implement the recommendations of the report, provide proof of concept and turn the words on paper into real, measurable improvements in patient care. As the RCP president who took over responsibility for its implementation I am proud to say that it has done exactly that – the diverse elements of the programme have shown genuine and replicable successes.

The results – increased patient satisfaction, meaningful patient engagement, saving of money and resources, reduced admissions, patients treated more safely and effectively, increased clinician engagement, higher morale in FHP units leading to easier recruitment, improved self-management of conditions – are impressive and inspiring.

As Sir Richard said in his own foreword to the original report, 'Delivering radical change is not easy. It will mean evolution, difficult decisions and strong leadership.' And so it has proved. Common challenges across the FHP projects included limited resources, staff changes and vacancies, local structures actively hindering new patterns of working, and issues with data collection and sharing. Overcoming these difficulties makes the successes more remarkable.

The FHP demonstrated beyond doubt the value of both small and large investments for improvement projects, the need for strong leadership and inspirational staff who can lift team morale, the value of patient engagement and representation, and the need for stable teams and structures to support change.

Most importantly, we established that we can enact change against the background of the challenges described earlier. We now have a cadre of change champions from across the programme, whose experiences can inform those looking to replicate the improvement projects in their own trusts and community services.

Although the formal FHP is drawing to a close as a separate entity, the learning will be incorporated into the RCP's new Quality Improvement Programme, which will provide support to clinicians and their teams to deliver improvements in care and services. The programme will include a faculty of QI experts, develop training and education in QI, create networks and offer bespoke support to physicians, teams and organisations. The chief registrar scheme, which has been so successful in engaging our trainees in quality improvement programmes, will continue to be supported, with an ongoing network to support career development in QI after leaving the scheme.

I would like to offer my heartfelt thanks to every patient, every health professional, and every manager involved in the programme, for their commitment, their determination and their belief in Future Hospital. It was always about people, and it always will be.

Professor Jane Dacre
RCP President



Foreword Elisabeth Davies, PCN Chair

Patient and public involvement isn't always easy and rarely offers a quick fix solution. If it's going to succeed it often needs the deep-seated commitment of key individuals, working together to deliver a clear and unshakable vision for how services can be made measurably better by involving and engaging service users. It is this commitment – to both involvement and person-centred care – that has been a true hallmark of the Future Hospital Programme (FHP) from the outset.

This commitment has been woven into many of the different projects within the FHP, but there's no doubt in my mind that it's within the development sites that we've come closest to being able to deliver co-production. The RCP Patient and Carer Network (PCN) has been involved not just locally but in the project governance and design, including the recruitment and selection of the sites. It's therefore no surprise that this is the area where patient and public involvement has been most effective and where we've faced some challenges too.

We've seen improved patient experience reported at each development site. Patient representatives (both from the PCN and local lay representatives) have often taken the lead in defining and sometimes even collecting patient experience data. They've helped produce new information leaflets and they've set up new ways of engaging patients, including a Patient Advisory Group. At its best they've been very much equal partners within the quality improvement team.

The challenges they've faced in many ways echo the challenges for the wider development sites. PCN and lay reps have had to deal with the impact of changes to project management teams and losing those staff who have previously championed patient involvement. These factors have a knock-on effect on whether involvement has always felt meaningful and whether it can be embedded into routine practice – this isn't about a 'nice to have' but about the importance of understanding and measuring what matters most to patients.

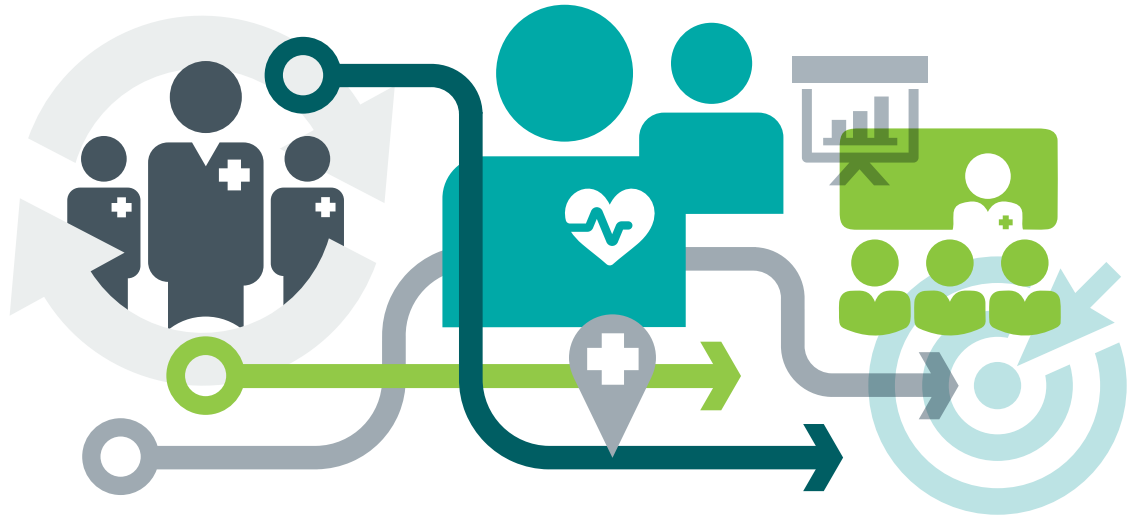
Are there any surprises in this? Probably not when it comes to the challenges but familiarity doesn't make the learning and reflections set out within this report any less significant or useful.

What I am really struck by is that, as with so many aspects of healthcare, despite the systems and complexities, effectiveness so often comes down to the trust and the relationships that can be established between individuals. In the FHP I have met some exceptional individuals – our PCN development site leads, local lay representatives and clinicians and managers who have demonstrated true leadership and a commitment to improving the quality of what matters most to patients.

Current pressures mean it is more important than ever to design and deliver services based on the needs of patients and carers. This report is a testimony to what can be achieved.

A handwritten signature in dark ink, reading 'Elisabeth Davies'.

Elisabeth Davies
Chair, RCP Patient and Carer Network



Summary

What was the Future Hospital Programme?

The Future Hospital Programme (FHP) was established by the Royal College of Physicians (RCP) in response to the seminal Future Hospital Commission (FHC) report.¹ The report described a new model of patient-centred care underpinned by a core set of principles and new approaches to leadership and training.

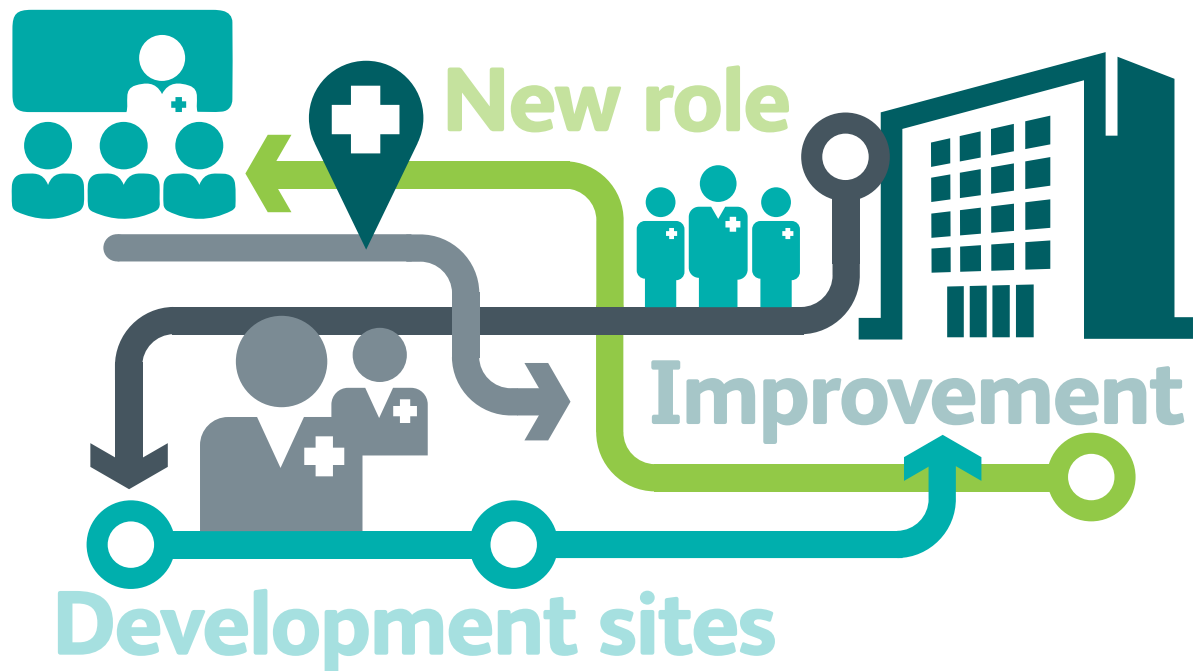
The FHP put this vision into practice with clinical partners across England and Wales in order to evaluate the real-world impact of the FHC's recommendations. At its heart was the need to change and improve services for patients. The FHP demonstrated the RCP's commitment to being part of the wider solution to the challenges being faced by the NHS.

What was different about the FHP?

NHS staff and patients are currently exposed to a raft of service improvement and transformation programmes as healthcare organisations strive to cope with increasing demand and constrained budgets.

The FHP was a new venture for the RCP. It represented a unique, comprehensive programme of activity which included: eight FH development sites (selected, supported local healthcare project teams); a pilot of a new role of chief registrar (a senior clinical leadership role for experienced trainee doctors); and other workstreams relating to person-centred care, young adults and adolescents and integrated care. The FHP:

- > **championed patient experience and patient-centred care throughout, by facilitating leadership by patients, carers and the public and their involvement in service redesign and delivery from the outset**
- > **embedded in clinical practice the FHC 'blueprint' and its 11 principles of patient care'**
- > **applied a standardised approach to measuring the impact of new ways of working through quality improvement methodology**
- > **supported development sites to improve front-line services within existing local resources with no additional transformational funding**
- > **advocated a front-line clinician-led approach to improvement by selecting eight sites with strong, multiprofessional team working and patient engagement, from inception through to implementation**
- > **led on the development of future clinical leaders through a bespoke leadership, management and improvement programme as part of the chief registrar project**
- > **used the expertise, resource and influence of a medical royal college to support improved patient care**
- > **commissioned independent evaluation by academic organisations.**





Key learning

1. Ensure patients and carers are at the centre of healthcare design and delivery

From the outset, the FHP championed patient involvement. Patients were involved in the design and delivery of all development site improvement projects to varying extents. It is recognised that full, meaningful integration of patient representatives into clinical teams remains a challenge. Learning from the development sites showed that successful patient involvement in service design and delivery can be achieved by:

- > harnessing the individual strengths and skills of patient representatives
- > appointing at least two patient representatives to each clinical team and fostering mutual support and cross cover, to maintain continuity and to obtain a wider viewpoint
- > peer support provided by an organised patient group, for example the RCP's Patient and Carer Network (PCN) or National Voices
- > ensuring that clinical teams continuously reflect on, and refine the role of patient representatives
- > identifying a member of the clinical team to act as a main point of contact for patient representatives; ideally, this should be the project lead
- > ensuring that the patient's voice is heard and not marginalised by terminology, clinical decision making, professional relationships and hierarchy.

Development sites benefited from the varied backgrounds and experience of their patient representatives. Patients authored project reports, blogs and journal articles, led the redesign of a website to host resources for clinicians and the public, and presented at FHP learning events.



2. Provide local support for teams to improve patient care in a financially constrained, politically exposed healthcare system.

Almost all development site projects were put at risk or adversely impacted by systemic pressures in their organisation. Unprecedented healthcare demand led to reorganisation and staff redeployment while staff vacancies disrupted teams. These challenges were mitigated by:

- > ensuring board-level sponsorship, support and alignment with wider organisational and health economy priorities from the outset
- > strong clinical and managerial leadership across primary, secondary, tertiary and social care
- > patient involvement at every stage of the project, which engaged and motivated staff and managers and ensured a focus on goals that were meaningful to patients
- > ensuring that wide staff engagement, resilience and morale were top priorities
- > professionals having time, space and support to focus and participate in improvement activities outside of routine clinical practice.

The absence of RCP funding for service provision, or staff recruitment, in development site host organisations meant that improvements were achieved within existing budgets and, consequently, readily sustainable.

One Future Hospital development site team aimed to integrate respiratory services across central and south Manchester. Ensuring staff engagement across two large organisations was crucial for making progress. Regular meetings were held for teams to share ideas and collaborate on how integration would benefit patient care.



3. Develop a collaborative learning structure to enable healthcare teams to successfully implement improvement projects

Over its span, the FHP refined a series of educational and supportive interventions to help individuals and teams successfully implement improvement projects, which included:

- > collaborative learning opportunities
- > sharing project successes and failures both within and outside the FHP
- > fostering a wider community of interest to share best practice and learning
- > building peer support, particularly valued by chief registrars embarking on a unique and new role
- > training in improvement methodology
- > training in developing and implementing patient experience data collection and disseminating this to drive improvement.

The FHP facilitated regular learning events for Future Hospital development sites to meet, share learning, network and find solutions to common challenges, which were highly valued by teams. Likewise, through the Future Hospital chief registrar scheme, chief registrars were encouraged to collaborate and share learning through regular training days held at the RCP.



4. Collect and analyse data to support ongoing improvements to patient care

The FHP provided all development site teams with training and support from experts in quality improvement and data analysis from the outset. Teams which included a local data analyst utilised statistically valid methodology more extensively, with an enhanced ability to demonstrate the impact of their interventions. These analysts helped to upskill clinical colleagues to utilise data to improve the care delivered to patients.

There remains limited expertise in the wider NHS in applying the 'measurement for improvement' model. Significant input is required to:

- > recruit and upskill data analysts
- > embed data analysts into clinical teams at the outset of improvement projects
- > support and train clinical teams to ensure the right data are collected, analysed and interpreted to measure the improvement in care sought
- > support clinical teams in collecting and interpreting patient experience data
- > focus on data that measure the true impact of clinically-led improvement or change
- > focus on data that enable clinical teams to improve patient-centred care and outcomes.

Development site projects adopted the Institute for Healthcare Improvement measurement for improvement model, which includes repeated Plan, Do, Study, Act (PDSA) cycles to drive continuous improvement.

The Future Hospital Programme has demonstrated that a patient-centred approach to improving services can help deliver better care for patients by more motivated, engaged staff.



5. Develop future clinical leaders

Clinical leadership, prestige and professional pride were significant drivers for success throughout the FHP. The chief registrar scheme was launched at a time when medical trainees felt undervalued and morale in the workforce was at an all-time low. The chief registrar pilot demonstrated:

- > the value of the role of chief registrar for individuals, patients, their organisation and the NHS
- > the need for future clinical leaders to have structured leadership, improvement and management training, while remaining engaged in the delivery of acute, front-line care.

Chief registrars are the NHS's future clinical leaders and take a leading role in developing innovative improvement projects that address key local challenges.



6. Partnership working between the RCP and local teams is an effective model for improving aspects of patient care

The FHP was a new initiative for the RCP. The prestige of being badged as part of the RCP's FHP was held in high regard by clinical teams, managers and healthcare boards. Affiliation with the RCP:

- > helped to gain organisation board-level support, which in turn accelerated local decision making processes
- > attracted positive local and national media and political attention which supported dissemination
- > enabled further progress through links with other national NHS organisations (for example the Society of Acute Medicine)
- > facilitated networking, shared learning and structured training
- > provided project management support, with exposure to national clinical leaders and expertise.

The FHP was a new initiative for the RCP. The prestige of being badged as part of the RCP's FHP was held in high regard by clinical teams, managers and healthcare boards.

Successes

The right doctors assessed acutely ill patients early and as close to the hospital front door as possible

Future Hospital projects showed:

- > patients on surgical pathways who had access to acute physicians and geriatricians, used ambulatory care more and had shorter hospital lengths of stay
- > patients receiving comprehensive geriatric assessment from a specialist multidisciplinary team tended to have a shorter length of stay in hospital.



Specialist medical care extended seamlessly into the community so that patients at home, or close to home benefit from integrated specialist and community-based care

Future Hospital projects showed:

- > patients with frailty who received specialist care in the community experienced fewer emergency visits to hospital
- > patients with respiratory illness experienced longer intervals between emergency admissions once specialist services were integrated
- > patients with access to telemedicine were able to receive specialist care in the community, which resulted in reduced travel time and costs for both patients and physicians
- > frail, older patients given enhanced community assessment, experienced a reduction in admissions to hospital due to falls.

Patient experience is valued as much as clinical effectiveness

Future Hospital projects showed:

- > patient representation was embedded in each of the development site teams.
- > local patient representatives were complemented by a member of the RCP's PCN.
- > improved patient experience was reported consistently at each of the development sites.
- > teams needed support to collect and analyse patient experience data in real time.



Staff are supported to deliver safe compassionate care and are committed to improving quality

Future Hospital projects showed:

- > project teams were able to build on their success through the creation of new posts and improved recruitment
- > sites reported improved resilience, staff morale, team working and collaboration across healthcare boundaries. There was also expansion and replication of their projects in new locations.

External recognition

The FHP and its projects were recognised as beacons of excellence.

- > Several of the development sites and the chief registrar project were recognised with national nominations and awards, including the HSJ award for 'Improving Outcomes through Learning and Development'.
- > Project teams were visited by health ministers and members of parliament.
- > The overall FHP won the LaingBuisson award for innovation in care in 2016.



Conclusions

The FHP has demonstrated that a patient-centred approach to improving services can help deliver better care for patients by more motivated, engaged staff. The FHC vision of improving patient care through enhanced access to specialist medical care closer to home and earlier in hospital pathways was realised in part.

Development sites recruited in 2014 showed improvements in the care of frail older people in hospital and community settings. Development sites commencing their projects in 2016 highlighted the promise and initial impact of enhanced joint working across healthcare boundaries for respiratory, allergy and frail and older people services.

Patient involvement

Patient involvement helped to ensure that the improvements reported were meaningful to patients. Successful and effective patient involvement required careful planning and continuing support.

Team morale and resilience

Almost all development site projects were put at risk by relentless systemic pressures in their organisations, leading to staff redeployment and vacancies. Improvement requires resilience and flexibility; projects may evolve in directions that were not foreseen at their inception.

Collecting data for improvement

The IHI improvement methodology was utilised by all development site teams. Those teams with data analysts were able to apply this methodology most effectively. Data analysts should be embedded in front-line clinical teams seeking to improve care. This will ensure that the 'right' data are collected, analysed and appropriately interpreted.

Developing future leaders

The pilot of the role of chief registrar has been a notable success of the FHP. The evaluation from the University of Birmingham provides important insights into its implementation.² The achievements of the first chief registrars have been impressive, leading to wide support and a doubling of recruitment.



Improving future health and care

The findings and learning from the FHP confirm that the RCP is uniquely placed to support physicians to improve patient care through:

- > **supporting patients and carers to be members of improvement teams**
- > **harnessing its national and international prestige to improve patient care**
- > **facilitating collaborative learning and networking opportunities with peers and experts**
- > **supporting the development of the next generation of clinical leaders and ensuring today's leaders are equipped with the skills to continuously improve patient care.**

References

- 1 Future Hospital Commission. *Future Hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013.
- 2 Exworthy M and Snelling I. *Evaluation of the RCP's Chief Registrar programme: Final report*. Birmingham: University of Birmingham, 2017.

Background

Future Hospital Commission

[Hospitals on the edge? The time for action](#)¹ and the [Francis Inquiry report](#)² set out stark evidence of the critical pressures on acute medical services in the NHS. In response, the RCP set up the Future Hospital Commission (FHC) to address these concerns.

What emerged from the FHC was a compelling and ambitious report, [Future Hospital: caring for medical patients](#) (2013), which was welcomed across the professional, political and policy community and described by the editor of *The Lancet* as ‘the most important report in British medicine in a generation’.³

In its report, the FHC described a vision for comprehensive care for medical patients based on 11 principles of patient care, setting out a radical new model of care designed around the needs of patients, with clear lines of responsibility across professional and healthcare boundaries.

11 principles of patient care

The programme is underpinned by 11 principles of care around which healthcare should be designed:

- 1 Fundamental standards of care must always be met
- 2 Patient experience is valued as much as clinical effectiveness
- 3 Responsibility for each patient’s care is clear and communicated
- 4 Patients have effective and timely access to care
- 5 Patients do not move wards unless this is necessary for their clinical care
- 6 Robust arrangements for the transfer of care are in place
- 7 Good communication with and about patients is the norm
- 8 Care is designed to facilitate self-care and health promotion
- 9 Services are tailored to meet the needs of individual patients, including vulnerable patients
- 10 All patients have a care plan that reflects their individual clinical support needs
- 11 Staff are supported to deliver safe compassionate care and are committed to improving quality.

Despite its title, the FHC goes far beyond the hospital, considering how specialist medical care extends into the community and interfaces with primary, community and social care.

Innovation and changes to service delivery are familiar to all NHS staff, driven by rising demand and increasingly constrained resource. What set the FHC apart from other initiatives was its scope, comprehensive nature, and the willingness of an authoritative professional body to directly address multiple critical pressures compromising the medical care of acutely ill patients.

FHC: recommendations

The FHC made a total of 50 recommendations relating to the organisation of acute medical care. At its core, the FHC proposed:

- a comprehensive model of acute medical care underpinned by 11 principles of patient care
- patients and their medical and support needs must be at the centre of how services are organised and delivered
- patients must be involved in service design and delivery
- specialist medical care must be available to patients irrespective of where they are, either in hospital or in the community
- patient experience must be valued as much as other outcomes
- the measurement of patient outcomes, including patient experience of care, must be embedded into clinical practice and drive improvement initiatives
- a renewed emphasis on training and leadership, embodied in the post of chief registrar
- prioritisation of self-management and shared decision making
- special provision with services for vulnerable patients, including frail and older patients, and young adults and adolescents.

Principles of patient involvement and representation

Patients helped to shape the FHC report recommendations and, naturally, patient involvement is at the core of the Future Hospital Programme (FHP). Since its inception, the FHP has worked closely with the RCP's Patient and Carer Network (PCN) to realise its aims of ensuring patients are at the heart of healthcare services. The PCN's aim is to ensure that patients' and carers' voices are at the centre of all of the RCP's work.

Comprehensive patient involvement within the FHP is most apparent in the eight Future Hospital development site projects. Selected to work in collaboration with the FHP, the development site teams exemplify the FHP's commitment to promoting the message that patient experience is valued as much as clinical effectiveness, good communication with and about patients is the norm and services are tailor-made to meet the needs of individuals.

Future Hospital Programme

Establishment and funding

Following the publication of the FHC report, the RCP committed to testing the recommendations of the FHC and to fund this programme over a 3-year period. The cost of the programme to the RCP was just under £2 million.

In addition, grants were awarded from the Lord Leonard and Lady Estelle Wolfson Foundation to the integrated diabetes care project, and the transition services for young adults and adolescents project. The shared decision making project and the supported self-management projects were supported by grants from the Health Foundation.

Although the RCP worked in close partnership with clinical teams in England and Wales to implement new ways of delivering patient care, no funding by the RCP was provided directly to partner healthcare organisations to bolster service provision. Clinical sites that demonstrated improvements in the quality of care achieved this within existing NHS budgets. The costs to the RCP of this partnership working related to central project support, provision of expertise (eg data analysis) and activity related to collaborative learning, networking and peer support.

The Future Hospital Programme

The FHP was a multifaceted approach to implementing and evaluating the recommendations of the FHC report. This was achieved through the following workstreams.

1. Supporting local teams to deliver improvement

The FHP worked with eight **Future Hospital development sites** comprising multidisciplinary teams of physicians, nurses, managers, allied health professionals, social workers and patients on discrete projects aligned to the vision of the FHC. The sites were recruited in two phases: phase 1 in October 2014 and phase 2 in March 2016.

- **Phase 1** sites focused on improving the care of frail and older people.
- **Phase 2** sites focused on implementing integrated care models to support varied cohorts of patients.

The FHP also supported a clinical and research team in developing and implementing an **integrated service model for diabetes care in Oxfordshire**.

2. Developing future clinical leaders

Through the **Future Hospital chief registrar scheme**, the FHP implemented a key recommendation of the FHC: to establish new, senior leadership roles for trainee physicians. The chief registrar pilot, run during 2016/17, determined the skills, protected time and training needed to support this new leadership position.

3. Providing a platform to showcase innovation and learning

Future Hospital Partners Network: An active and evolving community of people who are champions for the Future Hospital model.

Tell us your story: Through the *Tell us your story* initiative, the FHP published online stories of clinically-led service improvement in the NHS.

Review of integrated care: The FHP commissioned a review of [current models of integrated diabetes care](#)⁴ – this was published in February 2016.

Shared decision making and support for self-management: In 2013, the RCP published a position statement and established a project to promote shared decision making and support for self-management. Subsequently, the FHP prioritised these recommendations in the development site projects.

Transition services for young adults and adolescents: The FHP commissioned a review of transition services within adult medical specialties which resulted in the publication of [an RCP toolkit](#) (*Acute care toolkit 13: Acute care for adolescents and young adults*)⁵ raising awareness of the issues related to caring for young adults and adolescents with long-term, complex conditions.

Patient involvement: learning

The FHP championed patient involvement in the design of services from the outset, advocating the inclusion of at least one, and ideally two, lay person representatives in the development site project teams. Local representatives were supported by a member of the PCN, who also acted as a link to the FHP team and the RCP.

Development sites were selected for involvement in the FHP, based on their ability to demonstrate existing and on-going commitment to patient involvement. Teams were also encouraged to consider when a larger cohort of patients was required to inform service design, for example through patient focus groups or co-production events.

Each development site involved patients in different ways and with varying levels of activity and output. Although patient involvement is widely advocated, several challenges characterise its effective implementation in clinical practice. Below are aspects of patient involvement successfully exemplified in practice by development sites and some of the challenges teams faced.

Successes

✓ **Co-designing services with patients**

Development sites sought to engage with public and patients at the outset, to ensure services were designed in line with patients' true needs.

The central and south Manchester development site held two co-design days that brought together multiprofessional teams alongside patients.

✓ **Giving patients a voice**

As equal members of project teams, patient representatives were encouraged to have an active and valued voice in decision making.

At the north-west Surrey site, patients played an important role in the implementation and management of the newly formed Patient Advisory Group. This group contributed to the development of the Bedser Hub; a bespoke, single-site healthcare facility.

✓ **Directly improving care for patients**

As patients and carers, lay representatives are aware, first-hand, of the changes needed to improve patient care and, in some cases, are well placed to coordinate the change.

In the North West Paediatric Allergy Network team, the local patient representative led the development of the new patient zone of the network's website. The patient representative and linked PCN member at Mid Yorkshire Hospitals were central to the production of a new patient information leaflet after identifying, from patient experience interviews, a lack of understanding by patients of who was responsible for their care.

✓ **Putting the FHC principles of patient care into practice**

Patient representatives and PCN members were encouraged to help ensure project teams were guided by the FHC principles for patient care.

As a result of patient involvement in the East Lancashire development site team, the project team now interview patients in their own homes to [collect patient experience stories](#). Clinical teams use the results to continue to learn and improve services.

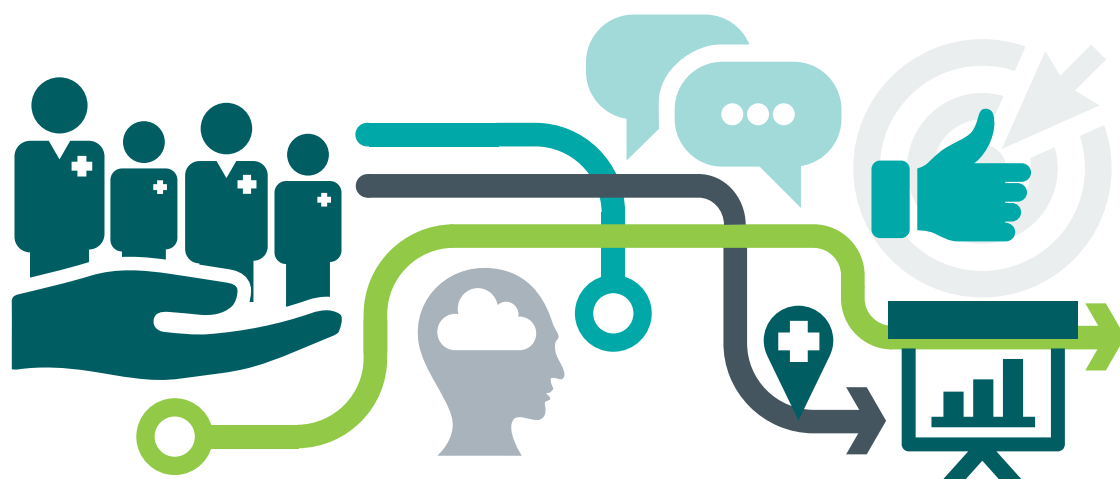
✓ **Recognition for patient representatives**

At Mid Yorkshire, the dedication of patient volunteers locally was recognised by the trust with a nomination in the annual 'Volunteer Team of the Year' awards. This has led to a greater awareness and recognition within the wider trust of how patients and carers are contributing to the provision of high-quality patient care.

- ✓ **Building an improvement network**
Patient representatives and PCN members are now part of a wider network of improvement advocates through their involvement in the FHP. Patients valued the opportunity to meet and connect with the wider Future Hospital development site network.

Challenges

- **Making patient involvement meaningful**
Achieving full integration and acceptance of patients as team members has not been easy. Setting up and maintaining effective patient involvement in a team requires a lot of work, attention and commitment. Even with strong support from the PCN and RCP, site teams achieved varying levels of success. For example, while clinical teams have multiple opportunities in the working day to meet and discuss project progress, patient representatives have to catch up more formally through scheduled meetings.
- **Involving patient champions**
A patient involvement champion (a member of staff) is essential to ensure that team decision making is fully inclusive. Without a person in the team and organisation who is a champion for active involvement of patients/carers, it is all too easy for patients to be kept out of the loop, albeit unintentionally.
- **Changes to project management and team structure**
Complex projects extending over several years need effective and consistent team membership and project management. Some of the greatest challenges teams faced were when the team structure and/or membership changed. In some instances this had a profound impact on local and PCN patient representatives who are not based in the hospital day-to-day.
- **Changes in patient representation**
Patients and clinicians worked on the FHP projects in addition to their other 'day' jobs and responsibilities. At times, patient/carer representatives were dealing with their own health issues or caring responsibilities which prevented their continuing involvement in the FHP. In recognition of this, it was recommended that each project included two patient representatives – both to share the burden of the role and provide mutual support.



Chapter 1

Supporting local teams to deliver improvement

The major clinical workstream of the FHP has been supporting local teams to deliver projects aligned to the vision and recommendations of the FHC. This chapter includes findings and learning from:

- > eight Future Hospital development sites: teams of allied health professionals, social care colleagues and patients leading local improvement projects
- > a project team in Oxfordshire, working to integrate diabetes services across the region.

Future Hospital development sites

The FHP set out to implement the FHC vision of improving care for acutely ill medical patients. Fundamental to this was organising services around the needs of patients and bringing specialist care closer to the patient, irrespective of where they are in hospital or in the community.

The RCP invited NHS-wide, clinically-led, multidisciplinary teams to apply to become FHP development sites, to implement the FHC recommendations that related directly to the provision of patient care. Applicants were required to:

- provide details of their projects and how these aligned with the 11 principles of the FHC
- demonstrate involvement of patient representatives in design and implementation
- have a local, board level executive sponsor.

For phase 1 sites (recruited in October 2014) the topic was open. However, all four of the successful applications focused on *improving care for frail and older patients*, reflecting the largest demographic of patients using NHS acute medical services. For phase 2 the call was specified as projects focusing on *integrated care* and four sites were recruited in March 2016.

Phase 1

- **Worthing Hospital**
The Worthing emergency floor project brought acute medical, surgical and care of the elderly teams together with standardisation of clinical pathways for emergency admissions.
- **East Lancashire Hospitals NHS Trust**
The East Lancashire team developed integrated community-based teams to support frail older people within their homes, either preventing admission to hospital or providing continuing care following assessment and care in hospital.
- **The Mid Yorkshire NHS Hospitals Trust**
Mid Yorkshire's 'REACT' team is dedicated to ensuring that patients with frailty and complexity are appropriately assessed when they arrive at hospital, by geriatricians at the traditional 'front door' areas.
- **Betsi Cadwaldr University Health Board**
Betsi increased access to specialist outpatient consultations through telemedicine for frail and older patients in rural north Wales, to ensure they took place as close to home as possible.

Phase 2

- **Central and south Manchester**
The team developed integrated respiratory services across central and south Manchester.
- **North-west Surrey**
By developing dedicated locality 'hubs', the north-west Surrey team aimed to deliver the best possible outcomes for the older population.
- **The North West Paediatric Allergy Network (NWPAN)**
Working with healthcare staff, families and the public, NWPAN aimed to deliver more effective and timely care for children with allergies.
- **Sandwell and West Birmingham**
Developing and delivering physician-led integrated services for respiratory patients in Sandwell and West Birmingham.

FHP support for the development sites

The FHP tailored its support to the needs of each development site. However, the following interventions were common to all.

- **Patient involvement**
The FHP supported sites in engaging local patient representatives in improvement projects.
- **RCP Patient and Carer Network (PCN)**
The PCN identified representatives to 'buddy' local patient representatives. PCN representatives supported the local patient representatives, many of whom were new to working with clinicians on projects and participating in project teams.
- **Clinical leadership**
Two Future Hospital officers (consultant physicians) provided support to site teams. Particular support was given to clinical leads who led FHP projects in addition to their existing acute service leadership roles.
- **Learning events**
At regular 'learning events', site teams were given space and time to network with and learn from each other, reflect on their progress, and set ambitions for the future. Learning events were attended by patient representatives and PCN 'buddies'.
- **Progress reporting**
Development sites submitted regular progress reports to the FHP team. The frequency of reporting was revised over time. Annual reports were prepared at the end of 2015 (phase 1 only), and 2016 (phases 1 and 2), with feedback provided by the central FHP team to provide encouragement, address concerns and focus the teams' priorities.
- **Data analysis advice and support**
Sites were supported in data collection, analysis and reporting. The FHP facilitated the support of a dedicated NHS analyst to help sites to use data for improvement.
- **QI methodologies**
Sites were supported by the FHP to lead service improvement projects using quality improvement (QI) methodologies. All sites collected patient experience outcomes data and received advice on how to obtain and use this.
- **Project management support from the FHP team**
Two FHP coordinators were responsible for supporting four development site projects each. They arranged monthly telephone calls with clinical leads and were in regular contact with patient representatives (local and PCN) to offer guidance in identifying and solving challenges.
- **Speaking, networking and collaboration opportunities**
The FHP identified speaking opportunities for development site teams at national and international conferences to raise the profile of their projects. The FHP also introduced site teams to other health organisations, for example NHS 111 (North West) and The Chartered Society of Physiotherapy.
- **Affiliation with RCP**
All development site projects were officially affiliated with the RCP. This status gave the teams credibility and prestige within and outside their organisations.



Worthing Hospital

Aim

To dissolve traditional boundaries within the hospital and between primary and secondary care to improve the experience for patients.

Outline

The Worthing emergency floor combines an acute medical unit, an acute frailty unit and a surgical assessment unit in a medium-sized district general hospital. The teams set out to:

- 1 improve patient flow and experience
- 2 reduce length of stay in hospital and limit readmissions rates
- 3 improve patient and staff satisfaction
- 4 improve the training environment for staff
- 5 increase the use of ambulatory care.

Key messages

- **Co-location of acute admission units** delivers significant benefits to patients and the system.
- Having all new **admissions in one area** makes transfers of care easier.
- **Regular feedback** to staff on patient experience is essential.
- Reporting on **waiting times** is helpful and reflects process, experience and outcomes.
- An organisational **culture of continuous improvement** is essential to achieving change.
- Regular **multidisciplinary team meetings** help to build new processes.

Methods

1. The emergency floor concept

The Worthing emergency floor project combined an acute medical unit and a surgical assessment unit and co-located them with an acute frailty unit in a medium-sized district general hospital. It focused care around the patient regardless of the route of access or specialty requirement of the patient.

2. Multidisciplinary working

- Daily emergency floor safety huddle.
- Daily 11am multidisciplinary team (MDT) board round.
- Daily ward input from physiotherapy, psychiatry, social work, intermediate care and dietitians.
- Daily specialist medical input from neurology, palliative care, oncology and cardiology.
- Regular multidisciplinary Emergency Floor Operational Group (EFOG) meetings.

3. Use of e-whiteboard

All patients arriving on the emergency floor are entered on an e-whiteboard. This electronic patient list allows data collection for tracking times, consultant review and location of patients.

4. Increased utilisation of Ambulatory Care Area (ACA)

Use of the ACA continues to expand, particularly for surgical care, posing some challenges to space and staff resource. The potential for over 30% of all attendances to be managed through ACA results in bed-saving.

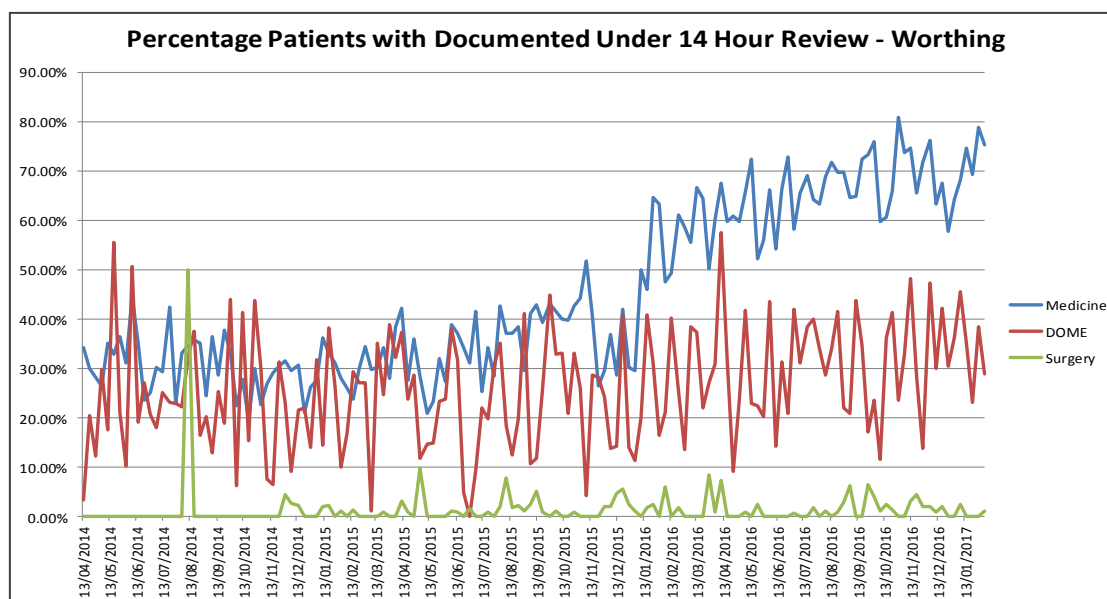
Milestones

- Sep 2014: Appointed as an FHP development site.
- Dec 2014: Worthing emergency floor opens.
- Apr 2015: Introduction of daily monitoring safety huddles.
- Aug 2015: Acute care foundation programme is launched.
- Oct 2015: Project manager leaves team: no replacement made.
- Dec 2015: Hosted a learning event for phase 1 sites.
- Jan 2016: Acute medicine consultant rota changed: 8am–7pm cover, 7 days a week.
- Apr 2016: Worthing Hospital awarded 'outstanding' rating in (Care Quality Commission) CQC inspection.

Outcomes

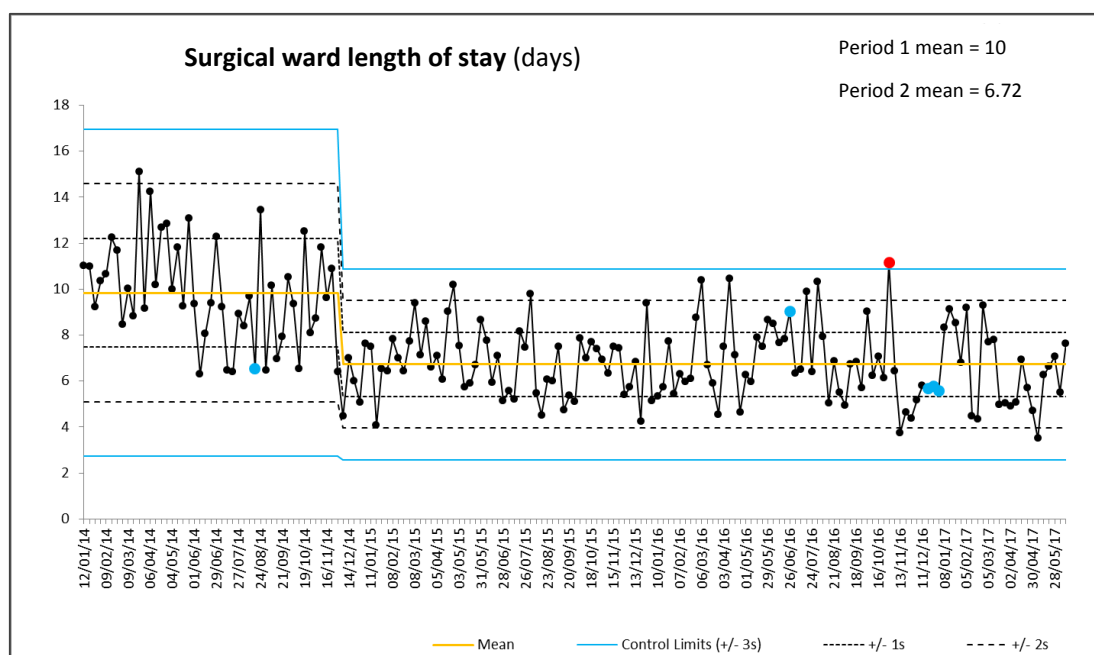
1. Time to review

The importance of rapid access to the 'right person,' helped to deliver **improvements to patient experience** in parallel with **improved clinical effectiveness**. The graph below reflects a change in the medical consultant rota and the fact that surgical teams have not been using the e-whiteboard to record these data.



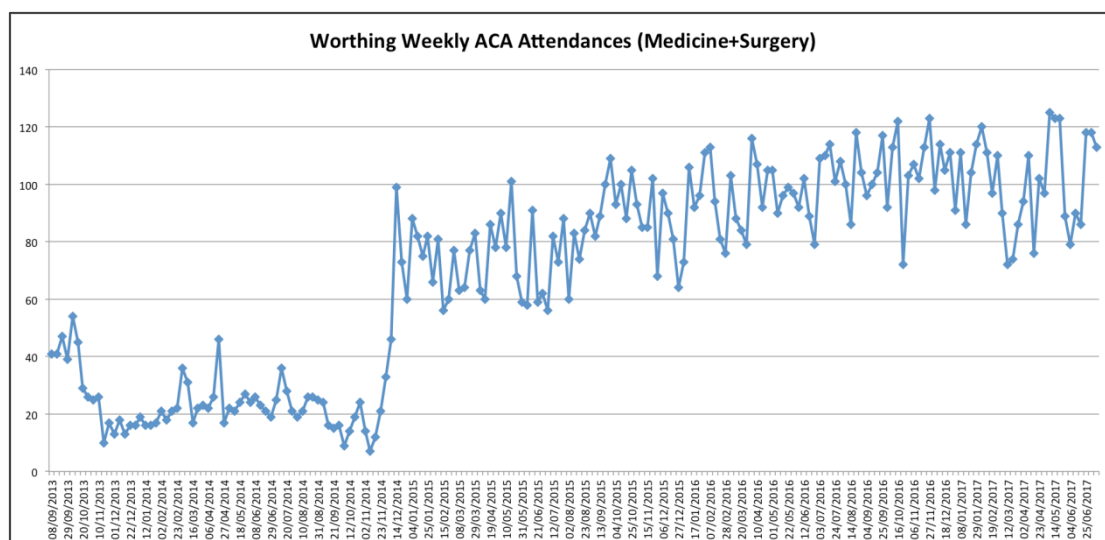
2. Length of stay

The most important measurable impact of this project has been on the pathway, process and flow for surgical patients. As soon as the ambulatory care area opened, it became clear that many patients previously admitted under surgical teams could be seen and cared for in the ambulatory setting.



3. Ambulatory care

The Ambulatory Care Area (ACA) has advanced significantly over the past 5 years and played a major role in the success of the emergency floor project. It is likely that this has been the single most important factor in **reducing admissions to the hospital** and particularly so for surgical patients.



Successes and challenges

Successes

- ✓ Decreased average length of stay, particularly for surgical patients.
- ✓ No increase in mortality or readmission rates.
- ✓ Good feedback from friends and family, despite significant service pressures.
- ✓ Excellent MDT community of hard-working and committed professionals who work together, with the common purpose of providing the absolute best experience and care for each patient.
- ✓ Cultural shift to a clear engagement with the process of improvement, learning, adapting and reviewing.
- ✓ Clinical outcomes and patient experience measured, evidenced and re-enforced regularly.
- ✓ Successes and failures demonstrated in regular reporting of an agreed set of metrics.
- ✓ Any patient on the emergency floor who requires a comprehensive geriatric assessment now has this on the day of admission.
- ✓ All foundation trainees rotate as an 'emergency floor doctor' in their first year; an excellent opportunity to develop a wide range of generalist and practical skills spanning medicine, surgery and care of older people.

Challenges

- Opening the emergency floor in the month of December (2014) was challenging; there was high demand and system-wide discharge challenges resulting in significant pressures.
- A planned patient forum was not set up due to lack of administrative resources.
- A change in the organisation of frailty nursing staff posed a challenge for coordinators who manage beds and liaise with the community services.
- The national shortage of nursing staff has been a significant challenge to recruitment.

Read the full report from Worthing's development site team at:

www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Dr Roger Duckitt, roger.duckitt@wsht.nhs.uk



East Lancashire Hospitals NHS Trust

Aim

To deliver better, personal, effective care for frail and older people closer to home where safe and appropriate.

Outline

The Future Hospital development site work at East Lancashire is a core component of the Pennine Lancashire Transformation Programme 'together a healthier future'. As one of six health improvement priorities and part of the trust's emergency care system transformation programme, the project team set out to:

- 1 develop integrated community care teams to support frail older people
- 2 implement a rapid frailty assessment for frail older people attending hospital as an emergency
- 3 embed holistic care planning for frail older people approaching the end of their lives
- 4 learn from the experiences of patients and families to improve services.

Key messages

- **Adaptability** to local changes, and embedding the work within them, has brought the current success, and set a platform for the future.
- The sense of being part of a **community of practice** that is testing the real world implementation of the Future Hospital principles has been both invigorating and created resilience in challenging times.
- Recognising that the prominent culture of **care is a continuum** that may include hospital care. This has been exemplified through this work and has influenced organisation and **system culture**.
- Establishing the measures for the process and outcomes of care at the start of the programme or project, alongside robust **project management**, may bring earlier results.
- Keeping **patients at the centre** and embedding your work in the organisation's everyday business.
- By **raising the profile of vulnerable patient groups**, multiprofessional staff are now better coordinated to meet families' needs, and improvements in care are progressing fast.

Methods

1. Developing integrated community-based teams

These teams were developed to support frail and older people within their homes, either preventing admission to hospital or provision of continuing care following initial assessment and care in hospital. This included the following:

- Integrated neighbourhood teams (INT): a case-management approach for high-need individuals, linked to multidisciplinary teams.
- Intensive home support service (IHSS): an urgent multiprofessional support at home to prevent or reduce hospitalisation.
- Intermediate care allocation team (ICAT): a multiprofessional team who coordinate referrals, care planning and packages and monitor service capacity.
- Integrated discharge service (IDS): to signpost, coordinate and progress throughout the patient discharge pathway, acting as a central point of referral, assessment and information, thereby actively reducing length of stay (LOS) in the acute setting.
- 'Home first': a discharge-to-assess approach which was piloted across Pennine Lancashire.

2. Rapid frailty assessment for older people attending hospital as an emergency

A frailty specialty doctor was appointed in August 2016 to lead and provide the medical input for rapid frailty assessment. The multiprofessional team assesses those patients highlighted by emergency department coordinators or who have been 'screened' in the department.

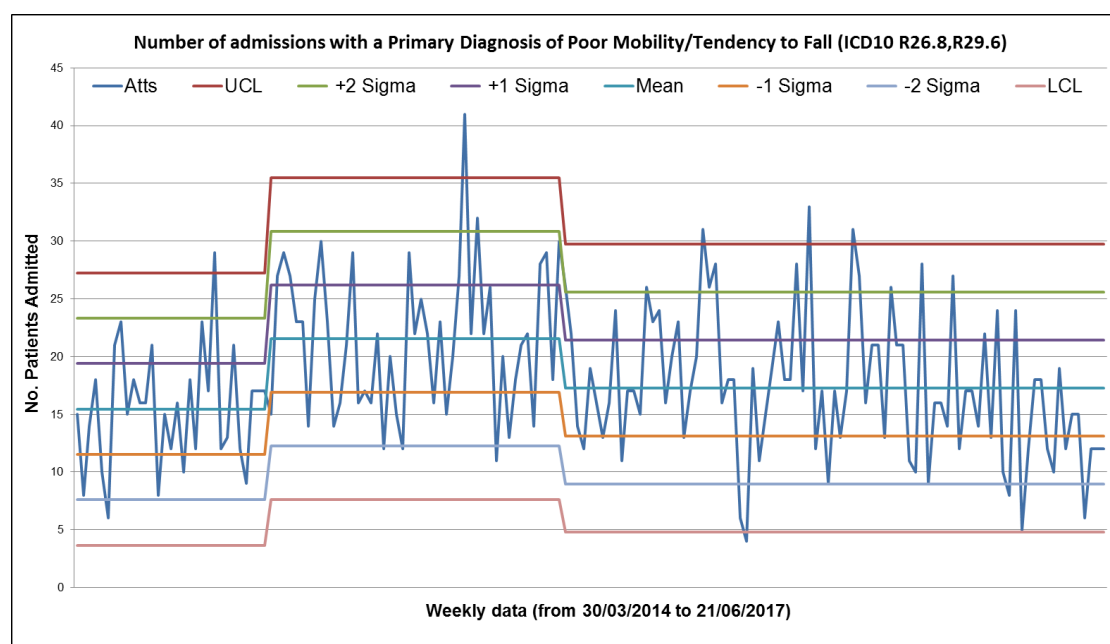
Milestones

- Jul 2013: East Lancashire Hospitals NHS Trust (ELHT) enters special measures.
- Jul 2014: ELHT taken out of special measures.
- Sep 2014: Appointed as an FHP development site.
- Feb 2015: Frailty MDT piloted in medical assessment unit.
- Oct 2015: Expansion of acute medical unit (AMU), to AMU A and AMU B with 82 beds.
- Dec 2015: IHSS and ICAT services commence.
- Feb 2016: IDS commences.
- Mar 2016: Hosted learning event for phase 1.
- Aug 2016: IHSS fully operational. Frailty specialty doctor appointed to lead rapid frailty assessment.
- Oct 2016: Specialty doctor begins working as part of the front door team in the emergency department at Royal Blackburn Hospital.
- Jan 2017: ELHT rated 'good' in Care Quality Commission (CQC) inspection.
- Mar 2017: Pilot of 'discharge to assess' system.

Outcomes

1. Admissions due to falls or poor mobility

There has been a **reduction in admissions to hospital** as a result of falls and poor mobility. This initially coincided with the development of IHSS and INTs, with a trend to further reduction since January 2017. The increase in November 2014 is thought to be due to changes in clinical coding.



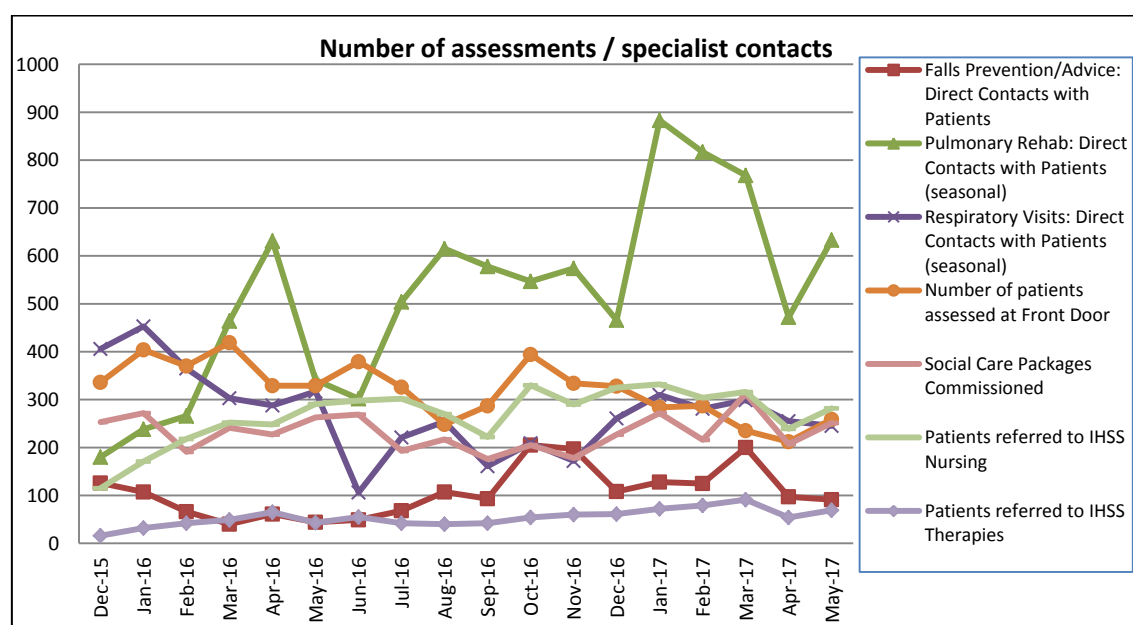
2. Patient experience

Strong themes that emerged from patient experience reporting have been:

- the need for improved information about what care to expect
- the need for greater involvement of families and carers in care
- the importance of other services, eg community pharmacy, ambulance services and voluntary sector
- the importance of good end-of-life care.

3. Impact on community services

Community services have responded to patients' needs, not only those referred from the emergency department, but also patients referred directly from community services, including INTs. A notable **increase in falls prevention advice** and input, together with **fewer but more complex assessments by the 'front door team'**, have been seen.



4. Staff engagement

The introduction of a frailty specialty doctor (FSD) to the front door team has had a **positive impact** on many staff in the emergency department.

- *'The FSD gives me confidence of a safe discharge. They have time to go into detail that I will never have. The team have a familiarity with support services.'*
Emergency department consultant
- *'The FSD gives us confidence to make higher risk decisions and a greater understanding of what can be treated at home. I am reassured that the patient is going to the right place. We now work in a less risk-averse way.'*
Occupational therapist

Successes and challenges

Successes

- ✓ A new approach to using patient experience through structured interviews about the whole experience of care.
- ✓ Standardised patient stories used by teams and leadership to guide and invigorate continuous improvement.
- ✓ Better conversations and care planning have been major outcomes.
- ✓ Improvements in care and experience for frail and older people in their own homes, when attending hospital and during and following a hospital admission.
- ✓ Reduced admission rates for people with mobility problems
- ✓ Consistent use of improvement methodology of small-scale testing and adaptation moving to wider scale implementation.
- ✓ CQUIN (quality funding incentive) negotiated, thanks to status as FHP development site.

Challenges

- Challenging to coordinate and involve multiple stakeholders working across a number of internal and external programmes of work.
- East Lancashire has a complex health and social care economy, with two clinical commissioning groups (CCGs), two community providers and two local authorities.
- Having the workforce resources to deliver the project was not always possible and at times it was demoralising.
- Difficult to retain volunteers to deliver the patient experience elements of the project.
- Issues around governance and competing priorities for the patient experience team and clinical and managerial leads.

Read the full report from East Lancashire's development site team at www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Dr Ray Hyatt, raymond.hyatt@elht.nhs.uk



Aim

Outline

Rapid, multidisciplinary assessment of those with frailty.

Ensuring patients are at the centre of everything we do.

Caring for and engaging with patients and members of the team.

Key messages

- Creating **collaborative teams** can make a real difference to the care of older people, especially those with frailty. A culture of openness enables problems to be addressed and create change.
- **Co-production with patients** to ensure true patient-centred care drives improvements and is at the heart of everything the team does. Putting patients and their families first is key.
- Working **holistically** is vital to ensure that frail older people have access to comprehensive geriatric assessment and to achieve excellent patient experience each and every time.
- Rolling out services trust-wide, creating two acute care assessment units (for older people), **minimises the inequalities** in healthcare provision.
- **Professional and personal development** helps to create new leaders and encourages staff engagement in improvement.
- Being involved in the FHP has ensured **shared learning** within the team, trust and region. This encourages networking within and beyond the community.

Methods

Clinical model

- The service operates 7 days a week.
- Opening hours of the service are continually reviewed for optimal benefit to patients.
- A clinical model was set up for patients aged 80+, and 65+ from nursing homes, with an understanding that patients who are otherwise frail over the age of 65 can be referred for rapid assessment on an individual basis to the acute geriatrician.
- In place in two sites: Pinderfields and Dewsbury Hospital.
- Assessment moved to a frailty-based service for those aged over 65 in 2017 at both sites. Dedicated telephone service with direct access to GPs, operational at both sites.
- A&E consultants can directly refer to the REACT team for advice and support.

Milestones

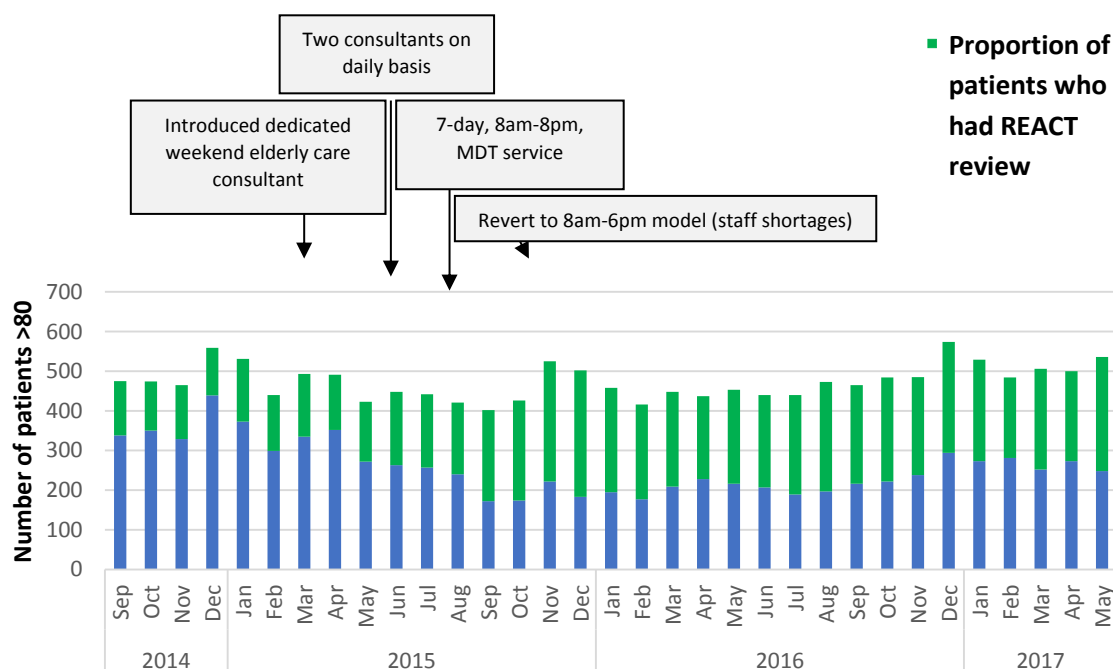
- Sep 2014: Appointed as an FHP development site.
- Apr 2015: Dedicated on-call geriatrician rota. Two ward rounds during weekdays and a weekend elderly care consultant.
- Jul 2015: Third consultant joins REACT team (part-time). Two consultants in team on daily basis.
- Jul 2015: RCP Patient and Carer Network (PCN) member and local patient representative join project team.
- Sep 2015: Move to 7-day service (8am–8pm) for patients aged 80+, or 65+ from nursing homes.
- Sep 2015: 7-day multidisciplinary team (MDT) service established.
- Oct 2015: Dedicated telephone service established. Patients admitted from A&E handover.
- Nov 2015: Service reverts to 8am–6pm model due to staffing constraints.
- Apr 2016: New chief executive appointed.
- Sep 2016: Shared competency model for occupational/physiotherapists and nurses.
- Sep 2016: Frailty champion appointed.
- Dec 2016: Shared competency model for nursing staff.
- Mar 2017: Fourth consultant appointed. Two consultants present on daily basis.
- Jul 2017: New acute care of the elderly pathway comes into use.
- Jul 2017: Acute care of the elderly assessment unit opens at Dewsbury and District Hospital.

Outcomes

1. Rapid assessment

More patients admitted acutely are seen by REACT, with increasing numbers presenting with frailty. Prior to the introduction of a weekend elderly care consultant rota, an average of 28.5% of patients over the age of 80 were identified for early discharge. The introduction of a dedicated geriatrician increased pick-up rates to 38%. The impact of a 7-day REACT service increased this further to 53.8%.

Increasing numbers of patients are identified by REACT, especially since moving to a 7-day service

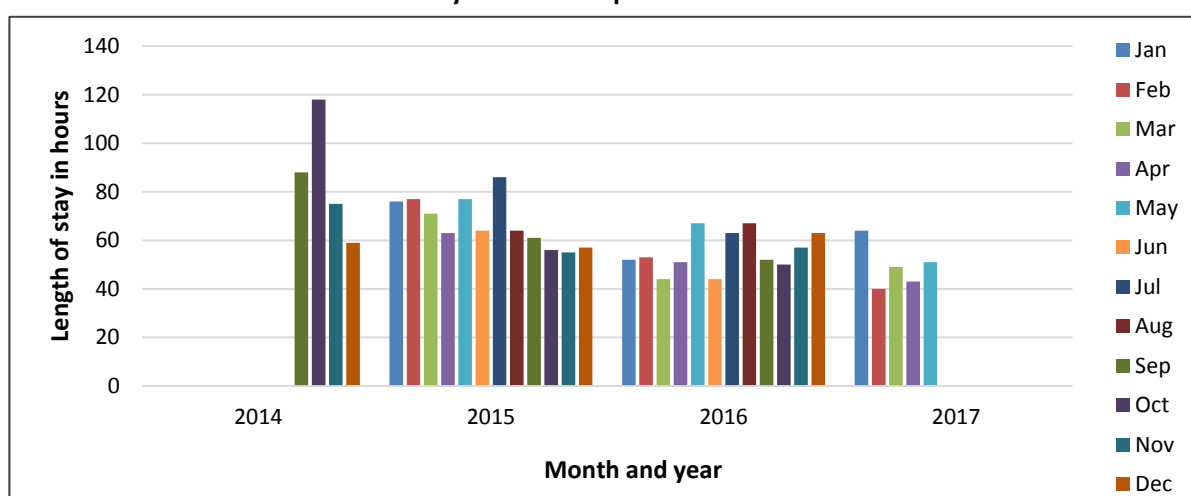


2. Reduced length of stay

The **overall length of stay of REACT patients has reduced** on a month by month comparison, except through the winter months. Year on year there has been a reduction in the length of stay of those admitted and discharged by REACT.

Prior to the introduction of a dedicated geriatrician, the length of stay was an average of 80.9 hours (Sept 2014–April 2015). Post-April 2015, after the introduction of a 7-day service, the average was 70.7 hours. This has fallen further to 55.7 hours in 2016 and 50.9 hours in 2017.

Length of stay has reduced since 2014 for those assessed by REACT, especially following the extension of the team to a 7-day service in September 2015

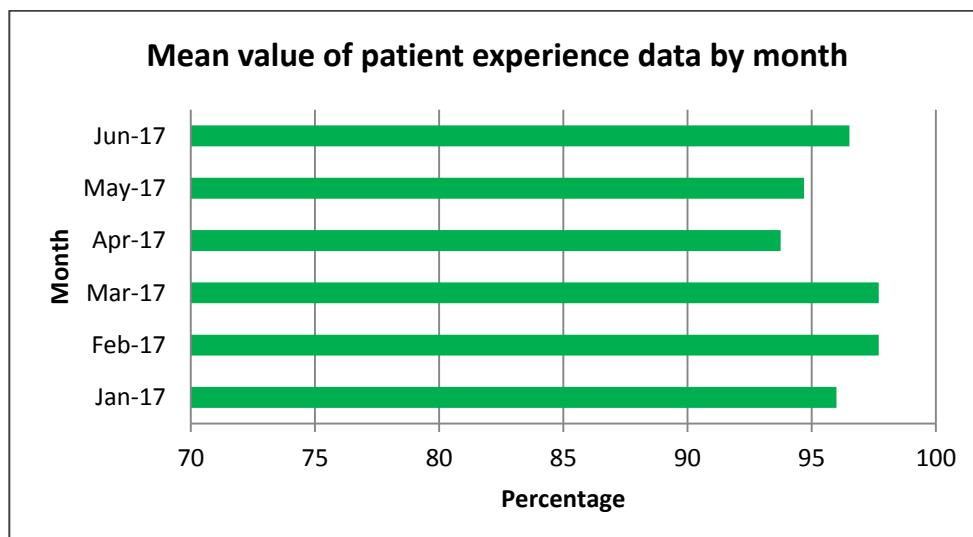


3. Patient experience

Patient-centred questionnaires have evolved over the course of the project, together with guidance for face-to-face interviews (minimum two sessions per month) to ensure consistency. In 2017, follow-up phone calls were arranged after discharge.

Low levels of complaints despite numbers assessed being high. There were six formal complaints out of 1,618 patients managed by the service between July and December 2016 (0.04%), of which two related to external agencies beyond the control of the team.

In the graph below: very satisfied = 70, highly satisfied = 100.



Successes and challenges

Successes

- ✓ The development of shared competencies and a revision of workload, therapists have maintained the service. (No extra physiotherapy / occupational therapy recruitment has been feasible due to freezes on funding.)
- ✓ All comprehensive geriatric assessments for older patients have been standardised.
- ✓ Staff have improved access to personal and professional development and there is a greater sense of loyalty/belonging.
- ✓ The whole department has been involved in frailty workshops and has a great reputation in the organisation, with 150 applications for two–three band 3 posts, and 15 for two band 6 posts.
- ✓ Patient involvement has been important throughout the project. The team has co-produced service developments with local patients and RCP PCN representatives, and benefited from the full support of two patient representatives from 2017.

Challenges

- There are high patient numbers and a constant stream of eligible patients who would benefit from comprehensive geriatric assessment.
- Increasing patient numbers have led to a higher risk of patients not being able to move through the care pathway. While demand is high, there is a continuing need to move to a frailty model which is also challenging in relation to available resource.
- The aim was for generic therapy skills to be shared with nursing staff. This has not been possible due to staffing numbers and other strains on resources.

Read the full report from Mid Yorkshire's development site team at www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Dr Zuzanna Sawicka, zuzanna.sawicka@midyorks.nhs.uk



Betsi Cadwaladr University Health Board

Aim

To provide increased access to specialist opinion as close as home to possible for frail and older patients in rural north Wales through the use of telemedicine.

Outline

Known as the CARTREF project – CARE delivered with Telemedicine to support Rural Elderly and Frail patients – the Betsi team set out to:

- 1 allow patients to have outpatient follow-up consultations closer to their home, reducing the need for patient travel and the burden on Welsh ambulance services
- 2 facilitate improved chronic disease management in primary care through access to specialist support, resulting in increased patient satisfaction
- 3 reduce waiting times in other outpatient clinics through releasing review appointment slots for specialty patients
- 4 ensure acceptability of telemedicine service model through co-production with patients and carers.

Key messages

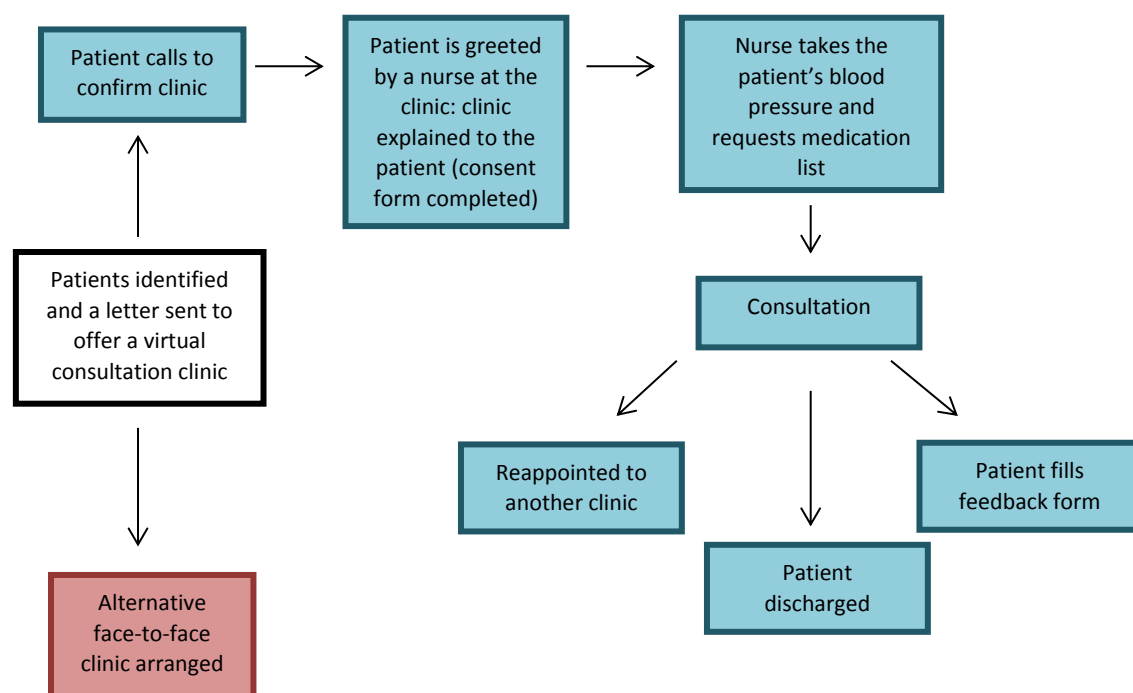
- **Co-production** is essential – virtual clinics have received positive feedback, which has been an enlightening experience for staff and has driven change.
- **Telemedicine** is a viable option for outpatient consultations in frail older individuals.
- **Patient stories** are powerful tools in diffusing clinician anxiety regarding adopting digital technology.
- **Organisational buy-in** and support are essential for delivery and success of a quality improvement project.
- **Supporting staff through change** is essential – coaching and mentoring help to build resilient teams.
- Relationship building and **sharing ideas** among the eight Future Hospital development sites have been powerful motivators to strive for excellence.

Methods

In order to provide increased access to specialist opinion as close to home as possible for frail and older patients in rural north Wales, the Future Hospital project team set up a range of telemedicine services.

1. Telemedicine clinic

Bimonthly virtual general medicine consultation clinics are facilitated by a consultant in the community hospital Ysbyty Bryn Beryl.



2. Engagement with primary care and community – digital inclusion officer role

The digital inclusion officer (DIO) provided essential patient advocacy and support throughout the project rollout, helping to inform the patients what the consultations entailed and the benefits, which in turn improved the patient experience. The DIO collected patient feedback via a patient questionnaire during this period.

3. Telemedicine clinics across other specialties

- Rheumatology consultations and Parkinson's clinics established between Ysbyty Llandudno and the community hospitals Ysbyty Bryn Beryl and Ysbyty Dolgellau.
- Gastroenterology services set up a telemedicine service.
- Neuroscience network are adopting telemedicine.
- The majority of specialties at Wrexham Maelor Hospital have elected to do telemedicine consultation follow-ups at HMP Berwyn – a prison with 2,000 men.

Milestones

- May 2014: Welsh Government Health Technology and Telehealth fund awarded.
- Sep 2014: Appointed as an FHP development site.
- Jan 2015: Video hardware installed. Trial consultations undertaken.
- Jun 2015: Betsi Cadwaladr University Health Board placed in special measures.
- Jul 2015: Virtual consultations are fully operational at Ysbyty Bryn Beryl community hospital.
- Jul 2015: Host learning event for phase 1 sites.
- Dec 2015: Local patient representative moves away – role unfilled.
- Feb 2016: Rheumatology consultations and Parkinson's clinics begin between Ysbyty Llandudno and the community hospitals Ysbyty Bryn Beryl and Ysbyty Dolgellau.
- Mar 2016: New patient representative joins the team.
- Jul 2016: Drop in number of virtual clinics due to fewer eligible patients
- Sep 2016: Telemedicine working group established.
- Nov 2016: New patient experience questionnaires are developed in collaboration with patient representatives.
- Mar 2017: Vaughan Gethin, Welsh cabinet secretary for health, visits Cartref team.

Outcomes

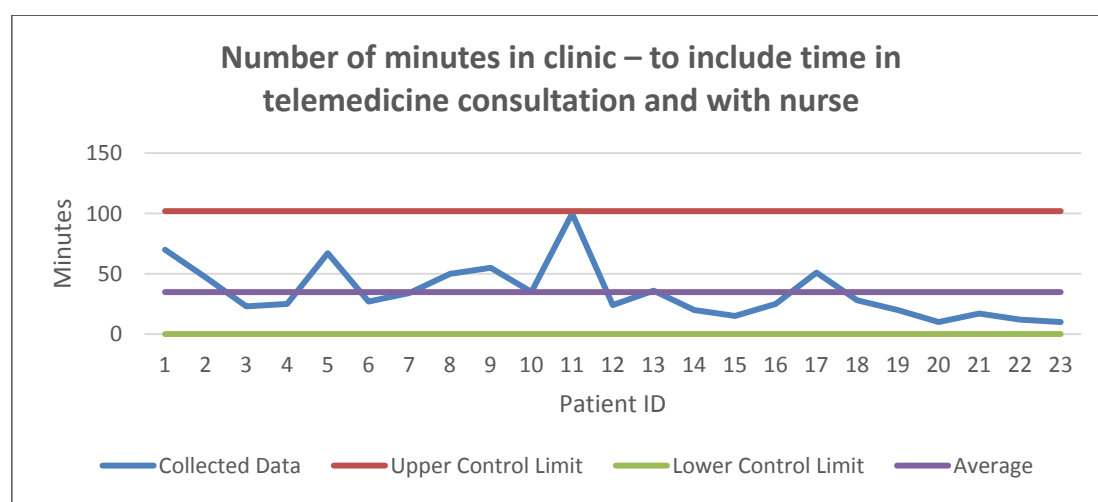
1. Impact on travel time and costs

Telemedicine clinics reduced travel, number of consultations per patient, movement of patient notes, and travel time for patients with associated costs saving. The service converted 20% of outpatient department follow-up contacts to telemedicine; a completely new way of working.

The impact on consultants was also significant. One reduced their travel time by 1.5 hours per clinic and mileage by 80 miles per clinic. This equates to £1,411 saving per annum (based on travel expenses being remunerated at 42p per mile).

2. Duration of consultations

Telemedicine clinics were associated with a shorter duration of consultation. The chart below shows the total amount of time spent in the clinic with doctors and nurses for 23 consecutive patients. At the outset, the allocated time with a consultant was 30 minutes, however, with growing confidence in the system, the time was reduced to, on average, 14 minutes compared with a conventional outpatient consultation of 20 minutes.



3. Patient experience

Detailed patient experience questionnaires were collected in a sample of 55 consecutive patients for 2015/16 and 33 for 2016/17. The age of patients ranged from 75 to 104 years.

- **88.6% (78/88) of patients would recommend the virtual consultations** to family and friends.
- **100% stated that they would prefer the telemedicine clinic** in comparison with travelling to the hospital clinic.

Successes and challenges

Successes

- ✓ Positive patient feedback.
- ✓ Maintaining staff wellbeing and resilience despite significant organisational pressures.
- ✓ Excellent support from patient representatives.
- ✓ Spread of telemedicine to additional specialties.
- ✓ Time and cost savings for patients and consultant staff.
- ✓ Significant forecasted savings could be made with scale-up of virtual outpatient services.
- ✓ 'Highly commended' for an HSJ Value Award 2016, category: telemedicine.
- ✓ Support from the cabinet secretary for health for Wales.

Challenges

- Project team changes due to the health board restructuring.
- Changes in the team led to a lack of continuity.
- Decrease in number of patients eligible for telemedicine.
- Unable to appoint a DIO after the initial set-up phase of project.
- Limitations around quantitative data collection to support qualitative data.

Read the full report from Betsi Cadwaldr's development site team at www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Dr Olwen Williams, olwen.williams@wales.nhs.uk

Learning from the phase 1 development sites

The application and project management processes for development sites were considerably refined based on the experience of recruiting phase 1 and the teams' experiences of working with the FHP.

A uniting theme: integrated care

By coincidence, all four phase 1 development sites had a focus on improving care for frail and older patients. However, the call for applications for phase 2 was structured around the theme of integrated care. This fitted with the FHC vision and complemented the FHP's integrated care project in Oxfordshire and the FHP commissioned review on integrated care.

Application process

The application review panel was extended to include external assessors. A clear vision for patient involvement and representation was required from the outset. Shortlisted sites were interviewed at the RCP. The application process required sites to obtain support from a wide network of colleagues, lay representatives and senior management, including:

- lead clinician
- lead GP
- nurse or associated allied health professional lead
- project manager
- data manager
- lay representative
- executive (or non-executive at trust-board level) project sponsor.

Importance of patient involvement

The importance of patient involvement was emphasised from the outset for the phase 2 development sites. Some phase 1 sites lacked patient representation for periods of time or recruited individuals who had difficulties contributing in the role. Patient representatives were identified in the application and were integral to the interview process. The pairing with the PCN patient representative was formalised, and representatives were briefed on each site and on the scope of their project to match skillsets.

Progress reporting

In the first year, phase 1 sites submitted monthly written progress reports to the FHP. When four additional sites were recruited, this process was refined based on feedback from sites. Monthly written reports were arduous so the frequency of reporting was reduced to quarterly. In addition site leads had monthly telephone calls with the FHP team which were found to be extremely effective.

Joint learning events

All eight development sites came together twice at special joint learning events to foster a wider sharing and learning environment.

Delivery events

Learning events evolved with time. Sites were encouraged to take the lead in hosting and facilitating the events, rather than being led by the FHP team. Likewise, as sites became more familiar with each other's work and their projects matured, learning events became 'delivery events': opportunities to present team's successes, and challenges of implementing new ways of working in their organisations.

Data analysis support

A data analyst was to be named on each application to ensure a focus on data and metrics was set from the beginning.



Phase 2: Integrated care

Central and south Manchester

Aim

To develop integrated respiratory services across central and south Manchester in partnerships with patients and carers, that will allow healthcare professionals across primary, secondary and community care to work coherently together.

Outline

Historically, central and south Manchester had separate community respiratory services that operated within different clinical commissioning group (CCG) boundaries. The team set out to create a single, collaborative and integrated respiratory care service across Central Manchester Foundation Trust (CMFT), University Hospital South Manchester (UHSM) and central and south Manchester CCGs. The team's objectives were to:

- 1 break down geographical and organisational boundaries for patients
- 2 reduce variation in care and provide high-quality, standardised respiratory services
- 3 enhance patient experience by reducing fragmentation of care
- 4 gain greater efficiencies and value from current resources.

Key messages

- Encourage and nurture **self-care skills** among patients with long-term conditions.
- Developing **peer support networks** can help people with respiratory disease feel more knowledgeable about their condition, confident and less isolated.
- **Building relationships** and trust between individuals in different organisations at ground level is the foundation to integrating care.
- A **systems approach** is required to address the issue of recurrent hospital admissions.
- Measurement of change and organisational performance needs to reflect **what is important to patients**.
- **Data, data, data.** Prove the value of what you do.

Methods

1. Vertical integration in south Manchester

In order to align services with central Manchester who had a well-established community model, south Manchester made a number of changes and developments to the community team over 18 months, including: recruitment, re-defining roles, establishing regular team meetings with a respiratory consultant, an education programme, commencing a 'virtual clinic' model in primary care and a review of services provided.

2. Horizontal integration between CMFT and UHSM at the front line

Historically the UHSM and CMFT front-line community respiratory teams had a professional relationship but had never met face-to-face as there was no previous incentive from the organisations/system to do so. Joint team meetings between CMFT and UHSM were established on a monthly basis. Teams:

- explored the services each team offered
- identified the patient access routes
- established joint education sessions, including sharing of case studies
- used process mapping to identify different parts of the service and produce joint operating policies.

A shadowing programme was undertaken where staff within the teams gained experience of how the other team operates. This enhanced development of personal relationships and helped with the alignment of team policies.

3. Patient involvement

Patients were involved in the integrated steering group and in co-design events to ensure that service developments were patient-centred.

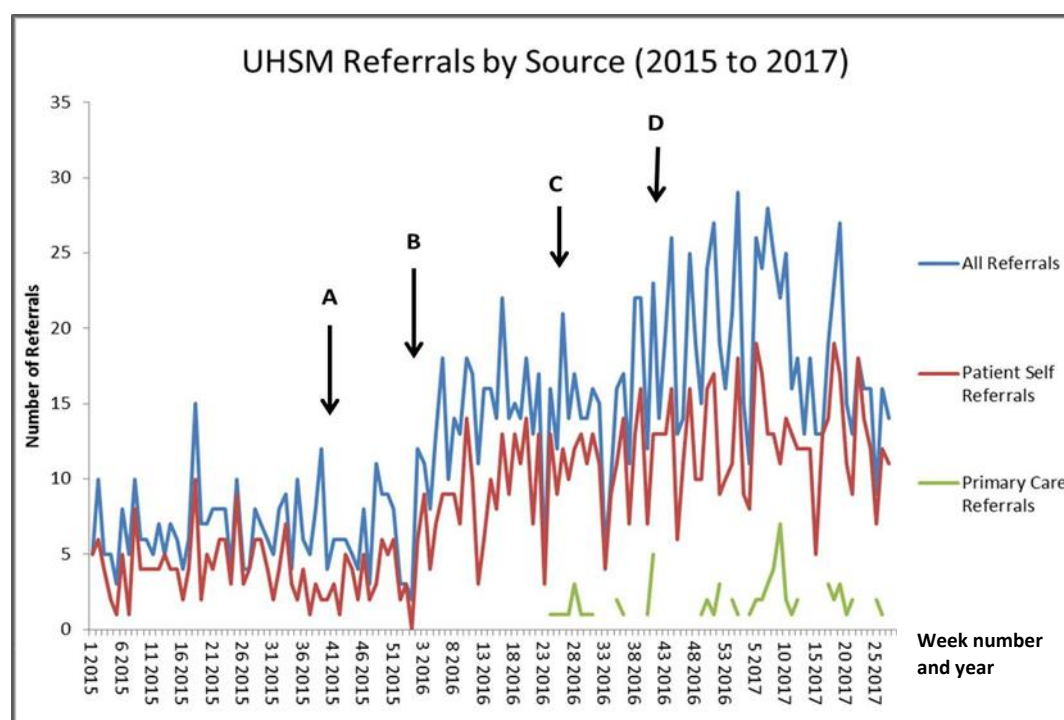
Milestones

- Jan 2016: Appointed as an FHP development site.
- Mar 2016: Multiple stakeholder co-design event: developing a pathway for the acutely unwell.
- Jun 2016: Multiple stakeholder co-design event: developing services to support chronic disease management.
- Dec 2016: Hosts of phase 2 learning event on the theme: commissioning.
- Apr 2017: North, south and central Manchester CCGs merge into one city-wide CCG.
- Jun 2017: Palliative care co-design event.
- Oct 2017: UHSM and CMFT merge into one acute trust.

Outcomes

1. Impact on patient care

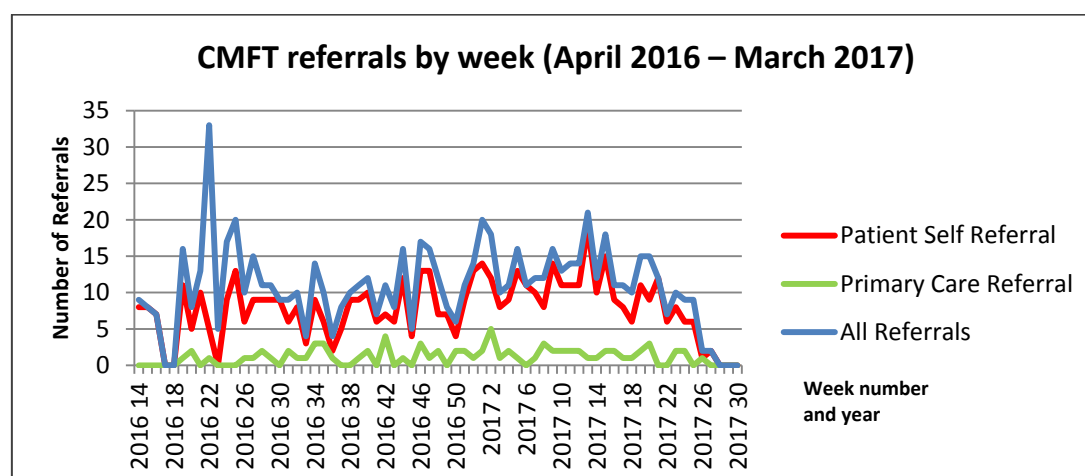
In south Manchester, patient self-referrals rose steadily in 2016 and primary care referrals started to grow from mid-2016. These data act as an indirect marker of **increased integration with primary care** and a shift to **more patients being seen in the community setting**.



Phased changes that were made to team working and structure

A	Decision for UHSM and CMFT to work together
B	Integrated steering group established Change in leadership for community team Community team roles reviewed and changed to become more community-focused Regular community team meeting established
C	Barriers for primary care to refer to team reviewed and removed Co-production days completed with system-wide engagement Specialist nurses assigned to GP practices to i-reach and provide support
D	Virtual clinic pilot in primary care

The graph below shows that in a similar period, referral numbers to the CMFT community respiratory team (CRT) did not change significantly. As mentioned previously, CMFT already had a fully integrated model, therefore significant changes to working practices were not made.



2. Impact on patient experience

A patient experience sub-group was established in 2016. It comprised three patient representatives, a representative from the British Lung Foundation and two members of clinical

staff. A specific objective was set to develop a set of measures for the 'acute' pathway (ie when a person with COPD becomes unwell) and to explore their experience of getting appropriate help and care. The following key issues and concerns were raised and discussed by the group:

- Patient representatives are not representative of 'most' patients and their contribution should be considered as a 'patient view' rather than representing the whole patient population.
- Metrics should reflect what is important to patients, such as 'living the life they want to live', rather than simply reflecting experience of a particular service or process.
- More should be done to support patients to provide honest feedback about their negative experiences of accessing care and treatment.
- Patients 'don't know what they don't know'; therefore satisfaction surveys or measures such as 'Friends and Family' are of limited benefit.
- More needs to be done to engage BME, LGBTQ and other minority groups.

3. Impact on workforce

Nine staff from the two teams (UHSM and CMFT) responded to a questionnaire on their views of the integration of the two services. There were four responses from UHSM and five responses from CMFT. Concerns included cross-site working, potential increased commute to work and the practicalities of how the teams would work.

A quote from the survey captured the positive effects: *'The joint working sessions have helped us to get to know the other team and experience a different way of working. Communication has definitely improved and it is easier to refer patients between us'.*

Successes and challenges

Successes

- ✓ The FHP was hailed a 'flagship' for joint-working by both executive boards, when UHSM and CMFT became one acute trust in October 2017.
- ✓ FHP clinical leads are integral to the citywide Manchester CCG Integrated Respiratory Steering Group, which is now shaping the future respiratory care for the city.
- ✓ The quality improvement support provided by the RCP has had a profound impact on how the team considers data and metrics that will now have influence at Manchester CCG level.
- ✓ The virtual clinic model is being considered by the Greater Manchester Transformation Team for roll-out across 500 Manchester GP practices.

Challenges

- Limited information-sharing across the system, which has been a barrier to progress.
- Enabling effective and diverse patient representation was challenging.
- The hierarchical process-driven culture in some departments and changing the mindset of those on the front line accustomed to working within single disciplines.
- The changing political landscape and turnover of staff across the system created uncertainty.
- Few additional resources were given to the project.
- Administrative support, project management, data retrieval and analysis were hugely challenging throughout.

Read the full report from central and south Manchester's development site team at www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Dr Binita Kane, binita.kane@mft.nhs.uk



Phase 2: Integrated care

North-west Surrey

Aim

To provide an integrated care model for older people with frailty in north-west Surrey by designing and implementing a bespoke, single-site healthcare facility: the Bedser Hub.

Outline

The Bedser Hub concept was developed in response to an ageing population and the challenges that arise from more people living longer and with more chronic conditions. Detailed analysis suggested there was a significant opportunity to reduce avoidable hospital admissions and length of stay and relieve stress on health services, which so often result in failure of quality standards and poorer patient care. The north-west Surrey team aimed to:

- 1 keep people independent for longer
- 2 improve patient experience and patient and carer satisfaction
- 3 reduce avoidable inpatient admissions and shorten acute length of stays
- 4 increase the throughput and optimal utilisation of acute inpatient capacity
- 5 increase the proportion of older people with frailty receiving planned and coordinated care with fewer unpredictable exacerbations of need
- 6 eliminate duplication, with more efficient use of resources across the health and social care system to meet the demographic challenges for frail older people.

Key messages

- Primary care engagement upfront is key – secure engagement of local practices in order to **deliver primary care leadership** with GP cover at all times.
- **Wellbeing coordinators** are invaluable for integrating health and social care – they provide named key workers for all patients, ensuring access to all relevant support within and beyond the Bedser Hub.
- The team initially **underestimated the culture change** required to work in this way.
- **Information sharing** across the health and social care network can be enabled by information governance (IG) support – embed this as early as possible in the project.
- EMIS was used to provide a **single care record** for each patient, which is available to all professionals in the Bedser Hub.
- Patient assessments took longer than originally anticipated, resulting in **increased impact** on Bedser Hub activity.

Methods

In order to support the frail and older population in north-west Surrey, the Future Hospital project team set up a locality hub: a **physical building that sits alongside a community hospital**.

1. Wellbeing coordinator

As part of the multidisciplinary team, the Bedser Hub is supported by a group of wellbeing coordinators (WBCs) who:

- are provided by Age UK Surrey to support patients in a holistic way
- offer patients hour-long appointments, allowing the Bedser Hub team to understand the whole person, their support network and their aims and preferences
- signpost patients to services, both within the hub and externally.

2. Primary care leadership for frailty

All locality general practices and their services operate in a network supported by diagnostics, pharmacy and transport. By connecting services across the region, the team hopes to expand their project by opening additional hubs across north-west Surrey. Patients from other practices have been drawn into a central location (not fragmented in each practice).

3. Improved efficiencies

Improving links between Ashford St Peter's Hospital and the Bedser Hub has enabled:

- patients to be followed up within 3 days at the hub for any urgent medical issues that previously relied on GPs
- hub patients are alerted on our AE patient centre when they arrive in hospital
- the hub is enabling the local 'discharge to assess' project, to provide a more efficient and effective delivery.

Milestones

- Jan 2016: Appointed FHP development site.
- Mar 2016: Bedser Hub open. Sessions: GP 4 days/week, consultant 2 days/week.
- Jul 2016: New GP lead appointed.
- Jul 2016: Host of first phase 2 learning event.
- Aug 2016: Delegation from Singapore visits Bedser Hub.
- Oct 2016: 1,500 patients. 15 GP sessions running per week.
- Jan 2017: Six GPs deliver 20 sessions per week.
- Mar 2017: 1,700 patients.
- May 2017: 1-day a week service delivered at other sites: Ashford and Weybridge.
- July 2017: After a fire at Weybridge Hospital, building of second hub at Ashford Hospital 'fast tracked'.

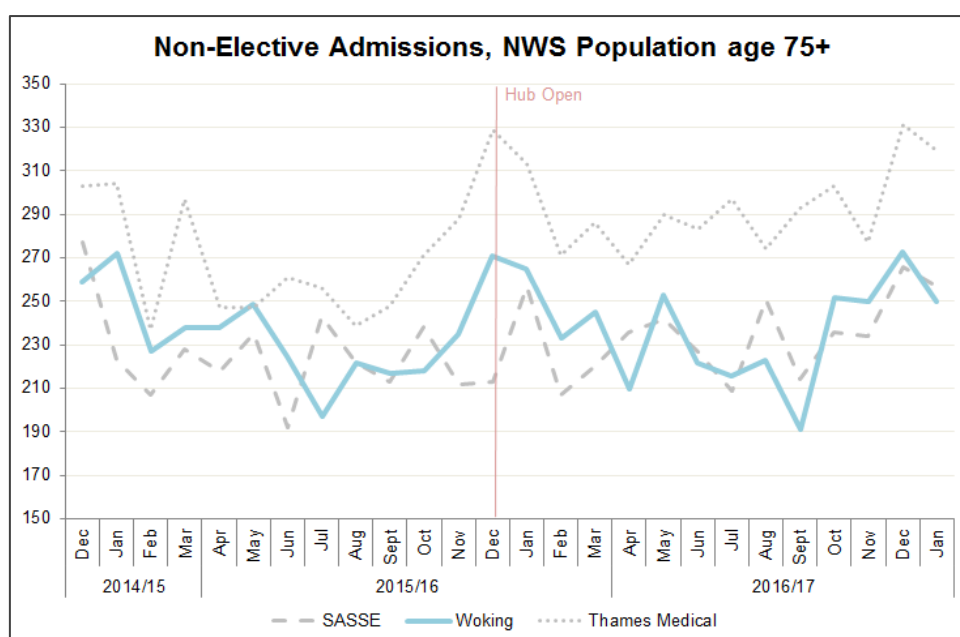
Outcomes

1. Hospital activity

The hub service is beginning to affect unplanned hospital activity. Inpatient admissions and A&E attendances appear to be reducing and planned outpatient attendances have slightly increased.

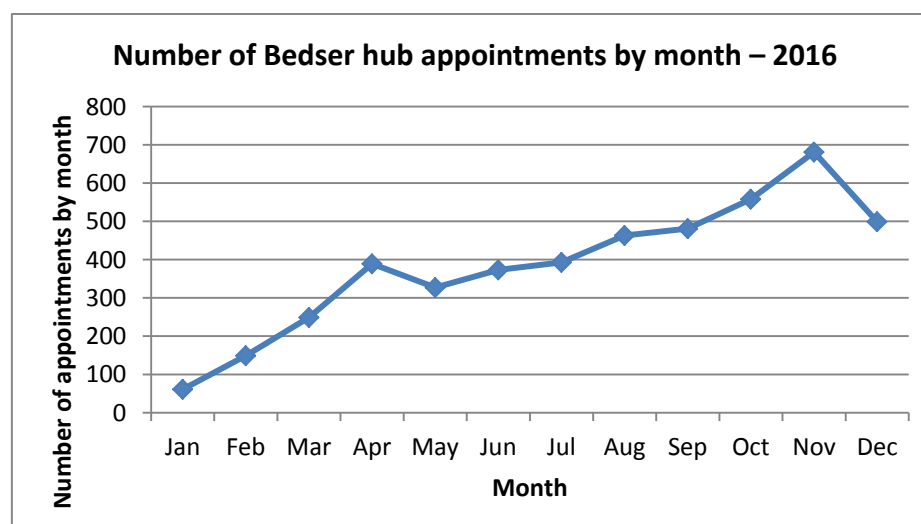
2. Non-elective admissions

From January to December 2016 there was an overall 1.1% reduction in non-elective admissions for the over 75 population in Woking, compared with the previous calendar year. This relates to a saving of approximately £90k. There was an increase in admissions for the same age group in Stanwell, Ashford, Staines, Shepperton, Egham (SASSE) and Thames Medical localities (+1.4% and +8.5%).



3. Bedser Hub activity

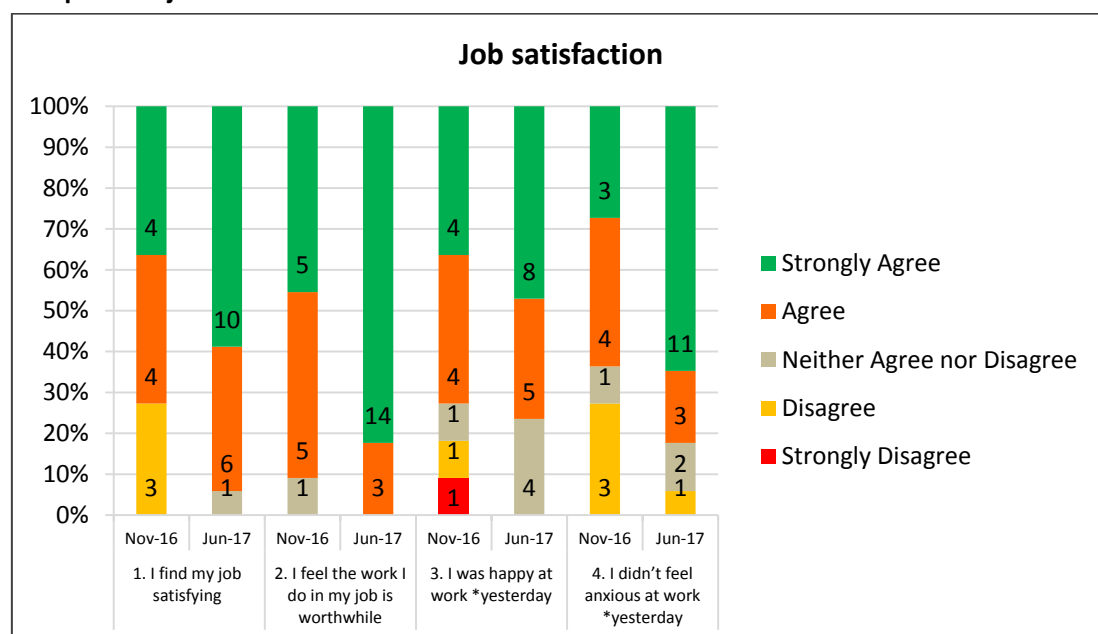
The Bedser Hub is well established (with the cohort increasing daily). The chart below details the number of appointments by month in 2016, with a peak of 700 patients in November.



4. Workforce satisfaction

Data from two recent staff surveys support the strong positive perceptions in the eight domains measured, including: customer service and job satisfaction. Perceptions have improved in spite of a recent transition to a new provider for many of the community staff (from April 2017).

Comparative job satisfaction of hub staff between Nov 16 and June 17



Successes and challenges

Successes

- ✓ Reduction in A&E attendances.
- ✓ Excellent patient feedback.
- ✓ Shared IT system established.
- ✓ Projected financial efficiencies are promising.
- ✓ National and international interest from improvement community and colleagues.

Challenges

- More time was needed to train all staff in the new IT system than estimated.
- Staff found it difficult to adjust to new roles.
- Point of care testing not yet in place.
- The hub is not yet able to provide patients with all services on one single visit.
- Patient assessments were slow initially, resulting in increased impact on Hub activity.
- There was a change in provider (From Virgin Health in April 2017).
- It was difficult to establish a process for collecting robust information for analysis.

Read the full report from North-west Surrey's development site team at www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Mr Neil Selby, neil.selby1@nhs.net



Phase 2: Integrated care

North West Paediatric Allergy Network

Aim

To deliver healthcare responsive to the needs of families with children who have an allergy to cow's milk protein or one requiring an adrenaline auto injector.

Objectives

There has been a dramatic increase in allergies in the developing world and it is estimated that 6–8% of children have a proven food allergy, while levels of perceived food allergy in communities are more than twice this number (NICE clinical guideline CG116: *Food allergy in under 19s: assessment and diagnosis*, 2011). The team set out to:

- 1 document current deficiencies and work to improve knowledge and confidence of GPs and other healthcare workers in diagnosing and managing non-complex milk allergies and children needing adrenaline auto-injectors
- 2 embed allergy templates within the electronic patient record system routinely used by GPs within the region, providing them with a checklist and clear management plan for children with these allergies
- 3 promote self-management and shared decision making between parents/carers and healthcare professionals for common food allergies
- 4 improve the public's knowledge and confidence of children's allergies and reduce their reliance on healthcare professionals for ongoing care.

Key messages

- Having a **common vision** and values has kept the group focused on delivering change through whatever challenges they faced.
- The support and input from our **families and charities** has been invaluable.
- Secondary care allergy activity is bundled into general paediatrics and hard to extract. The ability to **collect activity and clinical** detail was very challenging but vital.
- Increasing capacity in hospitals for when an infant first presents would not address the key areas needed for a **sustainable, family-centric approach** to managing allergy.
- **NHS 111** is a great support for families with children suffering from allergic symptoms out of hours.
- Using links with the Anaphylaxis Campaign and their local support groups to develop an approach to involve patients and learn from their experiences was vital.

Methods

1. Knowledge and confidence of GPs and health visitors in Oldham

The knowledge and confidence in both GPs and health visitors needed to be addressed. Educational packages and resources were developed to meet these needs, including:

- how to manage milk allergy
- the differences between replacement milk formulas.

2. Access to dietetic support for families, as outlined in NICE guidance

Access to dietitians was reported by families as a vital requirement, and is outlined in NICE guidance. The North West Paediatric Allergy Network (NWPAN) team developed group dietetic sessions to provide information and a forum for peer support.

3. Group dietetic sessions: peer support and reducing time to dietitian

Group dietetic sessions for infants with cow's milk protein allergy (CMPA) were developed. Five to ten families could come together with a dietitian with the support of a health visitor for both professional and peer support. This empowered families/carers to work to not only manage their infants CMPA, but also promoted tolerance and thus resolution of the disease in the quickest time, improving the family's overall quality of life, and reducing the workload of the dietitian and cost of replacement milk formulas to the NHS.

4. Patient records

The team developed electronic patient record templates to be embedded into EMIS (a leading electronic patient record system used in primary care). These are triggered when a milk formula or adrenaline auto-injector is prescribed, and when infants present with a potential milk allergy, for example infant feeding problem.

5. NHS 111

The team worked with NHS 111 (North West) to understand and support how children with allergies could be managed. Collaborations continue for managing the 85% of calls for rashes, which are currently directed to primary care.

Milestones

- Jan 2016: Appointed as a FHP development site.
- Feb 2016: GP competencies set. Baseline spend on milk products established.
- Apr 2016: Develop a decision tool that would be used by parents after consultation.
- May 2016: Decision tool used at educational event for 100 GPs.
- Jul 2016: Patient involvement event hosted in collaboration with Anaphylaxis Campaign Manchester Support Group.
- Sept 2016: Meeting with NHS 111 (North West) to discuss allergy pathway.
- Sept 2016: Patient engagement group meeting.
- Feb 2017: Hosts of phase 2 learning event.
- Mar 2017: Wythenshawe hospital: dietitians seeing more patients.

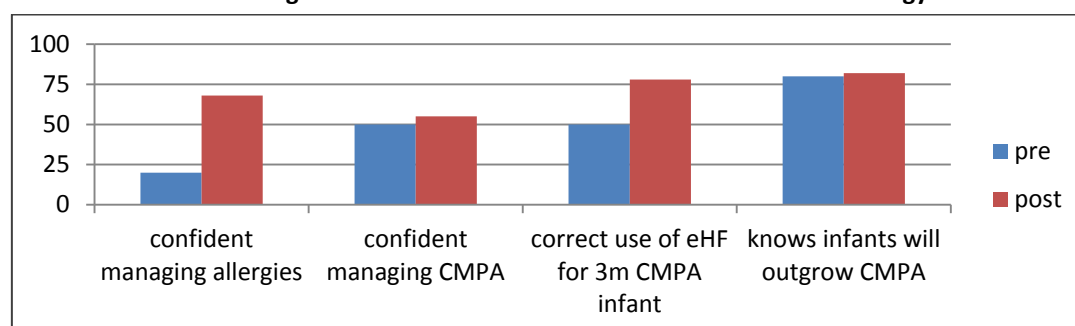
Outcomes

1. Experience and confidence of healthcare professionals in managing CMPA

GPs

Although 90% of GPs knew that most infants outgrew CMPA and 56% were confident in providing a general allergy advice, **only 40% were confident in providing specific advice on milk allergy**. Forty GPs filled out the survey before and after a 60-minute educational session on children's allergies.

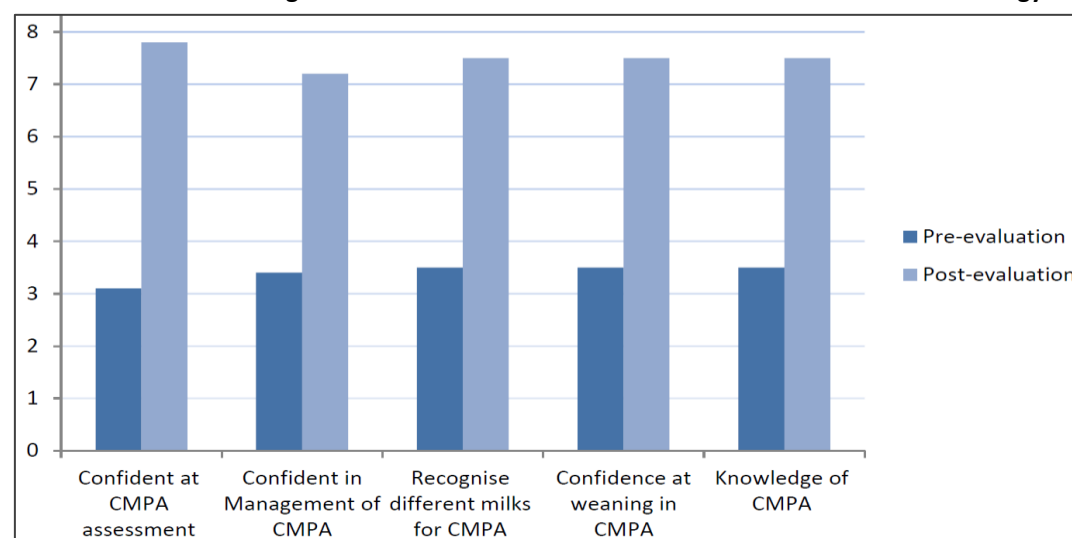
Confidence and knowledge of GPs before and after an education session on allergy



Health visitors

To provide knowledge and confidence to our health visitors, a 90-minute CMPA education session and an accompanying **resource pack** were developed and delivered.

Confidence and knowledge of health visitors before and after an education session on allergy



2. Prescribing of milk allergy formula

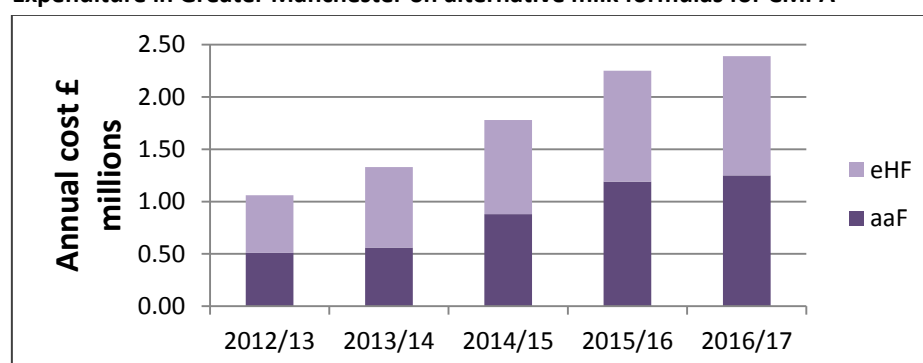
In view of the variability in GP prescribing, clinical records were reviewed in relation to prescribing of replacement milk formula for 40 infants in high prescribing practices. Key findings were:

- 62% of GPs prescribed formulas with no input from paediatricians; 50% had no input from dietitians
- 24% of children had no planned follow-up

- 64% of children were tolerating some dairy, suggesting that they could be on an extensively hydrolysed formula (eHF) rather than an amino acid formula (aaF) (saving £180 per infant per month)
- 8% of infants were tolerating fresh cow's milk and thus did not need to be on a replacement formula.

Our data shows that in the last 5 years there has been a doubling in the cost of prescriptions for both eHF and aaF by Greater Manchester CCGs (£1.1 million in 2012–13 to £2.4 million in 2016–17).

Expenditure in Greater Manchester on alternative milk formulas for CMPA



3. Web-based resources

The network launched its new website (www.allergynorthwest.nhs.uk) for professionals in March 2017, containing resources and patient information leaflets. Active interactions with the website were tracked and the average number of hits was 1,400 per week, with two peaks linked to educational events. Publicity will be vital to ensure that families are aware of this resource.

Successes and challenges

Successes

- ✓ Through strong teamwork, the network has maintained determination to deliver its aims.
- ✓ Widening of network: over time, there has been an increase in the number of organisations and professionals actively engaging and driving the network.
- ✓ Support of collaborators: the input, advice and support from families and charities have been invaluable.
- ✓ Strength of patient representation: the work and commitment of the patient and carer representatives has been exceptional.

Challenges

- Publication of national milk allergy protein (MAP) guidelines in 2013 has not been associated with a noticeable decrease in specialist milk formula prescribing in Greater Manchester; rather the opposite trend has occurred.
- The current level of referrals is not sustainable; referrals to secondary or tertiary services generate long waits for families, creating anxieties.

Read the full report from the North West Paediatric Allergy Network development site team at www.rcplondon.ac.uk/delivering-the-future-hospital

Contact: Dr Peter Arkwright, peter.arkwright@nhs.net



Phase 2: Integrated care

Sandwell and West Birmingham

Aim

To develop a patient-centred respiratory service by integrating primary, acute and community services.

Objectives

Sandwell and West Birmingham's care model centres around a multidisciplinary respiratory team, including primary care doctors, acute clinicians, consultants, nurses and allied health professionals. The team identified the following objectives:

- 1 to provide patients, carers and clinical staff easy and swift access to care, services and specialist advice at each point in the care pathway, incorporating modern methods of access
- 2 to establish 'joined up' care records, alleviating burden on patients to repeatedly relay their condition and history and enable quicker correct diagnosis and treatment
- 3 to provide consistently high standards of care and reduce variations in quality of care
- 4 to empower patients to manage their own condition with full understanding as to where and how support can be accessed.

Key messages

- To ensure the sustainability of objectives, design a model which addresses **all aspects of care** requirements of the respiratory patient.
- Identify the gap between what is expected and the resource available in order to produce **persuasive business cases**.
- Effective, **collaborative engagement** of clinicians, commissioners and the executives working in the primary and secondary care setting is paramount.
- A **well-constructed team** is key – involving hospital clinicians and managers, patient representatives, GPs, commissioners, nursing staff, community clinicians and, importantly, a data analyst and project manager.
- Bringing **specialist input** to the primary care setting improves patient care, patient experience, skills and knowledge of GP and practice nurses.
- Additional resources and different ways of working are needed not just for consultants but also the **wider multidisciplinary team (MDT)**.

Methods

The team led three workstreams to reflect patients' experience before, during and after a hospital visit.

1. Pre hospital

- Primary and secondary care: a respiratory consultant visited a GP practice for one morning session to work alongside GPs.
- Frequent attenders: patients were identified by cross-referencing those with frequent attendances and admissions across the emergency department, secondary care and a GP practice.

2. In hospital

- 'In Reach' care model: Patients attending the emergency department were promptly reviewed and diagnosed to allow a safe deflection or admission to the wards. This was led by the acute specialty clinical lead, in conjunction with the respiratory team and clinical nurse specialists.
- Back fill: to support a 7-day working pilot, all work was backfilled to ensure all clinicians and nurses were able to carry out daily ward rounds on the respiratory wards.
- Assessment: impact on length of stay, midnight free beds, junior doctor training opportunities and feedback from nursing staff were studied, along with other qualitative measures.

3. Post hospital

- Discharge from hospital: discharge plans were developed in combination with community respiratory services to decrease the frequency of admissions and reduce the length of stay for any necessary admissions to hospital.
- Integrated discharge: this workstream is jointly led by a clinical nurse specialist (CNS) and respiratory physician with input from the community respiratory services, a psychologist, GP and social worker as required.
- Virtual MDT: a virtual MDT was initially set up to adopt a holistic approach to frequent attending patients with long-term conditions.

Key milestones

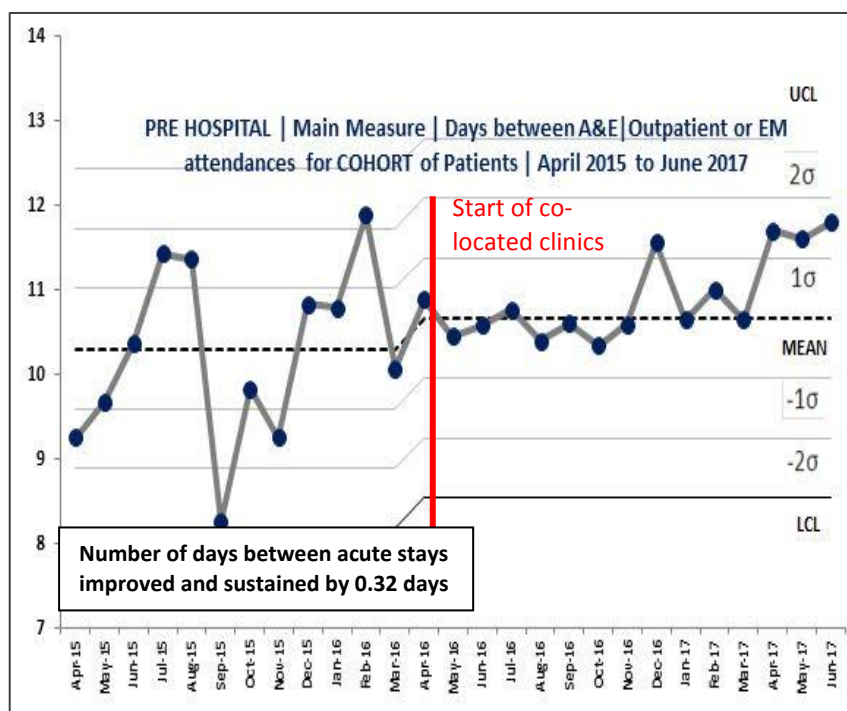
- Jan 2016: Appointed as an FHP development site.
- Mar 2016: Project launched to Sandwell and West Birmingham staff, patients and managers.
- Jun 2016: Organisational restructure resulting in redeployment of head of team, project manager and data analyst.
- Sep 2016: New project manager and divisional general manager appointed. Three workstreams defined.
- Jan 2017: Pilot model of reviewing referrals from assessment unit daily commences. Co-located respiratory clinics start.
- Feb 2017: Patient representative steps down from project.
- Jun 2017: New patient representative joins the project.

Outcomes

1. Patient outcomes

Pre hospital

Outcomes were measured for the workstream's ability to prevent unnecessary hospital visits for the cohort of patients seen within the pre-hospital clinics. **The number of days between acute stays improved by 0.32 days** balanced against **no discernible change in length of stay** for the same cohort. Patient satisfaction responses to the clinics were high.



Post hospital

Prevention of unnecessary emergency A&E attendances for patients seen within the post-hospital MDT clinics was measured for the post-hospital workstream. **The gap between A&E attendances lengthened by an average of 0.49 days** balanced against **no discernible change in emergency length of stay** for the same cohort. Patient satisfaction responses to the clinics were not undertaken. There was a positive return on investment as far as the reduction in A&E frequent attenders and some early evidence of follow-up outpatients.

2. Staff impact

Feedback from staff

A Likert scale entered by staff after they saw patients in the in-reach acute medical unit (AMU) clinic reported that staff agreed that the clinics facilitated service provision for acute respiratory medical patients, added educational value and personal development to them, and had a positive impact on their workload.

3. Patient experience

- **Integrated clinics:** Patients attending clinics ‘strongly agreed’ that there was value in a consultant being present and that they were able to discuss more about their conditions.
- **In reach model:** Patients seen by the In Reach Respiratory Team ‘strongly agreed’ that they were satisfied with the care of their condition and that care was timely and efficient.

Successes and challenges

Successes

- ✓ The team remained resilient through challenging times, which was the result of a shared vision and clinical engagement and distributive leadership.
- ✓ The pre-hospital workstream managed to reduce the frequency of combined attendances to either A&E, outpatient and emergency admissions by 0.32 days on average for the cohort of patients that were treated.
- ✓ By sharing knowledge between the respiratory consultant and general practice staff some early signs of improved practice and patient self-management were demonstrable through patient and staff feedback.
- ✓ The in-hospital workstream had a positive impact on the rhythm of the day for the specialist wards, improved training opportunities and positive feedback from nurses. There was no discernible impact on length of stay in the studied period.
- ✓ The post-hospital workstream managed to reduce the A&E arrivals by on average 0.49 days for the cohort of patients treated within the MDT clinics, by providing alternative avenues for these patients post-acute discharge, rather than re-attending as an emergency admission.

Challenges

- The two biggest challenges were the loss of two members of the improvement team and their change management experience. For example, the team lost its change project manager at an early stage and were without one for a period of time. Once the role was filled, the project resumed with great vigour.
- Experience in running PDSA cycles and driving improvement through data was limited among the clinical members of the team. At the critical time when posts were vacant, support was provided by unfunded work from the improvement analyst. With effective liaison with the executive team we managed to get back the same analyst to support the project.

Read the full report from Sandwell and West Birmingham’s development site team at www.rcplondon.ac.uk/delivering-the-future-hospital

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Integrating diabetes care in Oxford

Integrated care is **seamless, coordinated and locally designed care** that **puts patients at the centre** of service organisation, considers their needs in a holistic way, and develops high-quality services that meet these needs **in settings that are accessible and convenient** for patients. The aim of integrating services has been on the national agenda for a number of years. RCP members and fellows however, regularly report the difficulties they face in making integrated care a reality.

Learning from a journey towards cross-organisational integration

The consultant clinical team in Oxfordshire had previously been successful in implementing a model of integrated care for diabetes in Derby using an innovative model⁶ (detailed in the review of integrated care). They were looking to take their learning and apply it in a different context to the whole health economy of Oxfordshire, spanning primary care, community services and an acute trust.

A qualitative researcher was embedded within the project to record and highlight the process of implementation. While there was not the same intensity or structure of project support, time with a dedicated data analyst or involvement in a network of peer support as that provided to the eight development site projects, the team remained in contact with the FHP through the Future Hospital officers and reported to the FHP Board.

Initially, the aim of the project was to commission one single diabetes service for the whole of the county. Leadership and management challenges meant it took much longer than expected to get the business case approved, and the commissioning process was halted twice. Eventually, it was agreed to pilot some elements of the integrated approach on a smaller scale (one primary care locality) before rolling out the new service across the county (six primary care localities).

Successes

- 1 **Governance:** A joint clinical board in each locality within the CCG responsible for delivery and governance of the service.
- 2 **Outcomes:** A suite of agreed shared outcome measures and a diabetes 'dashboard' that monitors variation in diabetes indicators between GP practices across the county.
- 3 **Service delivery:**
 - Twice-yearly GP practice visits by consultants, community diabetes specialist nurses, community Improving Access to Psychological Therapies (IAPT) service to improve service quality (eight key care processes and triple target of blood pressure, cholesterol and glycaemic control).
 - The introduction of virtual consultations using Skype for Business to increase the speed of decision making and encourage the sharing of clinical records between different providers.
 - Shared care plans developed for patients requiring additional support for their diabetes (educational, pharmacological, and psychological support). This was supported by money awarded from the National Diabetes Transformation Fund.
- 4 **STP:** Diabetes service changes were incorporated into the local sustainability and transformation plan.
- 5 **Culture:** Greater understanding of how to work collaboratively between primary and secondary care and with mental health services. Increased awareness of the challenges and resources available to address the needs of patients with diabetes type 1 and type 2 previously categorised as complex or disengaged.
- 6 **Dissemination:** A wealth of learning on the process of integration that has been shared through multiple channels, including the [RCP website](#).

Challenges

- 1 **Organisational:** the decision-making structure and leadership was not always clear within organisations and between organisations. In particular, working out which committees were responsible for agreeing cross-organisational collaboration made progress challenging.
- 2 **Leadership:** changes in primary care leadership within the CCG made it difficult to secure primary care commitment in the context of a variety of short-lived programmes as there was little continuity and learning between them.
- 3 **Team members:** there was uncertainty as to how service integration would affect individual healthcare professionals within each organisation.
- 4 **Patients and stakeholders:** engaging stakeholders and patients in a wide-ranging and complex project was variable and difficult to facilitate over a prolonged time.
- 5 **Technical:** costing the long-term outcomes of improved diabetes care against the cost of short-term changes.
- 6 **Resource:** there was an inability to release resources to enable work on the programme.

Facilitators of progress

- Appointment of committed GP champions to establish strong, cohesive, clinical leadership across organisations.
- Co-production with patients with long-term conditions to ensure that the service provided patient-centred care.
- Shared vision and common goals to agree the case for integration at all levels of the organisations involved.
- Recurrent and ongoing engagement with primary care through multidisciplinary team meetings to build mutual understanding of needs.
- Data on variation in care, local needs and feedback from patients to gain early consensus among clinicians.
- Focus on mini-transformations to support a bottom-up approach.
- IT infrastructure must be meaningful and timely to facilitate faster communication, enable service change and collect data for improvement.

Next steps

Following the pilot of the integrated diabetes service, the CCG, GP federations, community trust and acute hospital have committed to implementing a new integrated service in autumn 2018.

Acknowledgements

The Oxford integrated care project was run alongside the National Institute for Health Research Oxford Biomedical Research Centre.

Contact

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This chapter covers the flagship Future Hospital chief registrar scheme

This chapter covers the flagship Future Hospital chief registrar scheme

The Future Hospital chief registrar scheme

The [Future Hospital chief registrar scheme](#) provides a platform from which **positive change can be effected by junior doctors** who experience the challenges and pressures of life on the **medical frontline** every day.

The FHC recognised the pressures and constraints facing the medical workforce:

'[There is a] a looming crisis in the medical workforce, with consultants and medical registrars under increasing pressure, and difficulties recruiting to posts and training schemes that involve general medicine.'

- *Future hospital: Caring for medical patients*, September 2013⁷

The FHC recommended that a chief registrar be appointed in every acute hospital. The chief registrar role provides a bridge between the junior doctor workforce and senior clinical leaders and managers within their organisation.

Chief registrars are the NHS's future clinical leaders and take a leading role in developing innovative improvement projects that address key local challenges. Supported by a bespoke leadership and management development programme provided by the RCP, chief registrars positively influence patient outcomes, staff fulfilment and motivation, and organisational performance.

Chief registrar: benefits

For patient care and the organisation

Using their position, clinical judgement, knowledge of the clinical environment and new skills, **chief registrars develop initiatives that tackle their hospital's critical challenges**. By working across teams to address issues such as patient flow and patient safety, chief registrars deliver better outcomes for patients and contribute to improved organisational performance.

For the trainee workforce

The chief registrar scheme is **a tangible demonstration by an NHS organisation of its commitment to valuing and supporting trainees**. While the chief registrar is not a representative role, postholders provide a 'bridge' between their trainee peers, senior clinical leaders and managers, and improve medical engagement and morale.

For the individual

Unlike anything else in their clinical training, chief registrars gain **direct experience of senior management** and an **understanding of the wider NHS and care system**. The benefits to the chief registrar are multiple: individuals develop effective leadership and management skills; become confident leaders; and have the opportunity to put their skills into practice by delivering high-impact quality improvement projects in a supportive environment.

Chief registrar: local impact

Chief registrars work to address local problems in collaboration with clinical teams, managers and senior leaders. Chief registrars deliver a wide and diverse range of projects that reflect local circumstances, but some common themes have emerged.

✓ Service improvement

Chief registrars work with clinical teams to determine the areas most in need of improvement and ensure that the Future Hospital principles of patient care are at the heart of change. Protected time for developing and implementing quality improvement (QI) projects gives chief registrars the time and space to lead change to benefit their patients, colleagues and organisations.

✓ Workforce transformation

Chief registrars have oversight of service delivery in relation to junior medical staff deployment. Their role gives them an understanding of patterns of out-of-hours working, shift working, safe cover, handover and hospital at night. They work with senior colleagues and teams to ensure that medical skills are deployed where and when they are needed, ensuring that plans meet current and future patient needs.

✓ Engagement and morale

As a 'bridge' between the junior doctor workforce and senior leaders, chief registrars ensure that the trainee voice is heard at the highest level. Supporting and guiding other trainees to develop their own initiatives, chief registrars ensure that trainees have a forum to raise concerns and share ideas, and importantly, feel inspired and motivated to deliver change.

✓ Education and training

Chief registrars are in an ideal position to influence the training and education of junior doctors, ensuring that the skills being developed are fit for the modern medical environment and for future developments such as integrated care, digital technologies and the changing patient demographic.

The chief registrar role

- Minimum 12-month post
- 40–50% protected time for chief registrar initiatives
- 50–60% clinical practice
- ST4 and above
- In- or out-of-programme opportunity (training or experience)
- Ideally dual training in a medical specialty and general internal medicine
- Enrolment in RCP leadership and management development programme

Chief registrars: support from the RCP

During their time in post, chief registrars benefit from regular support from the RCP.

- *Leadership and management development programme*
 - The RCP development programme currently consists of four modules on topics including change management, quality improvement and team development, plus additional introductory and showcase events.
 - In addition to the development programme, chief registrars are signposted to leadership and management resources and events to further develop their knowledge and skills.

- *Clinical and management expertise*
 - Chief registrars have access to expertise within the RCP, including education, quality improvement and the FHP, and are linked into local RCP networks.
- *Networking*
 - Chief registrars have the opportunity to network with RCP senior officers, QI and education faculty, senior NHS leaders and innovative thinkers.
- *Chief registrar alumni network*
 - Chief registrars are enrolled into the chief registrar alumni network to foster sharing and learning beyond their immediate cohort.
- *Presentation opportunities*
 - Chief registrars are encouraged to share their learning at conferences and events in oral presentations or posters.

Growth of scheme

In its pilot year, **19 chief registrars** from **nine specialties** and **16 organisations** completed the chief registrar scheme. A [chief registrar alumni yearbook](#) documenting their achievements is available online.

In year 2, **37 trainees** from **36 NHS organisations** will join the development programme.

For more information, or to register your interest in joining the scheme, email chiefregistrar@rcplondon.ac.uk.

An external evaluation of the chief registrar scheme by the University of Birmingham

The Health Services Management Centre at the University of Birmingham was commissioned by the RCP in 2016 to [independently evaluate](#)⁸ the impact of the chief registrar pilot, looking in particular at patient care, organisational culture, professional development, support for junior doctors and allied health professionals, and acute care processes.

Key findings

Positive overall influence

Overall, the scheme had a positive impact upon chief registrars and the individuals they worked with.

Significant contributions to service improvement, education provision and trainee doctor engagement and involvement

Chief registrars implemented a diverse range of locally tailored initiatives that delivered positive outcomes, including: increased patient satisfaction; improved patient safety; reduced waiting times; and improved perception of training quality.

Strong evidence of personal development

Chief registrars developed leadership and management skills, particularly skills in negotiating, change management and leading quality improvement projects. Exposure to senior staff was also extremely beneficial in understanding organisational decision-making and governance.

Chief registrars gained:

- greater self-awareness
- more confidence
- increased understanding of their role as a doctor and a medical leader
- direct experience of senior management activities.

Enhanced medical engagement

Chief registrars 'breathed life' into junior doctor engagement forums and improved overall medical engagement between junior doctors, senior clinical leaders and managers. The 'bridge' role allowed a two-way flow of information which was welcomed on all sides.

Increased engagement with, and facilitation of, QI across teams

Chief registrars became a generic source of QI advice and were involved in developing a 'QI culture' which will benefit their organisations in the long term.

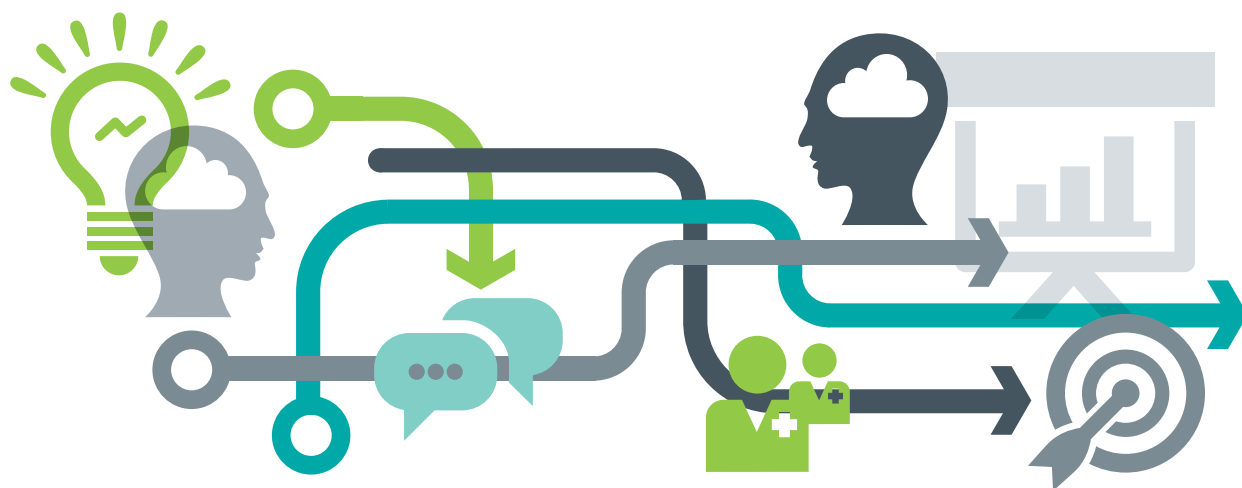
RCP leadership and management development programme

The RCP development programme was well-regarded by the chief registrars.

Cost benefits

Some chief registrar initiatives have had direct cost benefits. For example, a weekend discharge service which has been estimated to save the trust up to £200,000 per year, or a new papilloedema pathway that reduced duplicate and unnecessary scans and is projected to save up to £15,000 in bed days alone.⁹

The independent evaluation⁸ found that other projects are likely to have contributed to cost savings indirectly, by focusing on challenges such as improving flow, increasing patient safety and reducing rota gaps. Given the relatively low cost of a chief registrar role, the return on investment that is achieved directly and indirectly through their initiatives is significant.



Chapter 3

Providing a platform to showcase innovation and learning

This chapter explores how the FHP helped to build relationships and foster learning.

Future Hospital Partners Network

Through the Partners Network the FHP fostered a powerful learning community of people who champion the FHP and its 11 principles of patient care.

The FHP is committed to enabling system-wide improvements in the care of medical patients; yet it did not issue a set of defined instructions for how every hospital should change. Many individual clinicians, NHS trusts and stakeholders from across the NHS expressed an interest in becoming involved in the work of the FHP. This community of interest offers enormous potential to the FHP, in terms of both drawing on the expertise of this group, and also in supporting them to deliver the future hospital model and recommendations in their own areas.

A strategy for change

The FHP draws on the expertise, experience and enthusiasm of its Partners Network members to inspire a social movement that strives to realise the Future Hospital principles. The Partners Network:

- promotes innovative clinical practice
- upholds the principles of the FHC
- shares the experiences of those who have led improvement work
- hosts events to bring the Future Hospital community together
- provides members with information and resources to lead service improvements in their area.

Partners Network members

The Future Hospital Partners Network is made up of:

- clinicians
- hospital managers
- allied health professionals
- patients
- patient representatives
- policy officers
- chief registrars
- Future Hospital development site teams
- RCP colleagues.

Tell us your story

Tell us your story case studies are 'real world' examples of service improvement/redesign initiatives, exemplifying the very best of the NHS.

The FHP recognised there was a great interest in the recommendations identified by the FHC, but many people wanted to know where these principles had been effectively embedded into day-to-day practice in the NHS. Through the *Tell us your story* initiative, the FHP is collecting case studies from real-world improvement projects in the NHS. Stories are collected and disseminated by the FHP to members of the Partners Network, colleagues across the RCP and beyond.

Quality assurance

Stories are reviewed in a formal quality assurance process by Future Hospital officers. Submitted stories are assessed on their robustness and how easy it would be for someone to adopt similar principles in another hospital.

Categories

Stories are published online¹⁰ and organised into [five distinct categories](#):

- ✓ **7-day services**
Among the FHC's recommendations is the need to design hospital services that deliver high-quality care sustainable 24 hours a day, 7 days a week. These stories detail real-world examples of services running every day of the week, often finding creative solutions to operate within existing budgets.
- ✓ **Integrated care**
The FHC also advocated for 'integrated care'; that is for health and social care services to be joined up and unified. These varied case studies offer examples of effective and sustainable solutions for integration of services.
- ✓ **Person-centred care**
These *Tell us your story* case studies demonstrate one of the 11 principles of patient care in action: services should be tailored to meet the needs of individual patients.
- ✓ **Improving patient safety**
Through these interventions, clinical teams had the overarching aim of improving patient safety, both inside the hospital and in the community.
- ✓ **Developing the workforce**
These *Tell us your story* case studies highlight examples of new ways of working on an individual or team level.

Review of integrated care

What is integrated care?

Integrated care services:

- are seamless, coordinated and locally designed
- consider patients' needs in a holistic way and are organised around their needs
- meet patients' needs in settings that are accessible and convenient.

Taking specialist medical care beyond the hospital walls

Integrated care is a key priority for the NHS and for the RCP's FHP, as highlighted by the FHC. The FHP [reviewed current models of integrated diabetes care](#),⁴ exploring how outcomes are improved for patients by better working across care sectors.

Lay representatives, clinicians, allied health professionals and academics examined how the physician community, the FHP and other organisations can support, develop and deliver integrated care. The report, *Integrated care – taking specialist medical care beyond the hospital walls*, was published in collaboration with the RCP's PCN.

Priority areas for physicians

Based on examples of the very best of integrated services, the reviewers found five priority areas for physicians leading change in their locale.

- 1 Ensure that the patient's and carer's perspective is the organising principle of service delivery across organisations.
- 2 Support population health and wellbeing outside the hospital walls, while offering specialist care within the hospital and being an advocate for patients groups with specialist needs.
- 3 Evolve medical training and curricula to ensure that physicians of the future are equipped with the additional skills to deliver integrated services.
- 4 Ensure that organisations that deliver care support consultants with appropriate job plans, contracts, management structures, governance frameworks and information systems to deliver integrated care.
- 5 Evaluate the effects of health service redesign on patients' and populations' health and wellbeing.

Priority areas for patients

This report is a timely reminder for physicians to involve patients and people with long-term conditions in service development as the NHS faces so many challenges in terms of both workforce and resource.

- 1 Patients' needs should be central to the care that is provided, as outlined in the FHC.
- 2 For patients with long-term conditions and the frail and elderly, there is great value in a seamless, integrated approach to care; one which involves the patient and/or carer.
- 3 Care systems and approaches must be built to support the principles of integration and patient involvement.
- 4 Co-production – equal partnerships between patients and physicians in the design of health services – is integral to making integrated care a reality.
- 5 Patients should be equipped with the skills and access to technology to allow them to self-manage effectively and safely.

Shared decision making and support for self-management

Shared decision making (SDM) and support for self-management (SSM) refer to a set of attitudes, roles and skills, supported by tools and organisational systems, which put patients and carers into a full partnership relationship with clinicians in all clinical interactions.

Aims

Through the shared decision making and support for self-management project, the RCP set out to:

- **establish the readiness of the RCP** for SDM and SSM part of the routine practice of physicians
- **embed the principles** of SDM and SSM into the systems and structures of RCP policy and programmes
- **support and act as a resource** to clinicians to implement SDM and SSM into practice.

Methods

The RCP is committed to working in partnership with patients in clinical settings, and in developing policy and guidance.

- In 2013, the RCP adopted a [position statement](#) on SDM and SSM¹¹ that set out its support for partnership working between patients and clinicians.
- A SDM and SSM clinical fellow, was appointed to work across RCP departments to promote partnership working in practice.
- In 2014, the SDM and SSM project was adopted into the FHP.
- The FHP worked closely with the RCP PCN in pursuit of its aims to shift the culture and attitudes towards SDM and SSM.
- A series of workshops were conducted to raise the profile of issues and attitudes related to SDM and SSM among clinicians.
- The principles and practice of SDM and SSM were successfully incorporated into scenarios that feature in the RCP membership exam (PACES), as this is recognised as core learning for trainee physicians.

A special edition of the [Future Healthcare Journal](#) was published in June 2016 with half of the articles written by patients and patient representatives.

Key learning and recommendations: embedding the principles of SDM and SSM

- The process of reflection and change concerning SDM and SSM is only **likely to go forward at pace and scale if it is led by clinical peers**.
- The structures and programmes within the RCP lend themselves to **fostering the new partnership relationship between clinicians and people** that need their services.
- Especially important in this process are **relationships with service users**.
- The **RCP is able to act as a bridge between policy intent and clinical practice** and has a range of ways to do this.

Transition services for young adults and adolescents

The RCP's *Acute care toolkit 13: Acute care for adolescents and young adults*⁵ demonstrates the appropriate behaviours to effectively and compassionately manage young adults and adolescents (YAA) for physicians in acute medical units.

There is evidence that poorly planned transition may be linked with an increased risk of young people dropping out from medical care and poor health outcomes. There is also evidence, however, that age-appropriate adolescent services improve patient outcomes by improving attendance and retention of young people in clinical services.

- The **different social and emotional needs of YAA** mean that they often have different health needs. They are not always suitably addressed.
- **There is a growing problem:** between 1996 and 2010, emergency admissions among 16-to-19-year-olds increased by 43%. The number of 10-to-19-year-olds with a long-term condition has increased by 26% in 8 years, and there are growing rates of obesity and depression amongst YAA.¹²
- **Self-harm and suicides** are major causes of YAA morbidity and mortality.
- **Appropriate implementation of 'transition' is variable** and does not incorporate thought on young adults who find themselves acutely unwell for the first time.

Young adult and adolescent toolkit

- **Who?** The FHP published a report highlighting the issue of transition between hospital services for YAA). In particular YAA with **chronic disease** in the **16–25 year age group**.
- **When?** Secondary and tertiary healthcare provision changes from paediatric to adult services between the ages of 16 and 19 years old.
- **Why?** YAA with chronic disease need a **developmentally appropriate response from the health care service**. Scientific evidence tells us that their **brains are continuing to develop**: this patient group is not really mature until they're about 25 years old. Many **personal transitions** are also occurring in the lives of these young people, for example, leaving home for higher education or work.

Acute care toolkit: acute care for adolescents and young adults

Currently there are pockets of excellence for transition services for YAAs in some specialties and geographical areas. The RCP's *Acute care toolkit 13: Acute care for adolescents and young adults* provides knowledge and skills, and demonstrates the appropriate behaviours to effectively and compassionately manage YAA for physicians in acute medical units.

Findings

- Further concerted action is required to ensure healthcare provision is developmentally appropriate to the needs of YAAs.
- YAAs' needs should be identified and prioritised by providers, commissioners and policy makers as an essential element of an excellent, equitable healthcare system.

Conclusions: Delivering the future hospital

Improving future health and care

Following the acclaim for the FHC,³ the RCP was in a unique position to lead and fund a programme to test its recommendations in clinical practice. This was a challenging undertaking, ranging from new ways of delivering patient care to piloting a senior leadership post at a time when the NHS was striving to maintain services in the face of unprecedented demand and budget constraints.¹³

The FHP has demonstrated that a patient-centred approach to improving services can help to deliver better care for patients by more motivated, engaged staff. The FHC vision of enhanced access to specialist medical care closer to home, and earlier in hospital pathways, with potential reduced use of hospital resource was realised in part.

The FHP partnered with selected clinical teams recruited in two phases in 2014 and 2016. The former showed improvements in the care of frail older people in hospital and community settings, while the latter highlighted the promise and initial impact of enhanced joint working across healthcare boundaries. Embedding patients in the project teams helped ensure the improvements reported were meaningful to patients and appreciated by them. These improvements were achieved within existing budgets. This, and the associated enthusiasm of patients and staff bodes well for their sustainability.

The pilot of the new chief registrar post has been a notable success and the independent evaluation provides important insights into its implementation. Junior doctors have been consistently undervalued and their potential to lead change overlooked. The pilot started when junior doctor morale was at its lowest ebb and the achievements of the first chief registrars have been impressive, leading to wide support and doubling of recruitment.

The FHP was exposed to the rigour of independent review and reported a wealth of successes, challenges and learning. Careful planning and continuing support is required to successfully embed patient representatives as effective advocates in busy healthcare teams, with inbuilt relationships and hierarchies. Improving care in tandem with service delivery requires the repeated assessment of the impact of serial interventions – a requirement met by the use of [improvement methodology](#). This methodology has not been adopted widely in the NHS, despite this expertise being available in the many performance departments of NHS providers. Healthcare organisations seeking to improve services in the next decade need to release data analysts to work with front line clinical teams to ensure the right data is collated, and the right analysis and clinical interpretation is applied.

Almost all development site projects were put at risk by relentless systemic pressures in their organisations, which led to staff redeployment or vacancies. The variability of service and health economy priorities and instability of staff roles and organisational structures makes replication and scalability of proven service improvement extremely challenging.

FHP development site teams valued the expertise, influence and authority that working with the RCP brought. The teams reported that improvement requires resilience and flexibility, as projects may evolve in directions that were not foreseen. For some there is a sense that they have yet to achieve their aims, and recognition that improving care is an ongoing journey that takes time and commitment.

While the structured support to development site partners within the FHP has ceased, the FHP has revealed the need for the RCP to support service improvement led by physicians and their teams much more widely. To address this, the RCP has embarked on building a faculty drawn from both within and outside the FHP.

The RCP Quality Improvement Programme will build on the considerable learning of FHP, to support physicians and their teams to deliver improvements in services and the quality of patient care. Key factors to achieve this include facilitating collaborative learning, and supporting patients and carers to be effective members of improvement teams. The RCP will provide learning opportunities, networks and coaching by expert peers to deliver improvement. This will build existing expertise within the RCP including national clinical audit, accreditation, the publication of guidelines and the use of health informatics. There will also be an emphasis on the development of the next generation of clinical leaders through expansion and refinement of the chief registrar scheme. As the RCP approaches its 500-year anniversary in 2018, the FHP has confirmed that the RCP is uniquely placed to support physicians to lead improvements in the care of their patients.

An independent, external evaluation by the University of Liverpool – abstract

Background

Following the Future Hospital Commission report, the Royal College of Physicians (RCP) set up the Future Hospital Programme to put these visions into practice. The Future Hospital Programme had various foci of activity, this included providing support to eight development sites to implement projects surrounding the Future Hospital Commission report principles and engaging the health care community. The RCP sought an external group to undertake an independent evaluation. The full report presents the findings of that external evaluation.

Methods

A mixed methods approach was used. Opinions about the FHP were sought from four main sources; the development site teams, the patient representatives from the development sites, personnel from the RCP both directly and indirectly involved with the programme, and the wider college membership. Activities involved focus groups, one-to-one interviews, a comprehensive documents review and web-based surveys.

Key findings

This evaluation has confirmed that the programme has had many successes and brought about real change; developed QI capacity directly within teams; and more widely across the RCP, and demonstrated it is possible for the vision of the Future Hospital Commission to be delivered within real world environments.

It has demonstrated that colleges are well placed to lead on quality improvement work. The programme links well to future plans for the Quality Improvement Hub in the RCP, as well as the Chief Registrar scheme and the web-based *Tell Us Your Story* initiative.

However, the Future Hospital Programme approach is not sustainable for the RCP to resource alone. Whilst it was effective pump-priming to deliver demonstration sites and shared evaluations, other approaches need to be explored to facilitate professional-led, 'bottom up' innovation, co-produced with patients working to RCP recommendations for quality improvement, evaluation and innovation. This requires a less formalised and high-investment environment for it to be sustainable in the longer-term.

Contact the evaluation team via Professor Mark Gabbay, m.b.gabbay@liverpool.ac.uk

Read the evaluation report at:

www.rcplondon.ac.uk/delivering-the-future-hospital

Appendix 1: About the FHP

The Future Hospital Programme (FHP) was established by the Royal College of Physicians (RCP) in response to the seminal [Future Hospital Commission \(FHC\) report](#). The report described a new model of patient-centred care underpinned by a core set of principles and new approaches to leadership and training. The FHP put this vision into practice through a range of activities in order to evaluate the real-world impact of the FHC's recommendations.

FHP team

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Future Hospital officers

Professor Frank Joseph
Dr Mark Temple

RCP clinical vice presidents

Dr Anita Donley
Professor David Oliver (appointed July 2016)

Future Hospital fellows

Dr Nick Lewis-Barned, shared decision making and support for self-management
Dr Andrea Goddard, young adults and adolescents

Governance of the FHP

The FHP was overseen by a programme board, and reported to the Care Quality Improvement Department Board, which in turn is accountable to the trustees of the RCP. Overall clinical responsibility for the programme rests with the RCP clinical vice president who reported to the RCP Council.

Acknowledgements

The FHP was led by a dedicated project team at the Royal College of Physicians, London.

Many thanks to the people who have engaged with the FHP in different ways, including the eight Future Hospital development site teams, the Oxford integrated care team, chief registrars, members of the Future Hospital Partners Network, authors of *Tell us your story* case studies, RCP clinical officers, Future Hospital officers and the RCP's Patient and Carer Network.

Appendix 2: Glossary

Acute medicine: The part of (general) internal medicine concerned with the immediate and early specialist management of adult patients suffering from a wide range of medical conditions who present to, or from within hospitals as emergencies.

Acute trust: An NHS body that provides secondary care or hospital-based healthcare services from one or more hospital sites.

Allied health professionals: This term encompasses many different roles including therapists, dietitians, occupational therapists, paramedics, physiotherapists, radiographers, and speech and language therapists.

Chief registrar: A senior leadership role for doctors in training, with minimum 40% protected time for leadership and management.

Comprehensive geriatric assessment: The British Geriatric Society defines comprehensive geriatric assessment as ‘a multidimensional and usually interdisciplinary diagnostic process designed to determine a frail older person’s medical conditions, mental health, functional capacity and social circumstances. The purpose is to plan and carry out a holistic plan for treatment, rehabilitation, support and long term follow up’.

End-of-life care: Care that helps people with advanced, progressive, incurable illness to live as well as possible until they die.

Frailty units: A specialist unit, led by the geriatric medicine team, focused on the needs of older patients with frailty conditions, including dementia.

General medicine: Diagnosis and management of inpatients with a variety of medical disorders both common and complex, in addition to patients with acute illness.

Generalist physician: A physician whose practice is not orientated in a specific medical specialty (eg an organ- or system-specific specialty, such as cardiology) but instead covers a variety of medical problems.

Integrated care: Free movement of information and expertise across the structural borders of primary, secondary, community-based and social care.

Outpatient: A patient who attends a hospital for treatment without staying there overnight.

Pathway of care: The route followed by the patient into, through and out of NHS and social care services.

Secondary care: Service provided by medical specialists who generally do not have first contact with patients, instead having patients referred to them by other healthcare professionals, such as GPs. Secondary care services include those provided by hospitals.

Specialty medicine: Care provided by a physician who is a specialist in internal medicine (trained in general internal medicine). This includes care provided by a physician working in one of the organ-specific medical specialties (eg cardiology, respiratory or renal medicine), or by a geriatric medicine physician managing older patients in a specialist capacity.

Virtual clinics or ward rounds: An opportunity for the clinical team to review a patient’s progress and agree care plans without the patient needing to be present, using telecommunications technology.

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Delivering the future hospital

Full report

This report is an account of the successes, challenges and learning from the FHP in the 3 years between 2014 and 2017. Its purpose is to report on the findings of the FHP and its partners.

This report is for healthcare professionals, patients and carers, commissioners and NHS managers.



Royal College
of Physicians



Future Hospital
Programme



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of Physicians



Future Hospital
Programme



Phase 1 Future Hospital development site

East Lancashire Hospitals NHS Trust

Frail and older people

Safe Personal Effective Care for Frail Older People – Shifting Sands, Enduring Principles

East Lancashire Hospitals NHS Trust – Future Hospital Development Site
Final Report – July 2017



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1. OVERVIEW

East Lancashire Hospitals NHS Trust (ELHT) is a provider of hospital and community services for the 530,000 people in East Lancashire and Blackburn with Darwen. We now refer to this combined area as Pennine Lancashire. We work closely with other local organisations to plan and deliver care for these people. We are on a journey to provide more integrated care for local people by developing our services and partnerships in line with the vision outlined in the Future Hospital Commission report (2013). Our current five-year clinical strategy 'Fit for the Future' provides a platform to ensure we deliver appropriate safe, effective services in the community; that our hospital based services are high quality, of sufficient capacity and affordable; and our population has access to strong, local, specialist services. Our aim as an organisation is to be widely recognised for safe, personal, effective care.

Our local population has extremes of socioeconomic deprivation, almost half of the population lives in the 20% most disadvantaged areas nationally, there is a high and increasing black and minority ethnic (BME) population in local towns (30% in Blackburn, 12% in East Lancashire), the over 65 year old population will increase by 8% in the next five years.

The aim of our programme of work as an RCP Future Hospital Programme (FHP) development site has been to deliver better safe, personal, effective care for frail older people closer to home where safe and appropriate. This work has become a key component of the Pennine Lancashire Transformation Programme, *Together a Healthier Future*, as one of six health improvement priorities and a component of our Emergency Care System Transformation Programme.

The work embodies a number of the Future Hospital principles, in particular:

- Hospital services operate across the health economy
- Seven day services in the community
- Intensity of care that meets patient's clinical and support needs
- Focus on alternatives to hospital inpatients
- Care delivered by specialist teams in community settings
- Holistic care for vulnerable people.

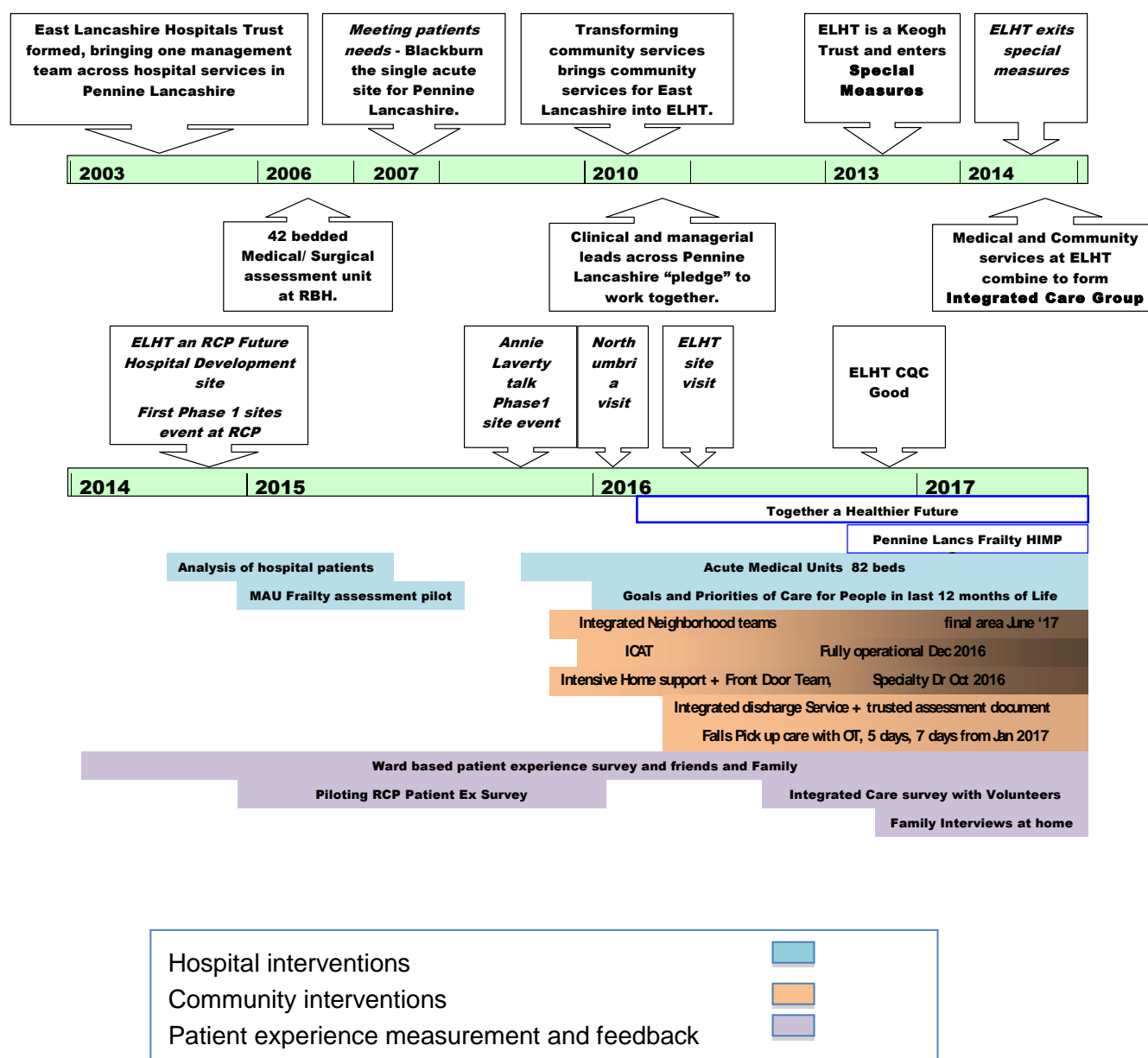
The whole programme of care has taken place in a changing environment, both within ELHT and across the health and care economy (see timeline, Figure 1). Of particular note are that the Trust had already brought two acute hospitals together, and had started to manage community services. It was in special measures from July 2013. Considerable organisational development has taken place, with the trust now being rated as 'Good', some of this is outlined in a recent CQC report, [*Driving Improvement Case Studies from eight NHS Trusts*](#). In addition, the Pennine Lancashire Health and Care System, through the transformation programme, is aiming to become an accountable care system within the Lancashire and South Cumbria STP. All this has influenced the nature of the projects within the ELHT FHP work, which have in turn influenced the priorities of the trust and the health economy.

The key elements of work within the ELHT FHP work have been:

- developing integrated community-based teams to support frail older people
- rapid frailty assessment for frail older people attending hospital as an emergency
- holistic care planning for frail older people approaching the end of their lives
- learning from the experiences of patients and families to improve our services.

Underpinning themes have been raising awareness of frailty across all staff groups, and creating the right care environments to meet the needs of frail older people.

Figure 1. Changing Environment - Pennine Lancashire and ELHT Timeline



2. PROGRAMME AND PROJECT DETAILS: SET UP, PROGRESS and RESULTS

2.1 Raising the profile of frail older peoples' care within ELHT and the health economy

Our initial work as part of the FHP explored the characteristics of older inpatients at Royal Blackburn Hospital during November 2014. Data for patients in Royal Blackburn Hospital at midnight on one day were analysed. A spot audit of all patients on MAU on five consecutive days was carried out by a consultant geriatrician and experienced trainee doctor in geriatrics. A more detailed multiprofessional analysis in 50 inpatients aged over 80 admitted on one day in three consecutive weeks was also carried out.

RESULTS: Forty percent of all inpatients in the acute hospital were shown to be aged over 80, of whom 9.5% died during that admission. They had an average length of in-hospital stay of 11 days and, if discharged, 22% were readmitted within 30 days. This is a significantly longer length of stay and readmission rate than younger patients. 20% of Emergency Department attendees were aged over 80 and 75% of these patients were admitted to hospital. On the 42-bedded

Medical Assessment Unit, 1 in 4 patients was aged over 80, of whom 21% could have been prevented from admission or would not require ongoing hospital care. The MDT study of 50 inpatients aged over 80 showed that 1 in 5 had had three or more admissions in the last 12 months, 28% had concurrent mental health needs, 50% were likely to be in their last year of life, and 24% had an episode of possible harm e.g. hospital acquired pneumonia or a fall, during their inpatient stay. Sixty percent had a delay in their discharge from the acute hospital. Only 38% underwent a form of comprehensive geriatric assessment (CGA).

IMPACT: These data were used within ELHT and across the health economy to raise the profile of need. In the community the profile of needs for older people was raised through the Community Transformation Partnership (see below).

As a result of shared learning with other FHP sites we agreed to use Rockwood Scale (*K. Rockwood K et al; Canadian Study of Health and Aging, Revised 2008*) for assessment of older adults. We have championed this across our services and have found that it highlights frailty and multiprofessional care planning for those with higher needs; it is easily used by staff.

As a direct result of being an FHP development site focusing on frailty, we proposed and negotiated a local CQUIN (quality funding incentive) for 2016/17 for frailty aligned to the work of the programme. This aimed to increase the use of the Rockwood Scale in assessing older people in all care settings, and the use of patient experience measurement for continuous improvement of services. The CQUIN increased the profile of this work being reported at provider and commissioner Boards.

[*Together a Healthier Future*](#) has been developing during the course of the FHP and was formally launched in February 2016, initially developing a case for change, and then co-design of a care model with local people and professionals. Our clinical lead has been the main clinical input from ELHT to the programme. The needs of frail older people have featured highly in prevention, out of hospital care, and in-hospital care components of the programme, but, most importantly, how these are all connected, and has been influenced by the FHP. Frailty is one of six health improvement priorities for the programme and is now coordinated through a steering group, the Frailty Health Improvement Partnership. This brings together the work initiated through the FHP with aligned streams of work, for example, improving care in nursing and care homes and the Age Well programme.

2.2 Creating the right environment for care of frail older people

As can be seen from the timeline in Figure 1, the MAU was initially designed as a combined Medical and Surgical Assessment Unit, but the amalgamation of Blackburn and Burnley Hospitals with the designation of Blackburn as the main site meant that this struggled to meet the demands of acute medical assessment for the whole Pennine Lancashire population. This resulted in an average length of stay of 10 hours, with rapid onward movement to other hospital wards. For 1 in 4 patients who were frail this is a very short time to perform multiprofessional assessment, even for the 21% of those patients who would not need onward care in hospital.

During 2015, rapid plans were therefore developed to change from a 42 bedded MAU to an 84 bedded Acute Medical Unit (AMU), with patients able to stay in that unit for up to 72 hours if their care needs could be met there and if they might be discharged within that time. This created a more appropriate environment for multiprofessional assessment of frail older people. The AMU opened as two units (AMU A and AMU B) with similar operating procedures in October 2015.

Supported by the CQUIN we have now embedded Rockwood Scale assessment into the admission assessment processes on the AMUs, as a standardised part of the assessment documentation.

RESULTS: This new clinical model has resulted in a sustained increase in the number of patients discharged within 24 hours following admission to 38.5%, and 45% of all admissions being discharged from the AMUs.

Between December 2016 and March 2017 use of Rockwood scale rose from 10% of patients aged over 75 to 90% of these patients.

IMPACT: The use of Rockwood scale was enabled by a trainee advanced nurse practitioner leading this work with the support of the quality improvement team and rapid feedback of data. She has also developed awareness training amongst AMU staff, and the use of Rockwood, to guide ongoing multiprofessional referral for care planning. This is influencing the cultural environment for frailty assessment in the AMUs.

2.3 Developing integrated community based teams to support frail older people – The community transformation partnership

A major component of our programme has been the development of integrated community teams to support frail older people within their homes, either preventing admission to hospital or continuing care following assessment and care in hospital. ELHT runs community services for East Lancashire. Lancashire Care Foundation Trust runs community services for Blackburn with Darwen. We could therefore directly develop these services in East Lancashire, and could influence and learn from the similar developments in Blackburn with Darwen. Integrated Neighbourhood Teams (INT) and Intensive Home Support (IHSS) with Intermediate Care Allocation Team (ICAT) were commissioned in 2015 following co design with commissioners.

Integrated Neighbourhood Teams (INT)

The aim of INTs is to establish a case management approach for high need individuals, linked to multidisciplinary teams. This was planned to happen on a locality basis, centred on primary care. Through a series of PDSAs starting in one locality in November 2015, and then spreading and adapting for others, a model was developed. The appointment of MDT coordinators and administrators was key to successful INTs. Staff engagement in building the teams and case finding meetings required considerable investment of time. This was developed through a planned integrated community services transformation partnership programme which included significant co-production workshops, formal staff engagement and a managed communication strategy for staff and the public supported by the commissioner. A sense of shared identity across teams and across organisations was established.

RESULTS: From initial case finding meetings, 75% of patients (mainly aged 71-85 years) discussed had no known care plan before the meeting, 50% of these patients required case managed integrated health and social care and follow-up after discussion.

INTs are now well embedded in the majority of neighbourhood areas. The final locality is “going live” in July 2017. The Medicine for Older People consultants are linking into the case management meetings in some neighbourhoods, the service has been very positively received by primary care, and has improved working with primary care immensely. Patients who are being case managed by INTs are highlighted on the hospital patient administration system so that links are made during hospital attendance for care planning and discharge.

Intensive Home Support Service (IHSS) and Intermediate Care Allocation Team (ICAT)

The aim of IHSS is urgent multiprofessional support at home to prevent or reduce hospitalisation. Teams receive referrals from community and work in Emergency Departments and AMUs to identify patients for discharge and care at home which is delivered within 2 hours. The service commenced in December 2015 and has grown to be fully operational and staffed from January 2017.

ICAT is a multiprofessional team that coordinates referrals, care planning and packages and monitor service capacity. This is for health and social care, including wider elements of social care e.g. housing and support from the voluntary sector. The service commenced in December 2015 and has been fully operational from August 2016.

These two teams became integrated during 2016 with a joint managerial and professional structure. The predicted level of activity has been met and exceeded for both step-up (community identified) and step-down (hospital identified) patients. The two highest caseloads are for the frail elderly with mobility problems and respiratory patients. An important component of the IHSS/ICAT model is being part of the Hospital Front Door Team (see below). A commissioning review is underway to explore a consistent approach across Pennine Lancashire.

A Falls Response Car linked into the IHSS and ICAT service with an occupational therapist working with a paramedic to prevent a conveyance to A&E was commissioned in December 2015 and expanded from 5-day working to 7-day working in January 2017. The service aims to put an urgent care package in place to support frail elderly patients in their home with ongoing assessment coordinated through ICAT and delivered by IHSS and then INTs.

Integrated Discharge Service (IDS)

The aim of the IDS team is to signpost, coordinate and progress discharge plans throughout the patient inpatient pathway, acting as a central point of referral, assessment and information thereby actively reducing length of stay in the acute setting. This commenced in February 2016 and continues to develop. This brought together six teams into one. A hub holds and monitors discharge and re-admission information across ELHT. A single trusted assessment document has been developed though the team and is now being rolled out in community services. Within the hospital, multi-skilled generic workers operate the trusted assessor role. Linking with ICAT for commissioning care packages is a key component.

Full sign-up by local authority social care has been challenging because of their competing pressures. The team are now piloting a Home First (Discharge to Assess) approach that has been agreed across Pennine Lancashire. Discharge and transfer pathways from the acute hospital have been streamlined and clarified.

Overall, community integrated services are now well established, as initially envisaged in our FHP work plans. There is still a need to increase capacity in intermediate care. Implementing the Home First model is a key component of the ELHT Emergency Care System Transformation Programme, and the services are established to enable this. This will now largely be a cultural change at the ward level.

2.4 Rapid frailty assessment for frail older people attending hospital as an emergency

This was initially tested on the MAU between November 2015 and August 2016. Led by a consultant geriatrician working with a developing multiprofessional team, a series of PDSAs were done to assess the best approach. Multiprofessional assessment and care planning were vital, including social care. Communication with families, carers, primary and community care and care/nursing homes as part of the assessment were also very important. Input from a general practitioner with a special interest in older people's care was also tested, and added particular insight to the team's approach. Structured communication with the GP via the discharge summary was tested and adapted through a PDSA approach.

RESULTS: This pilot proof of concept in the MAU demonstrated that 60% of the 22 patients aged over 80 who were assessed and managed in this way were discharged from the MAU.

As the AMUs were developed and implemented from October 2016, rapid frailty MDT assessment was to be a component of this new model of care. However, competing demands on our consultant geriatricians prevented the implementation. We have six geriatricians in post and

three vacancies. They cover hospital and community services, including orthogeriatrics and stroke. The input of the IHSS service and front door team to AMUs for highlighted patients was part of the model and was able to be implemented. This enabled early discharge from AMUs, but more detailed CGA and MDT meetings were not able to be implemented.

Multiple approaches to developing some medical capacity to be part of rapid frailty assessment were explored. Many would have taken considerable time to develop. A Specialty Doctor for Frailty was appointed in August 2016 to lead and be the medical input for rapid frailty assessment, with consultant and leadership mentoring. She began working as part of the front door team in the Emergency Department (ED) of A&E at Royal Blackburn Hospital from October 2016. Once more through a series of PDSAs and weekly review meetings, the ways of working of the more complete front door team developed. The team, comprising Specialty Doctor for Frailty, Occupational Therapist, Physiotherapist and IHSS senior nurse, is based in the ED Monday to Friday 8.30 to 17.00, and assesses patients highlighted by ED coordinators or from “screening” patients in the department. This is a needs-based approach. They work very closely with ICAT for initiating care packages for patients, with early review by IHSS and then feed into INTs. Communication with GPs and care/nursing homes has been tested and adapted through PDSAs, including feedback from GPs and care/nurse home managers. A structured, immediate communication is now in place, with the recommendation that patients are discussed in INT meetings. Patients who are admitted but would benefit from early further assessment are followed through by the team on AMUs. This approach has seen an increase in early discharges from the AMUs.

RESULTS: In the first six weeks, 121 patients were seen by frailty specialist doctor with IHSS, 90 discharged, 23 admitted to AMU, 3 to other specialties, 5 direct to intermediate care, 55 were followed up by IHSS. The specialty doctor has had an impact on many staff in the ED. *“Gives me confidence of a safe discharge. She has the time to go into detail that I will never have. The team have a familiarity with support services”* – ED Consultant. *“She gives us confidence to make higher risk decisions. A greater understanding of what can be treated at home. I am reassured that the patient is going to the right place. We now work in a less risk averse way.”* – Occupational Therapist.

IMPACT: ELHT is now planning the next stages of development of the Emergency Care System Transformation Programme. Establishing rapid Frailty MDT assessment 7 days a week over extended hours will be a key component. As assessments and implementing a plan can often take longer than 4 hours, the establishment of this service as part of a Clinical Decisions Unit, with patients being pulled from ED, is in the advanced stages of planning. Medical senior workforce remains the main constraint.

2.5 Holistic care planning for frail older people approaching the end of their lives

The initial study of hospital patients aged over 80 and the rapid frailty assessment pilots identified that a large proportion of frail older people attending hospital as an emergency may be in their last 12 months of life. This is supported by published literature (*Clark M et al: Palliat Med 2014*). End-of-life care has also been highlighted through patient and family experience measurement.

Following a review on national and international guidance on care planning in the last 12 months of life a format for supporting patient and family discussions and documentation was tested and adapted on one Medicine for Older People ward. This was called the Goals and Priorities of Care Document (GPOC). It went through multiple iterations. It is now in use across Medicine for Older People and Orthogeriatric wards. Standardised communication with primary care has also been tested and adapted and is now in place.

In order to maximise the appropriate use of this tool and approach, analysis was undertaken of 40 patients aged over 80 who died within 12 months following hospital admission, and 40 who

did not, during 2016-17, to see if there were clinical markers of patients who are in their last 12 months of life.

RESULTS: The data showed that patients who died were twice as likely to have been admitted from a nursing home, and to have had two or more admissions within the last few months. Dementia diagnosis and high Rockwood scores were not discriminators. More detailed results of the outcomes of GPOC assessments are shown in section 3.

Further spread of the use of GPOC was planned, but the development of support for advanced communication skills is key. Further spread was therefore not implemented until this was in place. A structured approach to the development and maintenance of communication skills has been developed by our Learning and Development department and is now in place. As we were beginning to plan the role out, the national ReSPECT (<http://www.respectprocess.org.uk>) programme was developed and launched. We have therefore agreed to implement the ReSPECT programme within ELHT, and the GPOC will be an important component of that, adding more details for appropriate patients.

2.6 Learning from the experiences of patients and families to improve our services.

The RCP Future Hospital team have emphasised, throughout, the importance of patient involvement in service improvement, as exemplified through the Patient and Carer Network of the RCP. Our local team have been advocates of patient and family involvement. At the start of the programme, wards were collecting a subset of the national inpatient survey on a sample of patients per month, collected by the ward staff, coordinated through the Meridian IT system, and fed back on a quarterly basis. The RCP team were keen to use the RCP patient survey, and initially this was used and tested through ward staff and our patient representative as a volunteer on one Medicine for Older People ward. The results were in line with our inpatient survey, but in our opinion the questions were very doctor-focused rather than looking at team-based care. Results from this survey did not change practice. Our community teams collected more ad hoc patient stories, around the benefits of their services.

A visit to Northumbria NHS Foundation Trust following a talk by Annie Laverty, Director of Patient Experience, at a phase 1 development site event, changed our approach. Our patient representative and ward sister observed how Northumbria had made learning from patient experience mainstream, through the involvement of volunteers and real-time feedback. Given our focus on a whole patient journey in and out of hospital we were keen to develop a more appropriate tool. ELHTs quality and safety unit includes a small patient experience team, and they became part of our FHP team and led this work. We agreed to pilot the use of the Integrated Care Questionnaire that has been developed and evaluated in Northumbria. Volunteers were recruited to test the administration of this questionnaire with older people and their families in the AMUs and the Medicine for Older People ward. During testing, a series of adaptations, in particular the training and support of the volunteers, in administering and especially collecting narrative, were made. The questionnaire was more appropriate, but recruitment and retention of volunteers was challenging. They also found that patients tired during the questioning. Use of the integrated care survey through volunteers, with data and narrative, collected real time on ipads, collated through the Meridian software system, and fed back to ward teams on a monthly basis, is now established. These data and narrative have been more illuminating for teams, particularly highlighting care in other locations, and the need for better information and involvement of carers.

At the phase 1 site event in East Lancashire we focused half of the day on patient experience. This was partly led by our patient representative. He challenged us to think about patient experience more broadly, particularly including carers and thinking about whether patient expectations were met. The input to the discussion of other members of RCP PCN developed the thinking of all phase 1 sites.

We had decided to test structured interviews in patients' homes. Over the next 9 months we developed a consistent mechanism of identifying patients for interviews, consent, recording, collating and reporting, coordinated through our patient experience team. Other routes of patient experience reporting were used to create stories in a similar format for feedback. These include complaints, PALS enquiries and compliments. Patient stories are now shared on a routine basis to highlight opportunities for improvement to leads of teams involved in the individual's care in hospital and in the community, at the Pennine Lancashire Frailty Health Improvement Partnership (Frailty Steering group), and to ELHT Quality Committee and Board of Directors.

The strong themes arising from the patient experience reporting have been the need for better information about what care to expect, better involvement of families and carers in care, the importance of other services e.g. community pharmacy, ambulance services and voluntary sector and the importance of good end-of-life care, again emphasising communication and family involvement. In addition, specific care improvement opportunities have been picked up and implemented.

As a result of the patient experience feedback, we co-designed with patients and carers new patient and family information, initially for when the patient is admitted to hospital. This picks up many of the themes highlighted in the narrative of patient experience reporting. It is being tested in one ward before final adaptation and roll-out. We expect this to have a major impact on patient care and it will be incorporated in other quality improvement projects.

3. IMPACT OF FHP ON PATIENT CARE

The following are extracts from our patient experience measurement.

"I don't feel I am listened to or asked anything." "They don't ask what I think." "Carer feels that sometimes they say things which they do not understand." "Patient feels they haven't been given a great deal of information and that some needed more interpretation" "They are so busy, more staff are needed."

"They are a good team, they know what is going on." "I am very happy with the care given." "I am listened to." "Doctor asks for your opinion. Generally good care given so far, things were explained to me from the start. Always consulted and information given was clear."

"The Community Nurses come out to me 5 days a week. They involve me in decisions about my care and treatment. They help with everything. They listen to me and now with the dementia creeping in they are very patient with me."

I asked her if there was any follow-up at home. "Oh yes; two nurses came to see me to check the medication and watch me take it. I like to do it myself, including the injections. After a week they said I was doing fine and were discharging me and gave me this."

"... showed me a large card with contact details for the Integrated Community Team.....said they told her she could call them any time if she had a problem and they would respond very quickly. delighted that this service was readily available to her"

"The lady who is coordinating is really good and very helpful. We are delighted with the service. The concept of all the professions integrating and communicating with each other is marvellous. The hospital, the doctors and nurses, the therapists, the physiotherapists, the dispensary all communicating and coordinated through one office. Any relevant information can be shared very quickly. We are extremely pleased with the service we are now getting. The district nurse visits regularly for the insulin injections and to check up on Dad, and the physiotherapist is still visiting. Dad's mobility is improving. The dispensary sent someone round to go through the medication and if there is any change they come round again to explain. The physio noticed that Mum had a bit of a problem so they arranged for her to receive some therapy."

"Clitheroe Health Centre and RBH are excellent and treat us as people; not numbers."

Our programme is multifaceted and there are multiple other changes in the health and care economy. We cannot necessarily attribute all of the positive aspects directly to our programme, but they will certainly have contributed.

Figure 2 shows the breakdown of presenting conditions of patients assessed by the front door team. **Figure 3** shows how community services have responded to both these patients but also patients referred directly from community services, including INTs.

Figure 2. Presenting conditions of patients aged over 70 assessed by Front Door team in ED and AMUs. January 2016 to June 2017

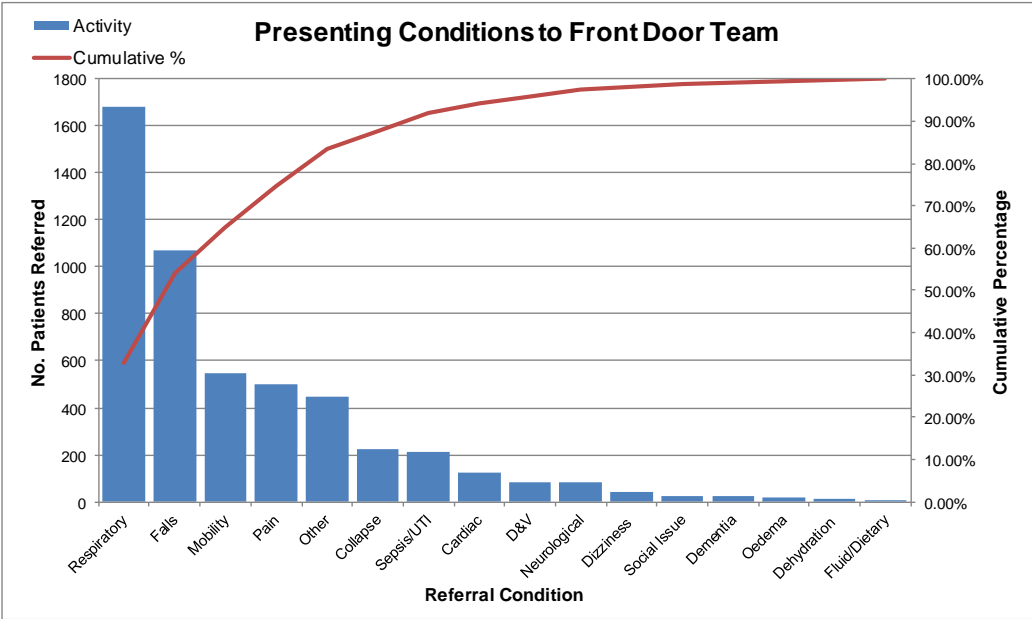
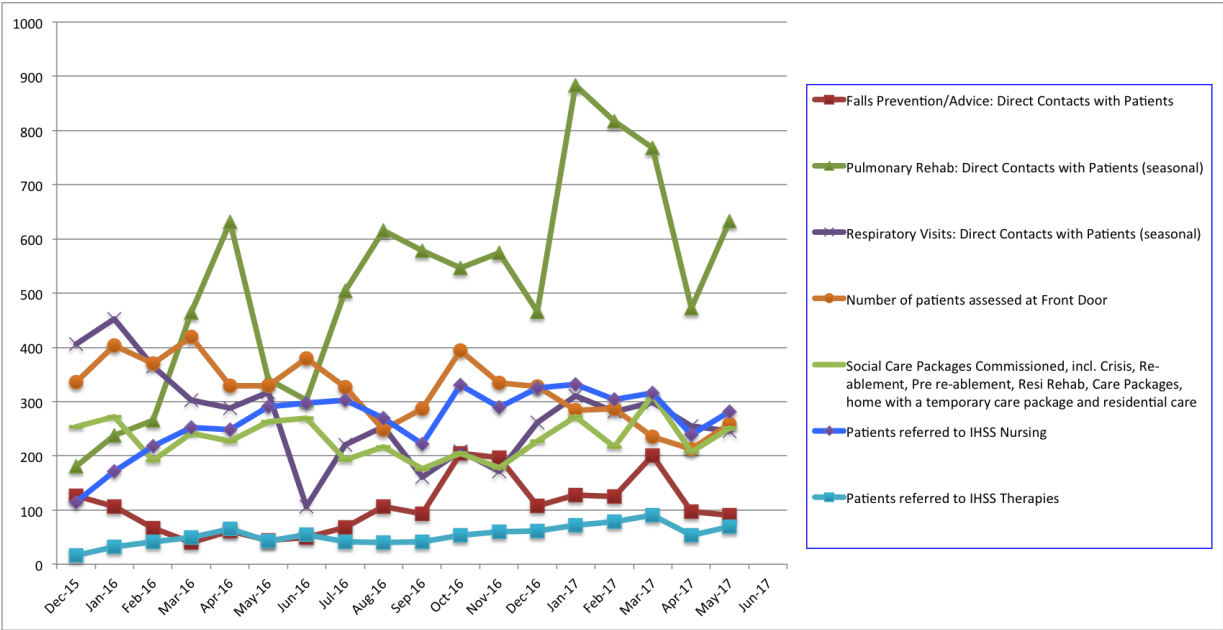


Figure 3. Activity of community services in East Lancashire Dec 2015 – April 2017

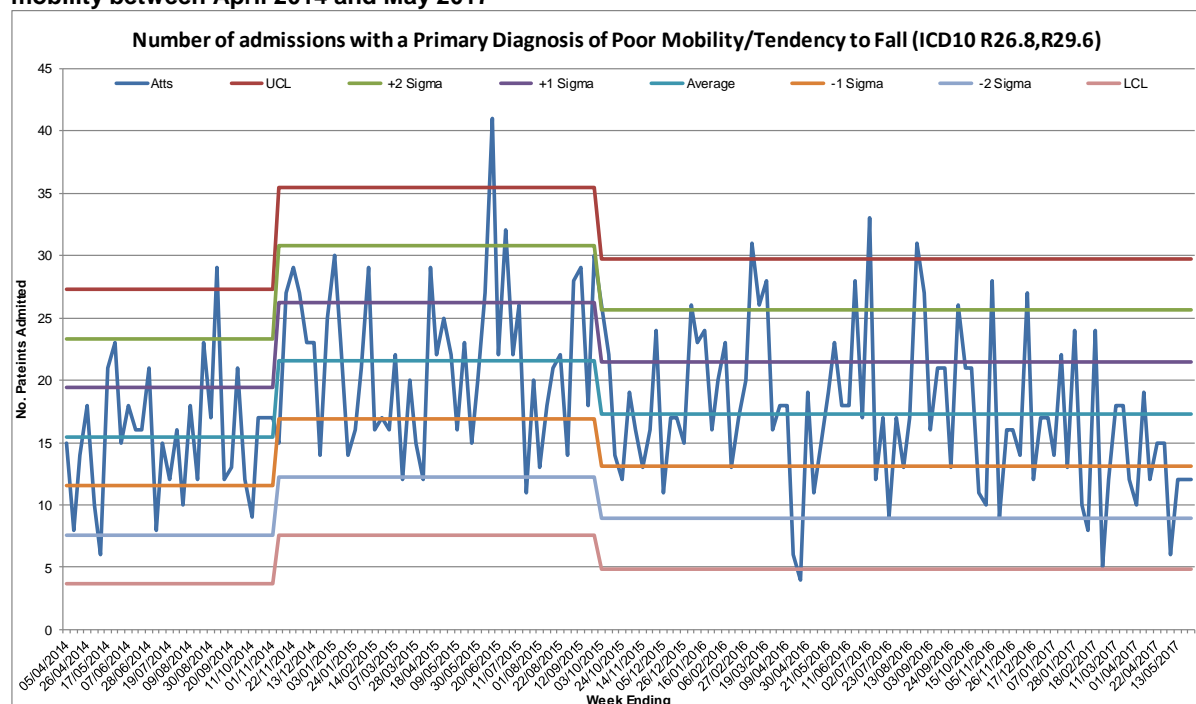


As can be seen, the response to the service developments has been a marked increase in referrals to Pulmonary Rehabilitation and a resulting reduction in respiratory nurse visits required. A notable increase in falls prevention advice and input together with less, though reportedly more complex, assessments by the “front door team” is seen. Social care packages have been

consistent and probably limited by availability, IHSS nursing contact within the home have risen as the service capacity has expanded.

Figure 4 shows that there has been a significant reduction in admissions to hospital as a result of falls and poor mobility, coinciding with the development of IHSS and INTs, and there may have been further reductions since January 2017, though not yet significant. The increase in Nov 2014 is thought to be due to changes in clinical coding. The relative impact of INTs and IHSS, which have expanded and grown their multiprofessional functions over that time, and the impact of the falls pick-up ambulance/OT service cannot be extracted, but are likely to have all played a part.

Figure 4. Acute Hospital Admissions to Royal Blackburn Hospital coded as primarily due to falls and poor mobility between April 2014 and May 2017



The wider impact of our interventions on hospitalisation and experience in hospital is difficult to evaluate. However, we have not seen any increase in hospital admission rates over the last 3 years including in people aged over 80 in contrast to the national trend.

For patients assessed to be in their last 12 months of life the results of Goals and Priorities of Care discussions for 30 of these patients are shown in **Table 1**.

Table 1. Outcome of Goals and Priorities of Care discussions

Results of 30 patient discussions	Range	Mean	Median
5 with Patient alone, 25 with Families			
Age (yrs)	52-97	83	86
Rockwood Score	6-9	8	8
Duration of discussion (Minutes)	5-75	30	25
15 (50%) agreed in principle not for readmission in event of deterioration; 7 (23%) agreed in principle not for artificial feeding			
Key Findings: Time and needs to be taken into account when planning ward based care GPOC can be by experienced doctors or nurses The conversation is the most important, the format helps structure the discussion The majority of discussions are with families as most patients have significant cognitive impairment. Multiple discussions may		GPOC requires advanced communication skills in the professionals GPOC is more difficult in acute assessment areas because of continuity of care Linking with advanced care planning in the community is key Understanding the focus of care on control or comfort rather than cure is helpful to practitioners, patients and families Discussions on feeding and fluid are difficult	

be needed.

In order to reduce hospitalisation for frail older people a multi-faceted approach across the patient pathway is needed. This includes better and easily accessible integrated community services, rapid assessment of frail older people on emergency attendance to hospital, and improved care planning in the last 12 months of life.

The awareness of staff of the needs of frail older people, and involvement of families and carers in care planning are also likely to have a considerable impact.

4. IMPACT ON STAFF

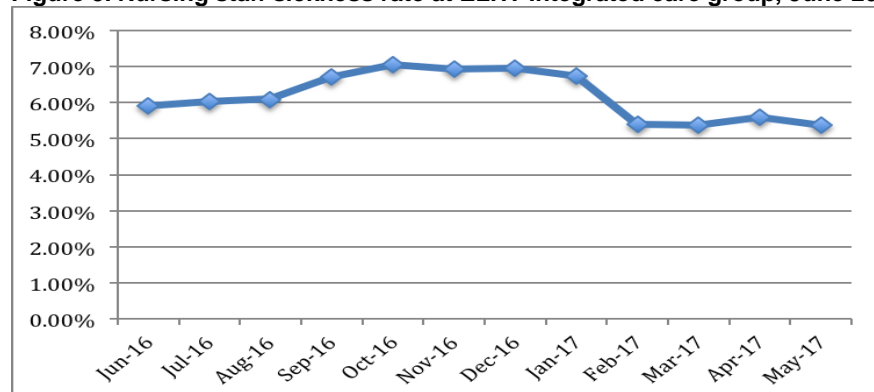
We believe that there has been a significant change in staff awareness around the needs of frail older people and their families. Whilst we have not been able to directly measure that, it is a theme that appears in the patient stories. This has been achieved through the associated publicity of our improvement programmes, the use of Rockwood scale by staff in assessing patients in all care settings, the involvement of staff through the co-design workshops of *Together a Healthier Future*, associated improvement projects, particularly “partnerships in care” (See East Lancashire Hospitals NHS Trust [video on 1-1 care](#)), joint working with other sectors, and the feedback from patient stories.

In addition, we have seen a reduction in nursing staff sickness in the Integrated Care Group (Figure 5) and increased staff engagement (3.76 2014, 3.86 2015 and 2016) and responsibility and involvement (10% increase 2016 vs 2015) through the national staff survey. Staff friends and family testing has shown an increase in the percentage of staff recommending the trust from 75% at the end of 2014, through 80% at the end of 2016 to 92% at the end of 2017.

Once again, it is impossible to estimate the effects of the ELHT FHP work on these figures, as multiple developments have been happening in the Trust and Health economy.

The RCP staff survey measures for staff involved in the caring for patients across the frailty pathway showed in 2016 over 82% were always or often enthusiastic about their job, an increase from 70% in 2015, and compared to 76% for the organisation as a whole. 49% felt always and often involved in deciding on changes introduced that affected their work, compared to 45% the previous year, and 55% across the organisation. 83% of staff always or often had the opportunity to use their skills compared to 67% last year and 73% across the organisation.

Figure 5. Nursing staff sickness rate at ELHT Integrated care group, June 2016 to May 2017



5. RETURN ON INVESTMENT

With healthcare interventions, return on investment is very difficult to show. However, we have assessed the healthcare utilisation of a sample of 155 patients who received multiprofessional assessment through INTs before and after this intervention. In the month before the assessment

the intervention costs for unplanned care for this cohort was £109,145, and in June 2016 for the same patients a number of months after the intervention was £24,200. More detailed analysis has not been possible. Clearly there will be a component of this which is regression to the mean, but it does suggest an economic benefit of case management of these patients following identification across the pathway.

6. CHALLENGES AND ENABLERS

Throughout our programme of work there have been significant challenges. We have been working in an ever-changing environment, as shown in our timeline. Our programme has been wide ranging, though all focused on improving care for frail older people. The wide range of interventions has meant that multiple stakeholders have been involved and that the work crosses a number of internal and external programmes of work. Coordinating and connecting a wide programme of work, whilst keeping focused on the “project” nature envisaged by the RCP’s FHP team has been difficult. Specific measurable objectives were not set for the programme or individual projects. The complexity of our health and social care economy with two CCGs, two community providers, and two local authorities not coterminous with Pennine Lancashire, has also created challenges to having a single coordinated approach. Staff protecting time for service development rather than “fire fighting” service pressures is a constant challenge for all.

Together a Healthier Future as the Transformation Programme for Pennine Lancashire has been very helpful in bringing together our programme of work. It has enabled engagement with the public, patients and practitioners, and shared ownership of the interventions between providers and commissioners. More recently, with frailty as a health improvement priority and the Frailty Health Improvement Partnership developing from our frailty steering group, there is dedicated management support. It brings together both the core programmes and aligned programmes and provides a very firm footing for future developments. Consistent senior clinical leadership of the FHP work, the development of *Together a Healthier Future* and leadership of the Health Improvement Partnership by the Deputy Medical Director have been instrumental in this. Consistent input to *Together a Healthier Future* by other team members, notably the consultant geriatrician frailty lead and the general manager for community services, have been vital. In addition, the incorporation of frailty into ELHTs Emergency Care System Transformation Programme, incorporating most of the elements of the FHP work, will ensure senior leadership support, programme management support and scrutiny for delivery.

Resilience has been required with a number of elements of our FHP work. The challenge between delivering the proof of concept of rapid frailty assessment and having a workforce to deliver this was significant and could have been very demoralising. Similarly, there were frequent challenges in delivering the patient experience element of the programme, with difficulty retaining volunteers, information governance, and competing priorities for the patient experience team. Our patient champion kept us on track. The experience of the local leaders of FHP who have been through multiple changes in their careers enabled us to continue towards the “bigger prize”.

The CQUIN for Frailty was a major factor in maintaining momentum and organisational support. With a potential of lost income of £1.2M if this was not delivered, regular reporting to Board of Directors was required, as well as support of corporate teams. Both elements of the CQUIN - use of Rockwood Scale and embedding learning from patient experience, have been major components leading to cultural change that recognises the need for more patient-centred coordinated care across care settings.

Ensuring the programme of work was part of “normal business” of the Trust and Health Economy, and using the capacity of normal business functions have been essential to our progress.

7. FUTURE PLANS

The interventions and developments that were tested, adapted and implemented as part of the FHP are now well established in our strategic development plans, or in our operational processes at ELHT and Pennine Lancashire. This work is being coordinated by the Pennine Lancashire Frailty Health Improvement Partnership (Frailty Steering Group) and the ELHT Emergency Care System Transformation Programme.

The Frailty Steering Group meets on a 6-weekly basis and has representatives from across the health and care economy including Public Health and Voluntary Sector. The main workstreams are Prevention and Awareness, Care Planning, End of Life, Digitisation, and Metrics. Through this a Frailty Scorecard of quantitative and qualitative measures is in the advanced stages of development to measure the impact of future interventions and ongoing care. Patient stories are reviewed at each meeting for learning. Whilst each of these workstreams has an action plan which is developing well, we are using two areas as demonstrators of our joined-up approach to supporting frail older people. These are the implementation of a revised Falls pathway, and the Red Bag Scheme for people in Nursing Homes. All of this work is part of the *Together a Healthier Future* which has an overarching care model that emphasises out of hospital care, personalised care, prevention and high quality hospital care with specialists working in community settings. It is therefore aligned to the Future Hospital principles. This will ensure a consistent model of care for frail older people across Pennine Lancashire. The use of the Electronic Frailty Index for initial population screening followed by assessment including the Rockwood Scale is agreed. Rockwood scoring is being embedded in assessment and monitoring processes in all care settings, and used as a trigger for Older People's Assessment, using the Trusted Assessment Model. This is aligned to comprehensive geriatric assessment. Workforce development is a key component of all the plans.

Within the Emergency Care System Transformation Programme the two main elements that lead on from our FHP work are the further development and expansion of Rapid Frailty Assessment from ED and AMUs, and Home First.

Rapid Frailty Assessment is planned to be established in a Clinical Decisions Unit, and capital funding for the development of this as part of an Emergency Floor has just been approved through NHS England. This will also bring together the two AMU wards into one unit linked to ambulatory care and the Clinical Decisions Unit.

Home first and discharge/transfer pathways are being implemented and expanded. We are in a good position for these to be successful as the integrated community based teams have been developed and are in place.

The ReSPECT programme, incorporating GPOC and including advanced communication skills training is planned to be implemented from September 2017 within ELHT. Discussions are underway with primary care colleagues to make this a system-wide approach.

The new patient and family information for patients when admitted to hospital is currently being trialled and will then be adapted and implemented in all areas. This is being overseen by the Patient Experience Committee, which also receives regular patient experience measures reports.

The other programme that will improve patient-centred care for frail older people and is in line with the Future Hospital principles is our Model Ward Programme. This is in the early stages of redesigning adult ward-based care. Design workshops have been completed and implementation has commenced. It is a two-year programme and is overseen by the Emergency Care System Programme Board.

8. SUMMARY

Our programme of work as a RCP FHP development site has been to deliver better Safe, Personal, Effective care for frail older people closer to home where safe and appropriate. This has been an ambitious programme with multiple components. There have been considerable successes and many challenges. Being part of the RCP's FHP has greatly aided this work through the networking and support of other development sites and the central team, and through the prominence that being an FHP development site has brought in our organisation, raising the external profile of ELHT.

Fitting this work neatly into a project structure as initially envisaged by the RCP team has been challenging. This has been partly because of the scale and scope of our local work, but also the length of time of being within FHP inevitably means that local changes will necessarily change the nature and focus of the work. It is right that in a complex adaptive system that change programmes should adapt as required, keeping the overall vision and principles of the work as the goal. It has been our adaptability to local changes, and embedding the work within them that has brought the current success, and set a platform for the future.

The sense of being part of a community of practice that is testing the real world implementation of the Future Hospital principles has been both invigorating and created resilience in challenging times. The FHP has delivered without external funding for implementation, and without additional staff at sites, and has shown that the Future Hospital principles can be delivered throughout the NHS, not only at Vanguard sites.

Without being a Future Hospital development site, much of our work would not have progressed to this extent. In particular, the prominent culture of care being a continuum that may include hospital care has been exemplified through this work and influenced organisation and system culture. We have raised the profile of a vulnerable patient group, frail older people (in line with FHC) with staff, and the most vulnerable of those, in their last 12 months of life. Multiprofessional staff are better coordinated to meet these families' needs and improvements in care are progressing fast. There is resolve to improve care for the last 12 months of life through better conversations and care planning. The use of the Rockwood scale, enabled by the CQUIN, have influenced this cultural change. Alongside this we have seen an improvement in staff culture, motivation and satisfaction.

Particular success and progress has been made on a new approach to using patient experience through structured interviews about the whole experience of care, and standardised patient stories used by teams and leadership to guide and invigorate continuous improvement. This has resulted in better information and involvement for patients and families.

We have delivered improvements in care and experience for frail older people in their own homes, when attending hospital and during and following a hospital admission. In particular, admission rates for people with mobility problems are continuing to reduce. We have established systems that will continue to improve care. We have consistently used the improvement methodology of small scale testing and adaptation then moving to wider scale implementation and this has become our local "method".

We could and should have been better at setting aims and objectives, measuring the processes and outcomes of care, and in the future will spend more time on establishing these at the start of the programme or project. The support of the RCP's FHP team has put us in a better position to do this. We could and should have been more robust in our project management, this might have brought earlier results, again these systems are now in place.

The remaining challenges for us, and for others working in this way and building better future care for patients and families, are the current workforce constraints, particularly for senior medical staff in specialist care and general practice, and the ever-changing organisational

structures within the NHS. Clinical leaders as a constant will continue to rise to the challenges this brings, though it limits what can be achieved.

Finally, for others embarking on similar work: keep patients at the centre, have robust programme management with flexibility to changing circumstances, link up with others doing similar work and embed your work in the organisation's everyday business.



Royal College
of Physicians



Future Hospital
Programme

TRUST BOARD REPORT

Item **161a**

13 December 2017

Purpose Monitoring

Title	Workforce Transformation Update
Author	Mr K Moynes, Director of HR and OD
Executive sponsor	Mr K Moynes, Director of HR and OD

Summary: The update highlights progress relating to Workforce Transformation at a Pennine Lancashire level and within East Lancashire Teaching Hospitals NHS Trust.

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>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework</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	Yes
Equality	Yes	Confidentiality	No

Background

1. This update details the progress made to date and future action areas in relation to Workforce Transformation. All activity relating to Workforce Transformation is now being done within the context of the wider health and care system workforce requirements in order to ensure that the vision of One Workforce to deliver health and care services both in and out of hospital, is realised. The Director of HR and OD is SRO (Senior Responsible Officer) for both levels.

Workforce Transformation across the Local Delivery Partnership

2. The Pennine Lancashire health and care system involves ELHT, Lancashire Care NHS Foundation Trust, NHS Blackburn with Darwen CCG, NHS Lancashire CCG, Lancashire County Council, Blackburn with Darwen Borough Council.
3. Kate Quinn replaced Michelle Cloney in April 2017 as Associate Director of Workforce and Transformation as joint SRO with Kevin Moynes, Director of HR and OD.
4. The One Workforce vision is *“To have in place a workforce which is fit for the future and is able to meet the challenges of a changing health and social care landscape across Pennine Lancashire which will create working conditions that enable the paid workforce to provide care where it is needed irrespective of organisational boundaries.”*
5. Workforce Transformation will be fundamental in achieving the ambition of the Pennine Plan and creating a financially sustainable health and care system by ensuring safe, personal and effective care delivered by a different but skilled and competent workforce.

Achievements to date

6. A reset of priorities has been undertaken and an action plan developed, delivery of which will be supported by three Workforce Implementation Groups and overseen by a Workforce Transformation Group drawn from all 6 participating organisations.
7. Recruitment of 6 Physicians Associates to work within the Surgical Division
8. Workforce planning activity to determine opportunities for substitution of roles within those hard to recruit roles
9. Deployment of ward based pharmacists to support early discharge and release medical staff time.

10. Progression of plans to establish a Care Academy for Pennine Lancashire working with colleges and Higher Education Institutions to secure, education, work experience and employment opportunities for the future and existing workforce and maximize the apprentice levy.
11. Workforce modelling using the Workforce Repository and Planning Tool (WRaPT) across two of the emerging Neighbourhoods and Surgical Triage Unit with work scheduled to support Model Ward and Elective Care
12. Procurement of an Organisational Development Programme to support transformation through creation of the right environment and culture for change to be effected.
13. Appointment of a Volunteer Project role, funded through HEE to work in collaboration with Voluntary Sector and existing volunteer schemes within each of the 6 partner organisations to ensure consistency and compliance in recruitment practice and to support building of capacity and capability of the sector to be able to support social prescribing as part of the delivery of new models of care
14. Agreement by Partnership Leaders to develop compassionate leadership model across the Local Delivery Partnership to enable the development of shared values and behaviours.
15. Agreement to develop Memorandum of Understandings to agree how HR and OD teams will handle key enabling workforce protocols to ensure consistency across different employing organisations
16. Agreement by Partnership Leaders to explore the opportunities for creation of a single One Workforce Team for Pennine Lancashire

Making this Happen

17. To ensure that workforce transformation becomes part of how we operate as an organisation and a system across Pennine Lancashire, there are plans to create a single PMO to create greater alignment between ELHT transformation agenda and the wider system transformation agenda. This will enable traction and delivery at pace across the health and care system ensuring Safe, Personal and Effective Care across services
18. Workforce Transformation activity will utilise the Health Education England STAR model and Four Pillars approach to deploy a systematic, consistent and evidence based approach.

19. The Workforce Transformation team will address the needs of the Trust and the wider Pennine Lancashire system will focus on two key areas:
- **Infrastructure** - building the necessary systems, policies and procedures to support the longer term strategic goals and transformation roadmap, e.g. teaching hospital status, recruitment and retention strategy, MoUs with partner organisations
 - **Transformation support** – supporting the wider organisation to deliver the necessary transformational schemes e.g. model ward to enable staff to operate at the very top of their licence and to enable more efficient use of skills.
20. The Trust is also involved in the 'Streamlining Project' across organisations, which aims to reach agreement in terms of not duplicating work, for example, agreeing principles and content for induction, Core Skills, Occupational Health Screening and Recruitment. To include staff health wellbeing app availability and development
21. Trust workforce strategy being refreshed to reflect the wider workforce transformation agenda and ensure that the HR and OD team is able to support workforce transformation across divisions

Recommendations

22. Trust Board is asked to note the update contained in this report.

TRUST BOARD REPORT

13 December 2017

Item 161b

Purpose Information
Action
Monitoring

Title	Strategic Focus on Transformation: Compassionate Leadership Report
Author	Lee Barnes, Head of Staff Health Wellbeing & Engagement
Executive sponsor	Kevin Moynes, Director of Human Resources and Organisational Development

Summary:

This paper outlines the case for commencing the NHS Improvement Culture and Leadership Programme at ELHT and across the Pennine Lancashire System. The outcome of the programme will be the implementation of a compassionate and inclusive leadership strategy to embed cultures that enable the delivery of continuously improving high quality, safe and compassionate care. The board is asked to discuss the risks/benefits of committing to this programme and make a decision on whether the Trust board agree to support and invest in the programme which would commence in early 2018.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives Recruitment and workforce planning fail to deliver the Trust objective

Impact

Legal	Yes	Financial	Yes
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Equality

Yes

Confidentiality

No

Previously considered by: The Employee Engagement Sponsor Group and the Workforce Race Equality Standards Working Group.

Executive summary

1. This paper outlines the case for commencing the NHS Improvement Culture and Leadership Programme at ELHT and across the Pennine Lancashire system.
2. The outcome of the programme will be the implementation of a compassionate and inclusive leadership strategy to embed cultures that enable the delivery of continuously improving high quality, safe and compassionate care.
3. The board is asked to discuss the risks/benefits of committing to this programme and make a decision on whether the Trust board agree to proceed with the programme in early 2018.

Introduction

4. A healthcare organisation's culture – 'the way we do things around here' – shapes the behaviour of everyone in the organisation and so affects the quality of care that together we provide. Research shows that the most powerful factor influencing culture is leadership.
5. To help NHS providers develop cultures that enable and sustain continuously improving, safe, high quality and compassionate care, NHS Improvement, The King's Fund and The Center for Creative Leadership have developed the Culture and Leadership Programme.
6. The programme is based on national and international evidence that identifies elements and behaviours needed for high quality care cultures. They rest on the principle of 'compassionate and inclusive leadership', which empowers staff at all levels, as individuals and in teams, to take action to improve care within and across health and social care – 'leadership of all, by all and for all'.

Reasons for implementing a Culture and Leadership Programme

7. Leadership, particularly compassionate, inclusive leadership is the key to enabling cultural change that enables NHS organisations to:
 - a) Deliver high quality care and value for money while supporting a healthy and engaged workforce.
 - b) Enables staff to show compassion, to speak up, to continuously improve and create an environment where there is no bullying, where there is learning, quality and the need for system leadership. This is reflected in several recent reports

and reviews (e.g. the Rose review, the report of the Mid-Staffordshire NHS Foundation Trust Inquiry and the Berwick review).

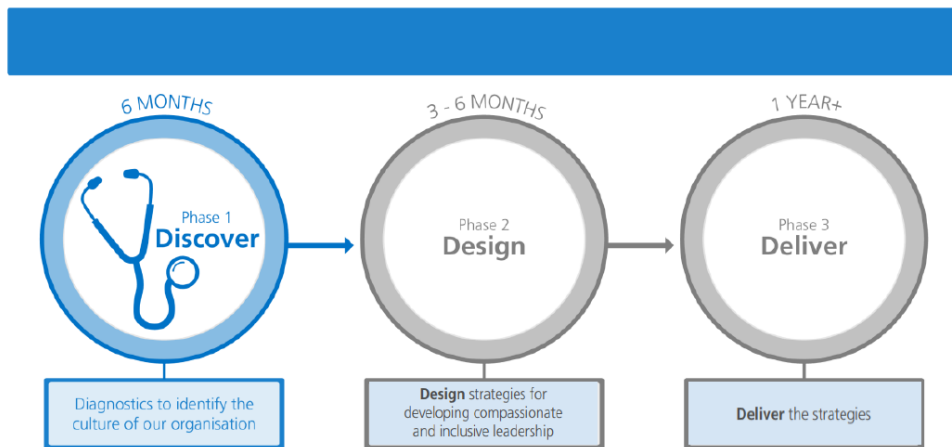
- c) Help boards assure their governance on the 'culture and capability' domain of the well-led framework and improve results in governance reviews.
- d) The evidence base also clearly demonstrates that those organisations which invest in culture and leadership have improved patient and financial outcomes. See Appendix 1 (page 7) which details some of the evidence.

From Good to Outstanding

- 8. Given our ambition to move from Good to Outstanding and based on the NHS Constitution and the principles of compassionate and inclusive leadership, committing to the Culture and Leadership Programme could create an environment where:
 - a) Every person at ELHT, and in every organisation across Pennine Lancashire, at every level and in every role can flourish and deliver their best for patients – continuously improving, high quality, safe, compassionate care.
 - b) Everyone working at ELHT and across the system is healthy, happy and passionately engaged in improving the lives of people in their communities with commitment to quality of care.
 - c) Everyone counts, at all levels, feels inspired and empowered to lead positive change, to constantly learn, and to continuously improve health and care for the population of Pennine Lancashire.
 - d) It is easy to feel compassion for others, because every person working in the system is treated with respect and dignity and feels appreciation, compassion and support from their leaders and colleagues – especially during times of stress or difficulty.
 - e) No matter where in the system we work, we work together for patients and the population we serve.

The Culture and Leadership Programme

- 9. The Culture and Leadership Programme consists of three phases:



10. **Phase 1 Discover:** Identifies any cultural issues we may need to address. This phase is completed by implementing 6 tools:
 - a) Culture and Outcomes Dashboard. This tool provides high level understanding.
 - b) Board interviews. This tool highlights the Boards approach to supporting effective organisational cultures.
 - c) Leadership behaviours survey. This tool provides Staff and Stakeholder views on behaviours of organisations staff and leaders as a whole.
 - d) Culture focus groups. This tool provides individuals experience of current organisational culture.
 - e) Leadership workforce analysis. This tool highlights the organisations needs on leadership workforce capacity.
 - f) Patient experience. This tool highlights patients' views and perspectives.
11. **Phase 2 Design:** Based on the findings of phase 1, we will design and develop interventions that build on our strengths and address development areas. There are many interventions we could include in our compassionate and inclusive leadership strategy design such as:



12. **Phase 3 Deliver:** Having designed and developed our leadership strategy and implementation plan, Phase 3 will be about implementing the interventions and evaluating their impact. The delivery phase involves individual leadership development and organisational development, targeting culture, systems and processes, as well as leadership development in an integrated and strategic way.

Decision required

13. The most important decision the Board would benefit from making is whether the organisation wishes to set off on the two year NHS Improvement Culture and Leadership programme at this time. This decision needs to be made in the context of the many (clinical, operational and financial) pressures on the organisation at the current time, the context of the commitment to become One Workforce across the Pennine Lancashire system, and the context of our commitment to provide safe, personal and effective care and our desire to move from Good to Outstanding.

Resources required

14. If the board decided to proceed with the implementation of the NHS Improvement Culture and Leadership Programme at ELHT and across the Pennine Lancashire System should the System leaders agree to the programme, the following would need to be actioned to enable the programme to be a success:
- Identify funding of £50,000 per year to support the programme delivery over the 2 year cycle.
 - The programme team would need to be supported with both protected time and work space to carry out the Culture and Leadership Programme.

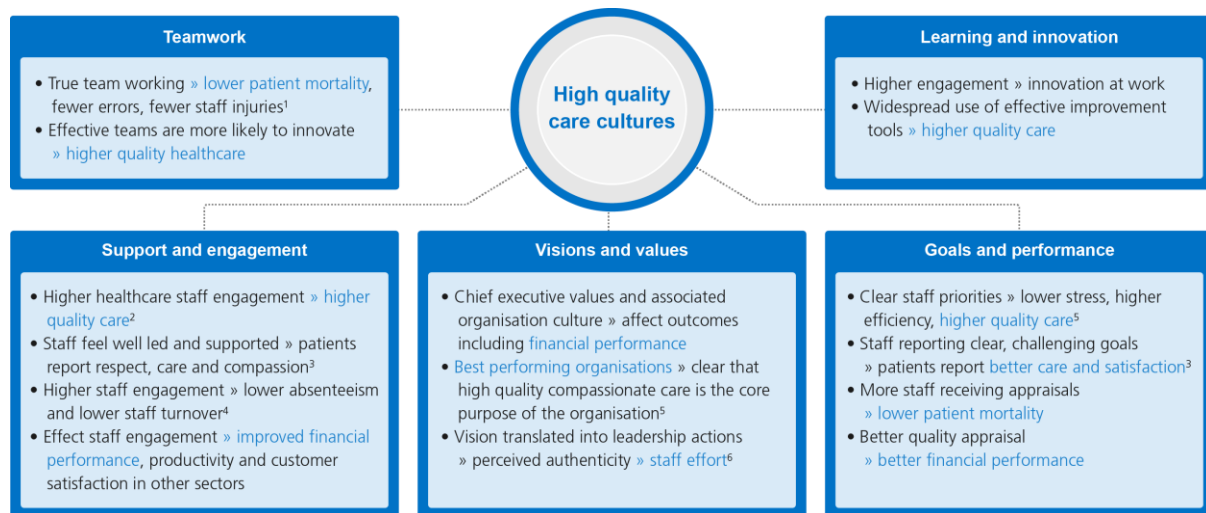
- c) Many people would be involved across the organisation and system if agreed at system level, however the core team would include:
- i) One Executive/System Leader sponsor from each organisation, eg: Chief Executive and/or Director with responsibility for Organisational Development.
 - ii) One Programme Lead for the Culture and Leadership Programme.
 - iii) Organisational Development and Human Resources representatives from each organisation.
 - iv) Representatives from across the divisions at ELHT and across the other five families within the Pennine Lancashire System if agreed at system level.
 - v) Dr Katy Steward (External Organisational Development Expert).

Recommendations

- 15. The Trust Board is recommended to identify the necessary resources and commit to supporting and commencing the NHS Improvement Culture and Leadership Programme.
- 16. The Trust Board is also recommended to encourage the Culture and Leadership Programme to be commenced across the Pennine Lancashire System via the System Leaders Board.

Appendix 1

The importance of culture: improved patient and financial outcomes



¹ Lyubovnikova, J. and West, M. A. (2013) In: *Developing and Enhancing Teamwork in Organizations*, Jossey Bass, San Francisco, pp.331-72.

² Bakker, A. B. (2011), *Current Directions in Psychological Science*, Vol. 20 No. 4, pp. 265-69

³ Dawson, J.F et al.. (2011), Department of Health, London

⁴ West M and Dawson J (2012), King's Fund, London

⁵ Dixon-Woods, M et al. (2013), *British Medical Journal Quality and Safety*, Vol. 23 No. 2, pp. 106-15

⁶ Avolio, B. J. and Gardner, W. L. (2005) *Leadership Quarterly*, Vol. 16 No. 3, pp. 315-38.

TRUST BOARD REPORT

Item **162**

13 December 2017

Purpose Monitoring

Title	Integrated Performance Report April 2017 to October 2017
Author	Mark Johnson, Associate Director of Performance and Informatics
Executive sponsor	John Bannister, Director of Operations
Summary: This paper presents the corporate performance data at October 2017	

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>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the Clinical Strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p>

The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

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

Impact

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

Previously considered by: NA

Board of Directors, Update

Corporate Report

Executive Overview Summary

There were 2 never events reported in October and a further 3 clostridium difficile infections detected this during the month.

Nurse and midwifery staffing remained challenging in October with 4 areas below the 80% average fill rate during the month.

The number of ambulance handovers over 30 minutes increased during October and the HAS compliance indicator was not met. The 4 hour target performance remained below the 95% threshold, however the proportion of delayed discharges has reduced from last month.

Operational pressures around elective care pathways in six specialties have been challenging this month causing the RTT performance to fall below the threshold.

All cancer targets were achieved during September (reported 1 month behind) and the quarter.

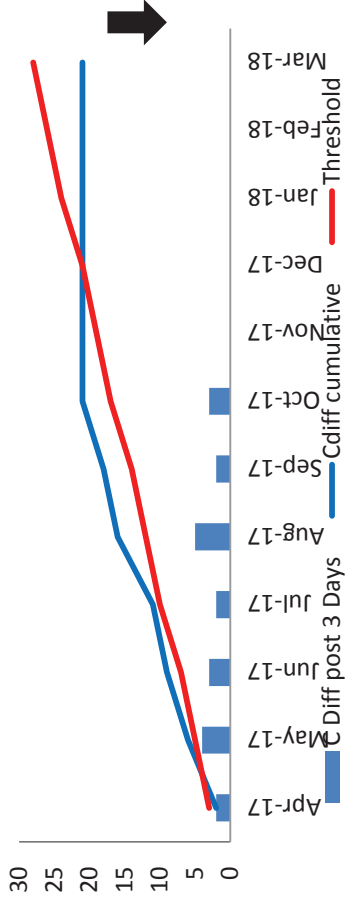
Appraisal rates continue to improve and are now close to the 90% threshold

The Trust is continuing to report that we remain on target to achieve our 2017-18 control total, only after excluding the STF allocation. The overall Finance and Use of Resources metric score of 3 remain. There are a considerable number of financial risks that will need to be managed in the remaining part of the year. The underlying financial position has deteriorated and corrective action will be required for 2018-19.

Introduction

This report presents an update on the performance for August 17 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.

C Difficile

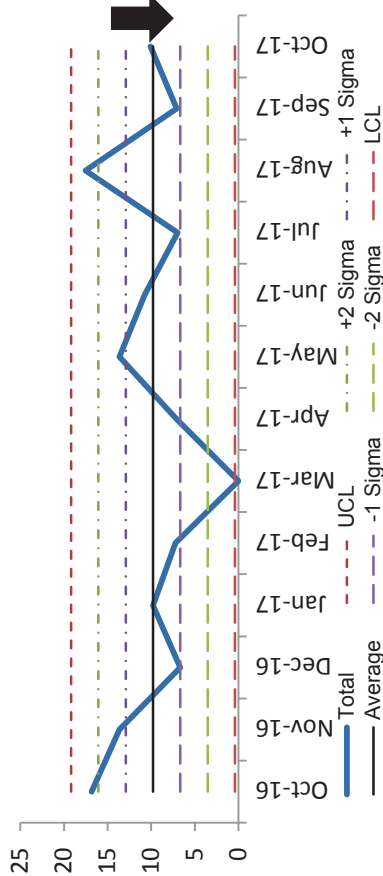


There have been no further confirmed MRSA infections reported in the period. Year to date there has been one case attributed to ELHT.

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

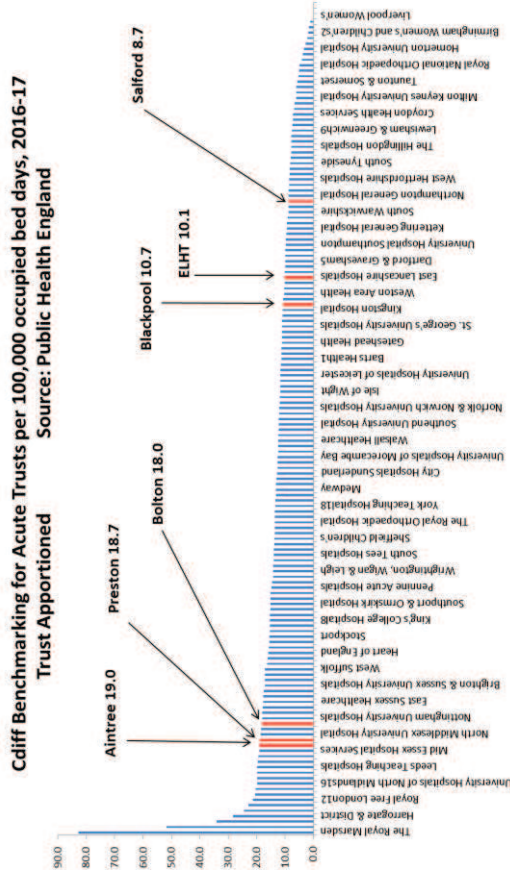
The year to date cumulative figure is 21 against the trust target of 28. The detailed infection control report will be reviewed through the Quality Committee.

C Difficile per 100,000 occupied bed days

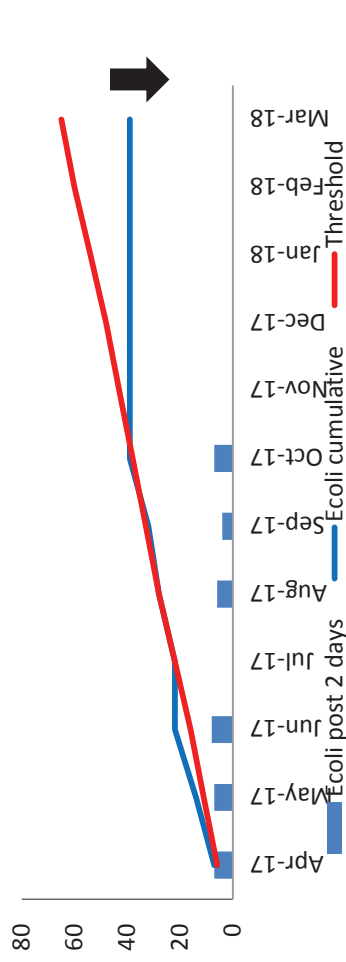
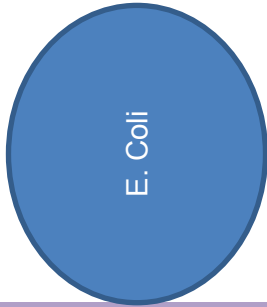


The rate of infection per 100,000 bed days has increased to 10.1 in October.

C Difficile benchmarking



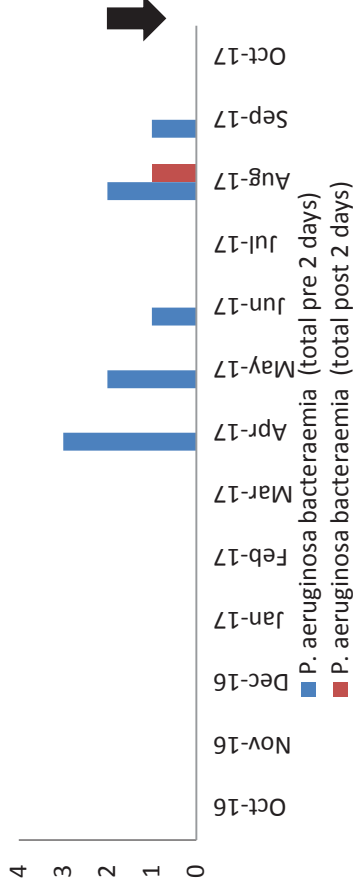
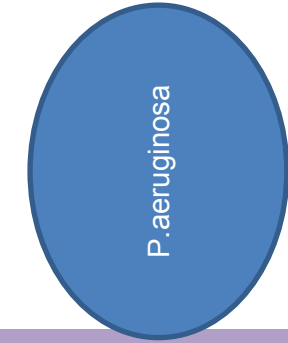
ELHT ranked 51st out of 153 trusts in 2016-17 with 10.1 clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 83 infections per 100,000 bed days.



In response to Lord O'Neill's challenge to strengthen Infection Prevention and Control (IPC), the Secretary of State for Health has launched an important ambition to reduce Gram-negative Blood stream infections (BSIs) by 50% by 2021.

One of the first priorities is reducing E.coli BSI which account for 55% of all BSI nationally. The 2017/18 the aim is to achieve a 10% reduction.

In 2016/17 there were 420 E. coli bacteraemia; 72 were post 2 days of admission. This year we should have no more than 65 E. coli bacteraemia.

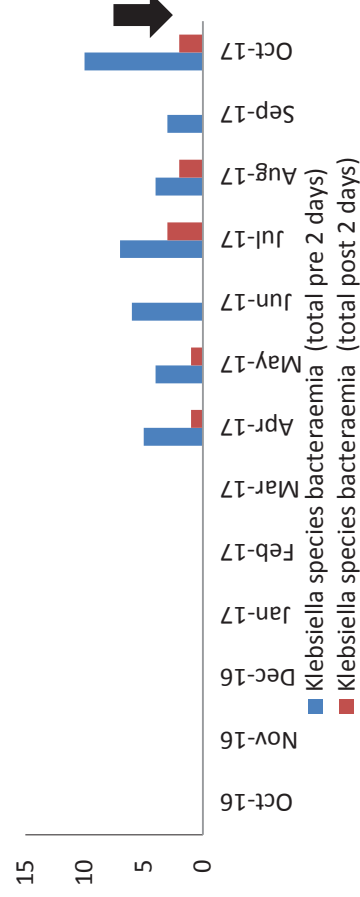
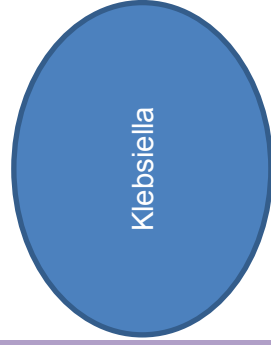


There were seven E.coli bacteraemia detected in October, which brings the year to date figure to 39, which is slightly above trajectory.

P.aeruginosa

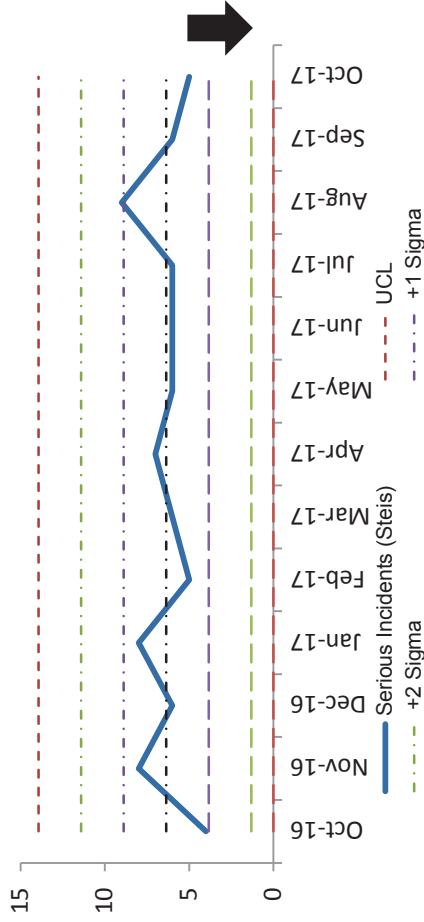
From April 2017, NHS Trusts must report cases of bloodstream infections due to *Klebsiella* species and *Pseudomonas aeruginosa* to Public Health England.

Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.



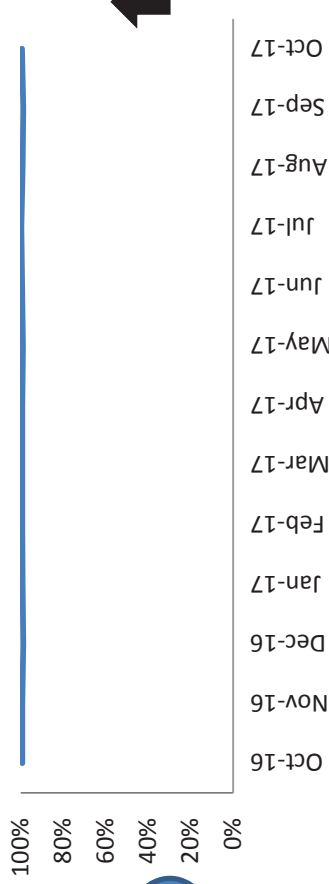
The work on catheter care, prevention of line infections, sepsis and improving hydration will help prevent healthcare associated bloodstream infections

Serious Incidents



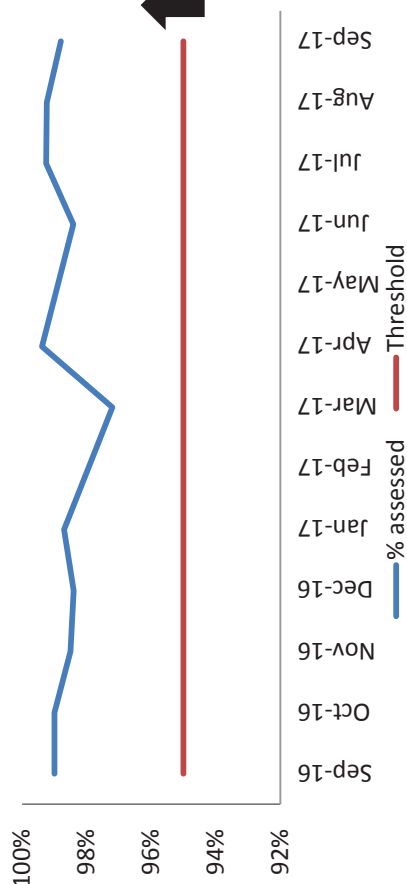
There were two never events reported to Steis in October, a diagnostic incident and a surgical incident.

% Harm Free Care from



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.

VTE assessment



The Trust remains consistent with the percentage of patients with harm free care at 99.5% for October 2017 using the National safety thermometer tool.

For October we are reporting the current position as seven grade 2 hospital acquired and one grade 2 community acquired pressure ulcers. All pending investigation.

StEIS Category	No. Incidents in October
Slips Trips and Falls	2
Sub optimal care of the deteriorating patient	1
Diagnostic Incident	1
Surgical/ Invasive Procedure	1

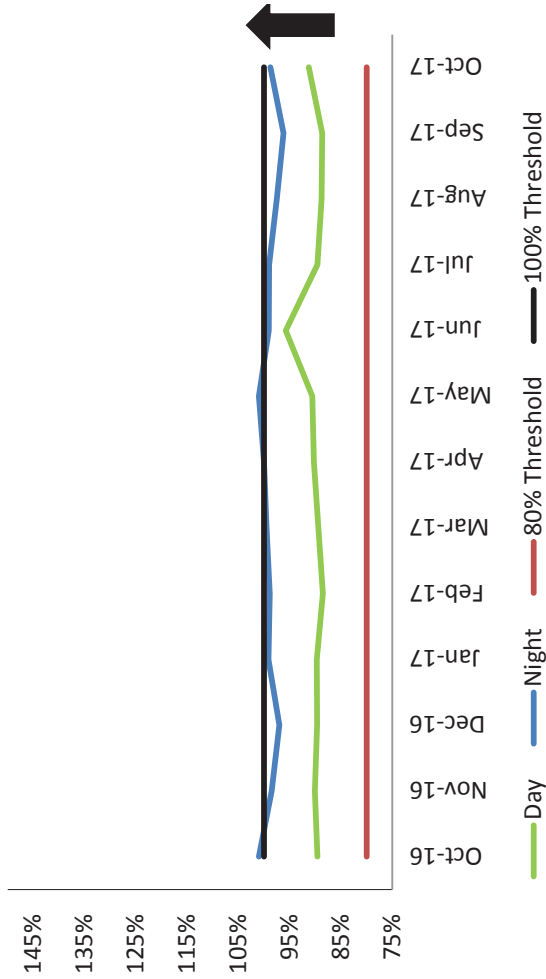
Registered Nurses/ Midwives

Nursing and midwifery staffing in October 2017, remained challenging. 4 areas fell below an 80% average fill rate for registered nurses on day shifts. Within the family care division 1 area fell below the 80% average fill rate for registered midwives on night duty.

The causative factors remain as in previous months, compounded by vacancies and holiday period. Of the 4 areas below the 80% for registered nurses on day shifts, 3 were due to co-ordinator unavailability which is in addition to agreed staffing levels, leaving one area of concern.

Daylight shifts:
Hartley Ward

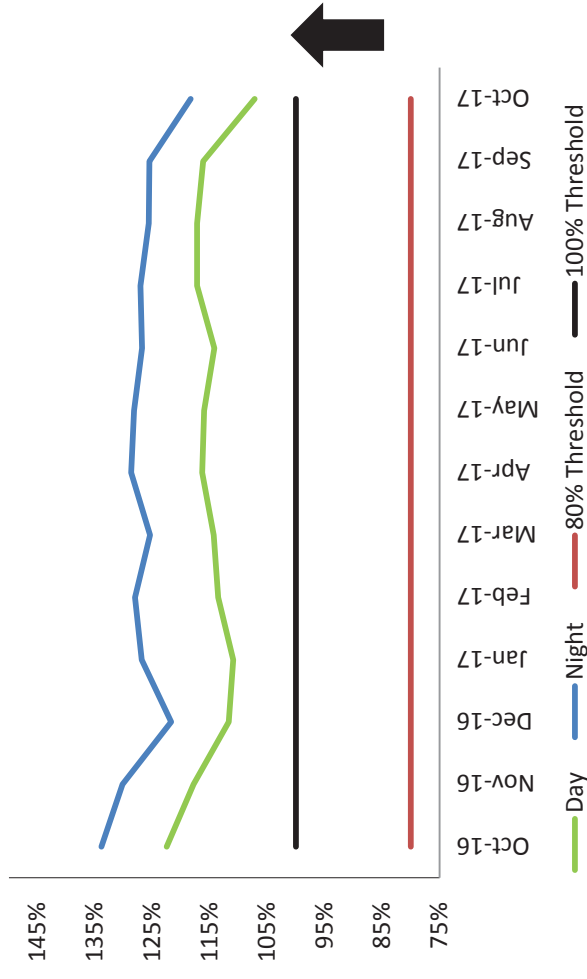
There were not harms identified as a consequence of staffing on Hartley ward



Night Shifts Registered Midwives
Blackburn Birth Centre

The situation remains as in previous months and is still experiencing difficulty staffing to the planned requirements on night duty due to sickness and maternity leave. To maintain safety and mitigate the risk, the numbers of women at any one time in labour are reduced in line with the safe staffing when required.

It should be noted that actual and planned staffing does not denote acuity, dependency, the amount of women in labour or bed occupancy. The divisions consistently risk 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.



Average Fill Rate

Average Fill Rate				CHPPD		Number of wards < 80 %		
Month	Day		Night		Care Hours Per Patient Day (CHPPD)	Day		Night
	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)		registered nurses/ midwives	care staff	
Oct-17	91.30%	107.20%	98.80%	118.30%	9.2	4	1	1

5 red flag incidents were reported for the month of October. 2 related to non-ward areas and are being investigated by the divisions; however the divisions have given assurance that no harm occurred. In respect of the other 3, one related to "unable to reliably carry out intentional rounding", whilst the incident relates to a particularly busy shift, the matron is giving assurance that no harm occurred as a consequence. The other 2 incidents relate to the same ward reporting less than 2 Registered Nurses present. These 2 incidents were inaccurately reported.

Actions taken:

- Extra allocation on arrival shifts continue to be booked.
- Safe staffing conference at 10 am followed up with meetings through out the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours.
- Extra health care assistant shifts are utilised to support registered nurse gaps if required
- On going active recruitment/open days

Family Care October 2017

Maternity

Month	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Staffed to full Establishment	01:30.6	01:30.1	01:29.2	01:28.8	01:29.2	01:31	01:30.2	01:30	01:29	01:29.9	01:28.8	01:29.9
Excluding mat leave and vacancies	01:31.2	01:31	01:30.8	01:30.3	01:30.4	01:32.1	01:30.7	01:31	01:30	01:30.6		01:31.1
With gaps filled through ELHT Midwife staff bank	01:29.4	01:29.2	01:29.4	01:29.4	01:29.3	01:31.2	01:29.3	01:30	01:28	01:29.3		01:29.8
		Bank Usage 13.31 WTE	Bank Usage 10.1 WTE	Bank Usage 6.165 WTE	Bank usage 8.225 WTE	Bank usage 5.66 Per WTE	Bank usage 9.60 WTE	Bank usage 6.8 WTE	Bank usage 8.22 WTE	Bank usage 9.11 WTE		Bank usage 9.10 WTE

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

The staffing figures do not reflect how many women were in labour or acuity of areas. The missing data for September is an anomaly that is being worked on.

There are currently approx. 9 WTE midwife vacancies, including maternity leave backfill. Where the midwife staffing levels are not at the minimum levels, staff are rotated dependant on acuity and services diverted to other areas of maternity to maintain safety. The Blackburn Birth Centre and Central Birth Suite are still experiencing higher than average levels of sickness which is impacting on planned and actual hours rostered and some of these gaps were filled with midwives on the bank. No patient harm has been reported due these issues but to ensure 1-1 care in labour for women in labour the birth centres at times have had to reduce its activity and divert to the LVNC birth suite to consolidate midwife gaps. There is a continuous process in place for recruitment and future dates are planned. The postnatal ward has a high level of sickness of maternity support workers but is being managed within the HR processes and backfilled by bank where necessary to maintain safe cover.

Acuity is assessed twice daily with a multi-professional team in the safety huddles on Central Birth Suite, the huddles reviews the whole picture across maternity services at ELHT and staff are moved accordingly to ensure safe staffing.

Family Care Staffing Red Flag Events

Twenty eight incidents were reported as red flag events on Datix Four incidents were excluded from the report as they related to outpatient and not inpatient areas.

No harm was caused by any of the incidents reported and the appropriate actions and escalation occurred to ensure patient safety was maintained. The majority of Red Flag events reported were in the midwives shortage sub-category on Datix and related to staffing on Central Birth Suite. No other correlations were identified on analysing the incidents.

Of the 28 incidents reported overall 2 were reported in Neonatology the remaining 26 all occurred within Maternity Services.

NICU

There are currently 9.22wte nurse vacancies including maternity leave backfill. There are approx. 4wte on maternity leave. Interviews planned for November to recruit to the vacancies. Nurse staffing levels for the acuity are monitored throughout the day and if acuity changes shift are put out to bank and agency to fill the gaps to ensure safe staffing and where necessary the unit closed to external admissions to maintain safety. There has been a steady decrease in the amount of agency nurses to cover gaps in staffing.

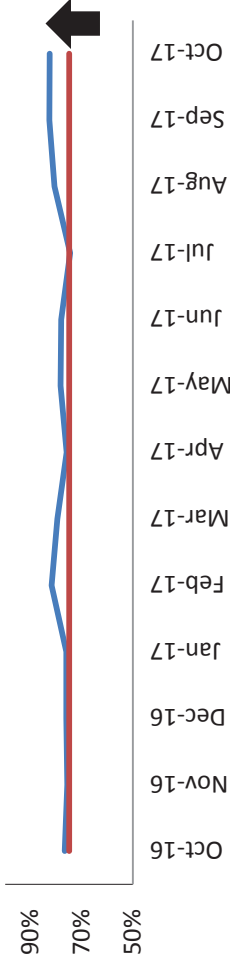
Paediatrics

Paediatrics have reduced their vacancies and have 5.2 wte nurses on maternity leave and 2 wte vacancies. In the month of October they had 2 children with tier 4 needs that required extra staff with restraint training to support their safety and this was provided with agency staff. There are no staffing red flag events on the Datix system for October.

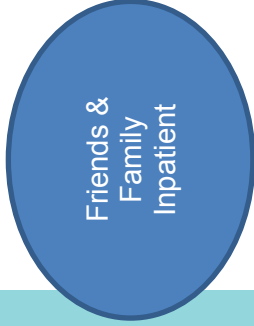
Activity and acuity are closely monitored and recorded 3 times throughout the day on safe staffing.

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

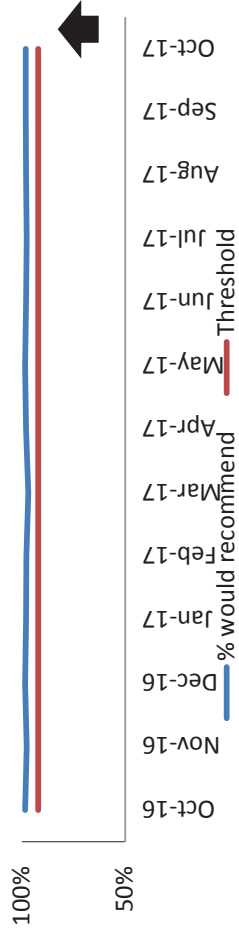
CARING



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



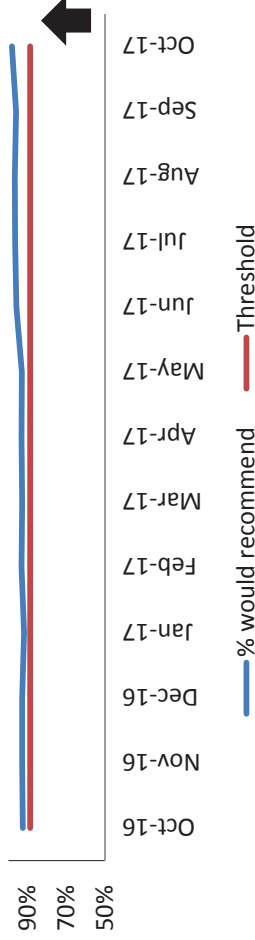
In October the number that would recommend A&E to friends and family has reduced slightly on last month at 82.5% with a response rate of 20.3%



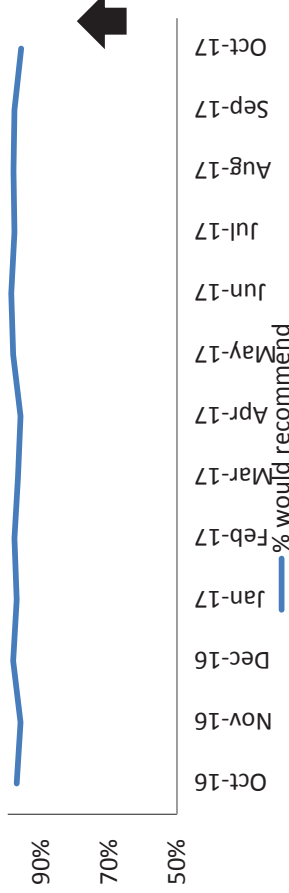
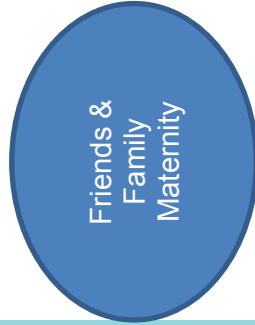
The proportion that would recommend inpatient services has remained at 98.2%. The response rate was 49.8%

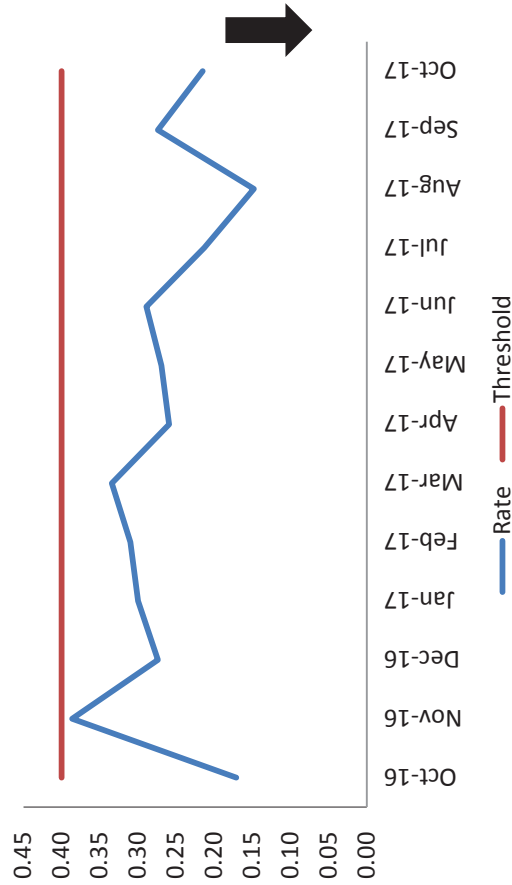
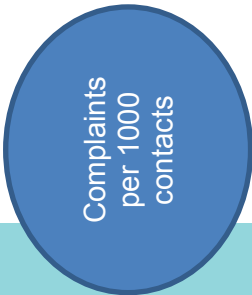


Community services would be recommended by 98.1% and maternity 96.0%



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

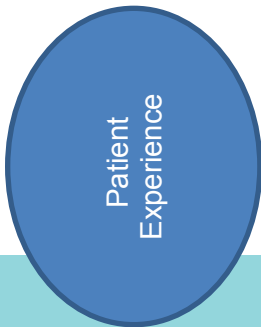




The Trust opened 26 new formal complaints in October. The number of complaints closed in October was 35.

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 September the number of complaints received is shown as 0.2 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.

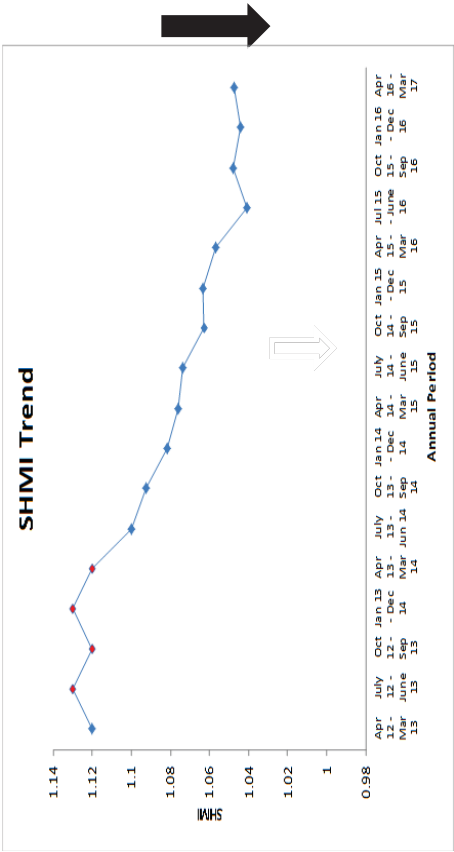


October 2017 Totals	Overall		Dignity	Information	Involvement	Quality
	No.	%				
Trust	2074	96	98	93	99	96
Integrated Care Group - Acute	546	97	99	98	98	94
Integrated Care Group - Community	374	95	100	83	99	97
Surgery	334	98	99	97	98	99
Family care	515	95	97	94	99	93
Diagnostic and Clinical	294	95	96	95	99	97

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

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

SHMI
Published
Trend



The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission has deteriorated slightly to 1.05 and is still within expected levels, as published in September 2017.

Dr Foster
Indicative
HSMR
rolling 12

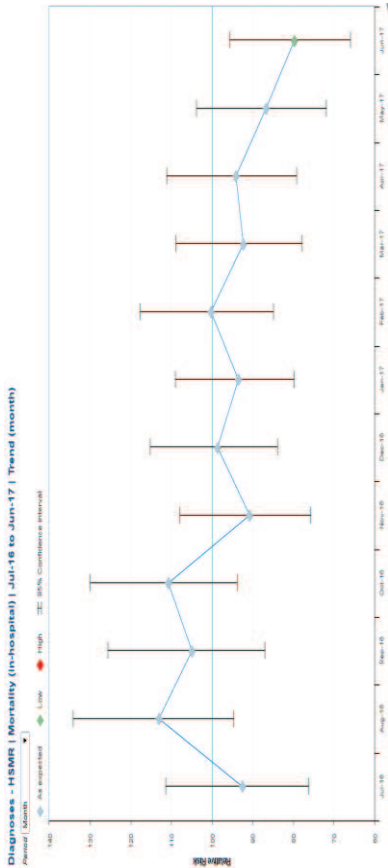
DFI Rebased on latest month July 16 – June 17 (Risk model Apr 17)	
TOTAL	95.9 (CI 91.4 – 100.8)
Weekday	95.5 (CI 90.3 – 101.1)
Weekend	97.2 (CI 88.2 – 107.0)
Deaths in Low Risk Diagnosis Groups	90.4 (CI 56.7 – 136.9)

The latest indicative 12 month rolling HSMR (July 16 – June 17) is reported 'as expected' at 95.9 against the monthly rebased risk model.

There are currently five SHMI groups and one HSMR groups with significantly high relative risk scores. These are being investigated through the mortality steering group and each have a nominated clinical lead and an associated action plan.

No further learning disability related deaths since January 2017

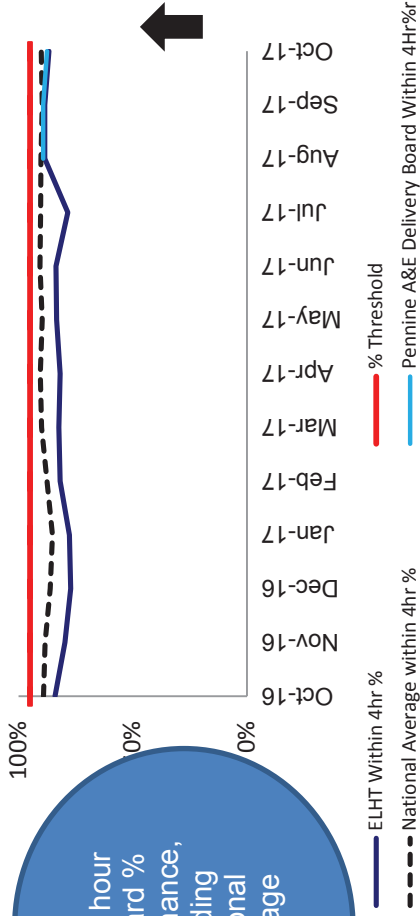
Dr. Foster
Indicative
HSMR
monthly
Trend



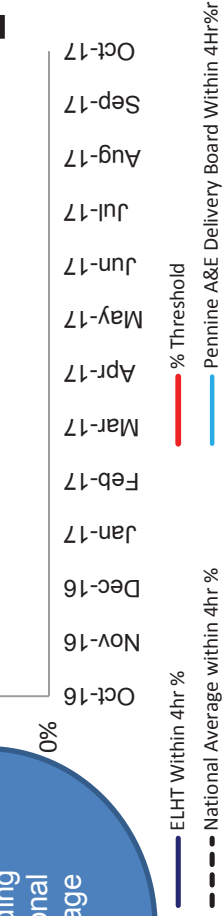
The Trust has an established mortality steering group which meets monthly to review performance and develop specific action plans for any alerting mortality groups identified.

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RESPONSIVE



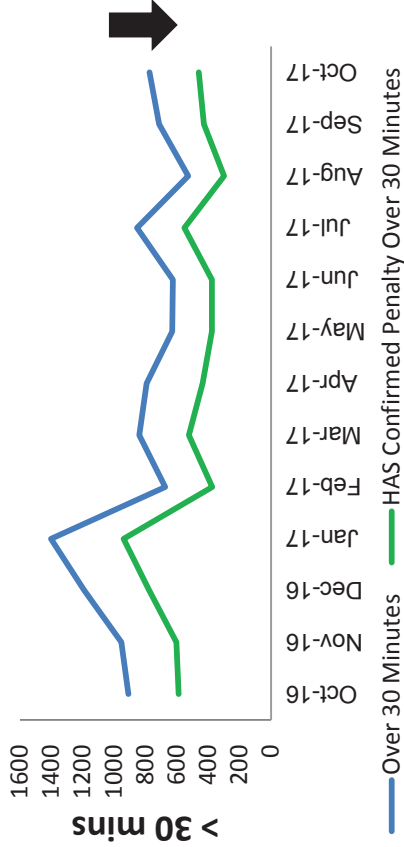
Overall performance against the ELHT Accident and Emergency four hour standard has deteriorated in October at 86.7%, below the 95% threshold. The performance against the Pennine A&E Delivery Board four hour standard has also deteriorated to 87.5% in October.



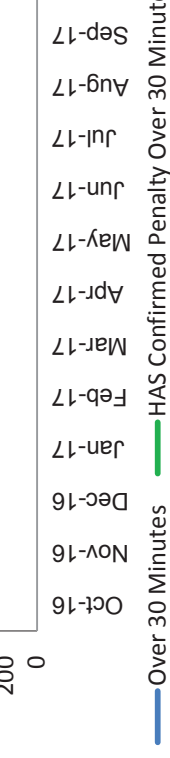
The number of attendances during October was 19,263 and of these 16,858 were treated and left the department within 4 hours. (Pennine A&E Delivery Board)



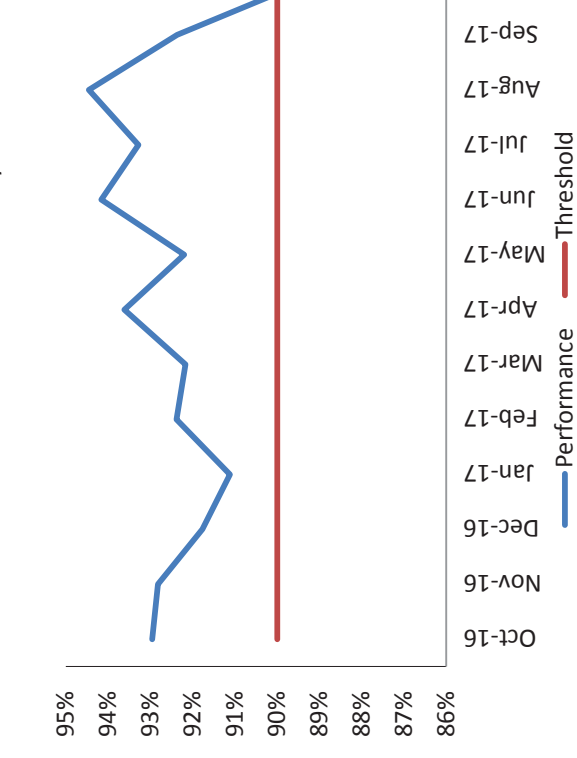
The national performance was 90.1% in October with 16 out of 137 reporting trusts with type 1 departments achieved the 95% standard.



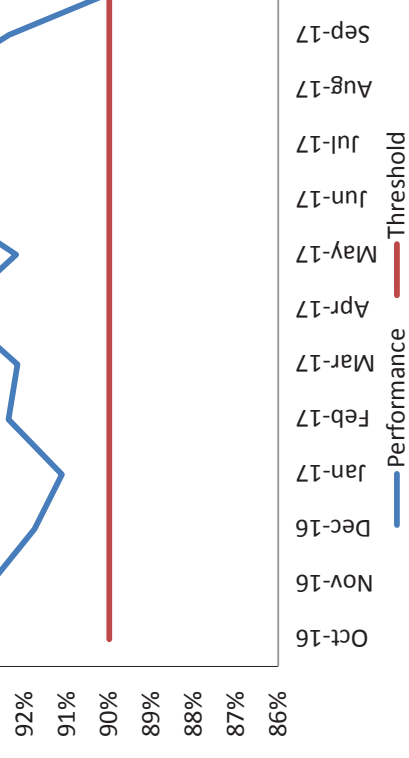
There were 2 reported breach of the 12 hour trolley wait standard from decision to admit during October. Both were mental health breaches. Rapid review timelines are completed in accordance with the NHS England Framework and a root cause analysis will be undertaken.



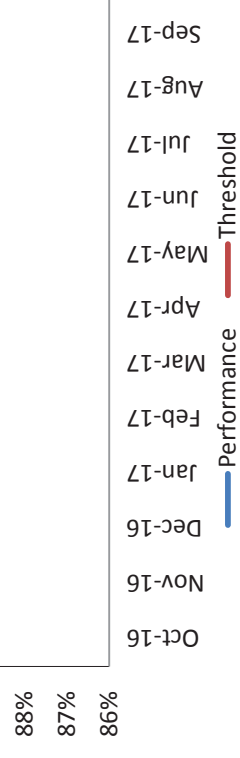
The number of handovers over 30 minutes increased to 775 for October compared with 714 for September. During the period, 1470 handovers were within 15 minutes of arrival and a further 1207 were 15-30 minutes.



The validated NWAS penalty figures are reported for October as:- 257 missing timestamps, 346 handover breaches (30-60 mins) and 115 handover breaches (>60 mins).



The ambulance handover compliance indicator measures the compliance with PIN entry on completion of patient handover. This was not achieved at 89.3% in October, which is below the 90% threshold.



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

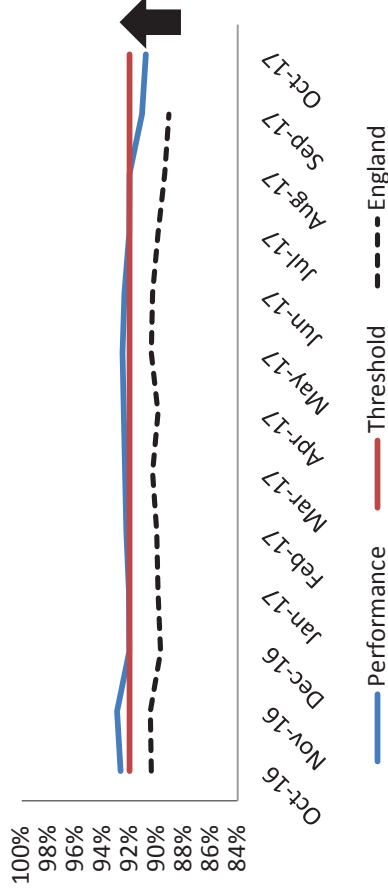
A&E 4 hour standard % performance, including National average

Handovers

HAS Compliance

RESPONSIVE

RTT
Ongoing



The 18 week referral to treatment (RTT) % ongoing position has not been achieved in October with 90.8% patients, waiting less than 18 weeks to start treatment at month end.

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

The total number of on-going pathways has reduced again in October to 25,680 from 26,693 in September.

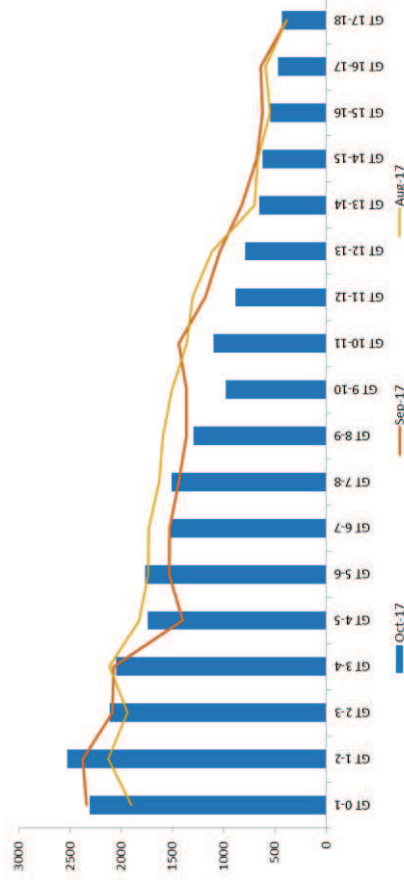
There has been an decrease in patients waiting over 18 weeks at the end of October to 2365 from 2384 in September.

The median wait has improved to 6.4 weeks in October.

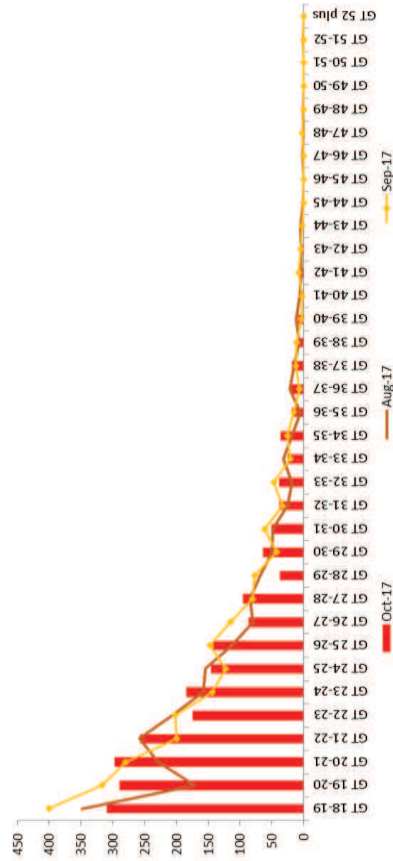
Although no longer a national target, the proportion of admitted and non-admitted patients is included on the scorecard for information.

The latest published figures from NHS England show further deterioration of the ongoing standard nationally (reported 1 month behind), with 89.1% of patients waiting less than 18 weeks to start treatment in September, compared with 89.4% in August.

RTT
Ongoing
0-18
Weeks

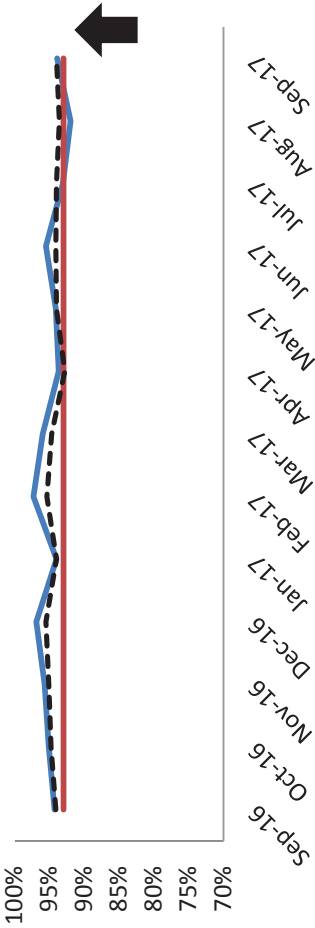


RTT Over
18 weeks



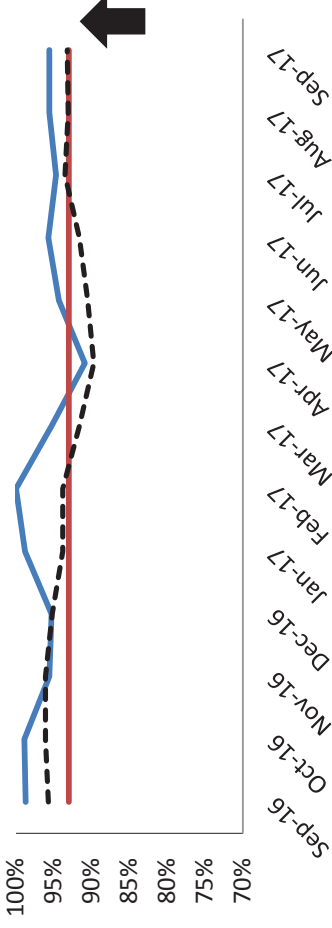
RESPONSIVE

Cancer 2
Week



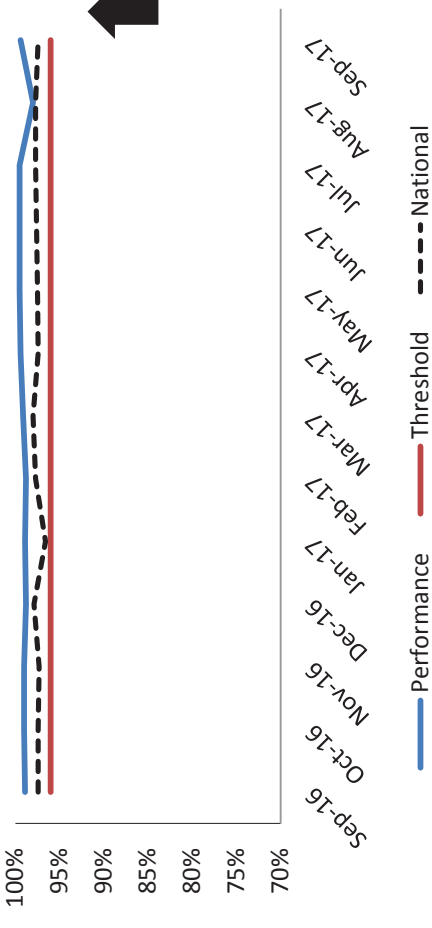
The cancer 2 week wait for GP referrals standard was achieved in September at 93.9%

Cancer 2
Week -
breast



The 2 week breast symptomatic standard was achieved in September at 95.6%

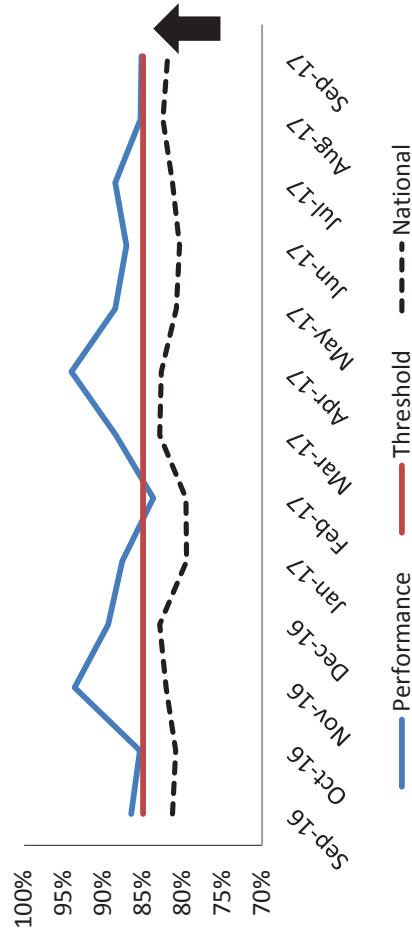
Cancer 31
day



The 31 day target was achieved in September at 99.4%

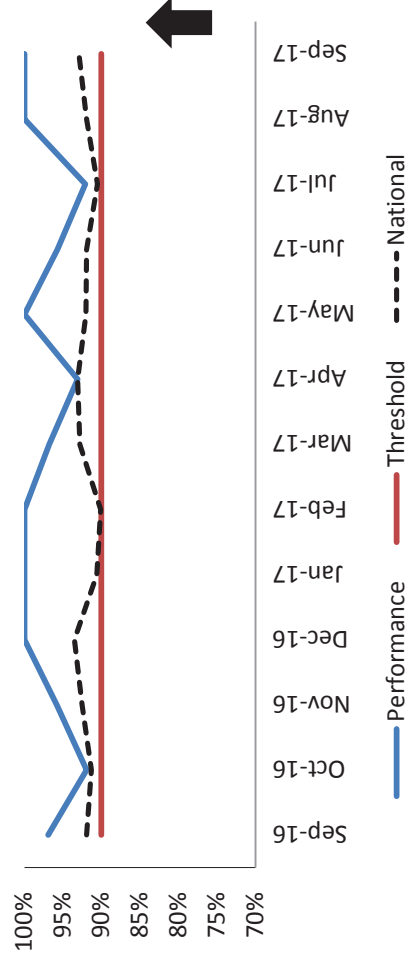
RESPONSIVE

62 Day Cancer



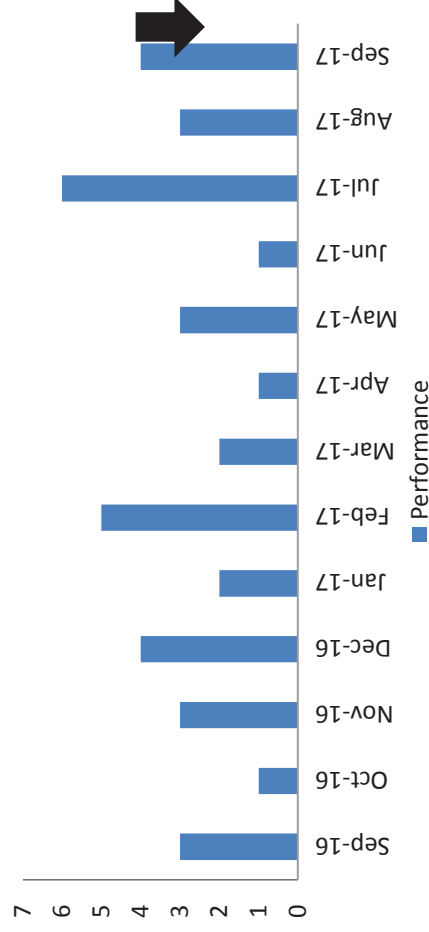
62 day performance was achieved in September at 85.2%

62 Day Consultant Upgrade



The 62 day consultant upgrade standard continued to be achieved in September at 100%

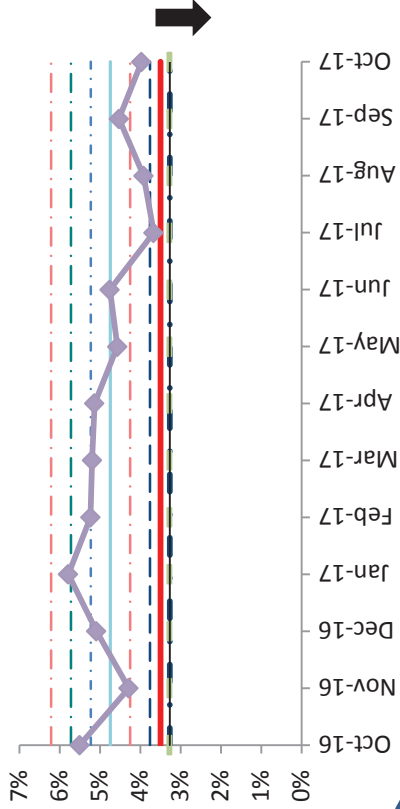
Cancer Patients Treated > Day 104



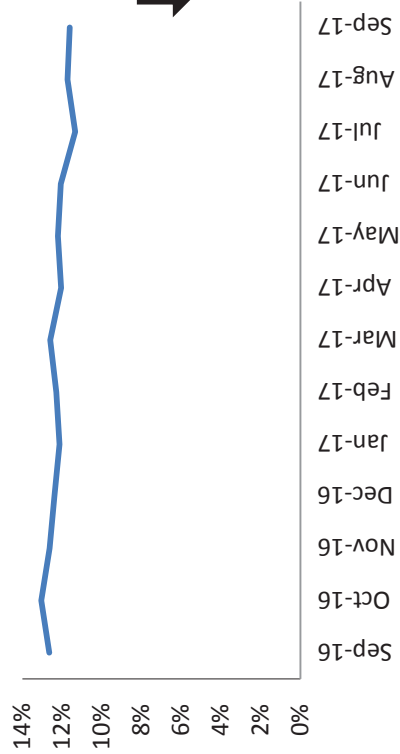
There were 4 patients treated after day 104 in September and these will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the Consultants involved in the pathway as required.

RESPONSIVE

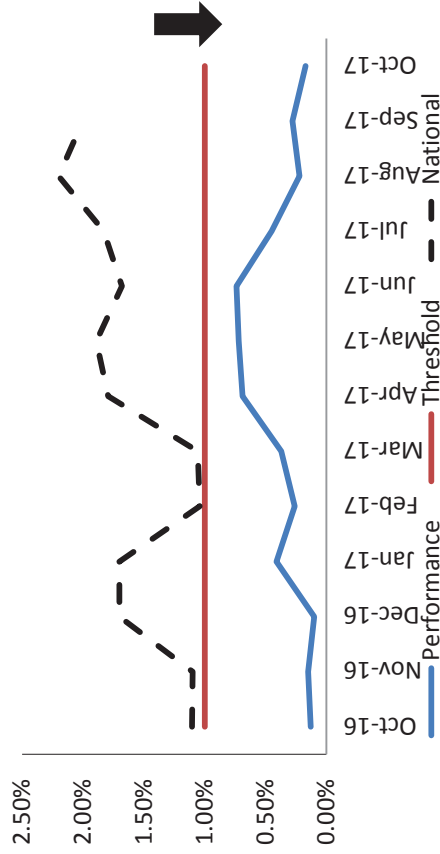
Delayed Discharges per 1000 bed days



Emergency Readmissions



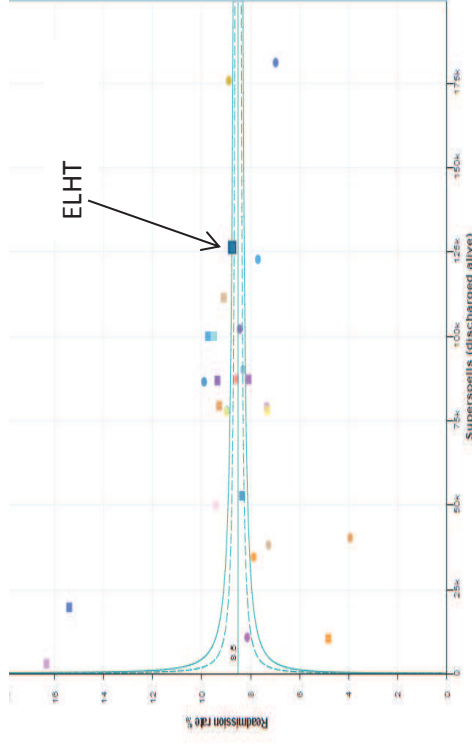
Diagnostic Waits



The proportion of delays reported against the delayed transfers of care standard has reduced at the end of October to 4.0%, which remains above the threshold of 3.5%. This equates to an average of 32 beds lost per day. The top three reasons for the bed days lost due to delayed discharge are, 'Patient or family choice' (27%), 'Awaiting completion of assessment' (25%) 'Awaiting further non acute NHS care' (18%). The failure of this target is multifactorial, linked to complex discharge processes involving ELHT and partners.

There is a full action plan which is monitored through the

Readmissions within 30 days vs North West - Dr Foster June 2016 - May 2017



The emergency readmission rate has reduced to 11.6% in September 2017 compared to 12.7% in September 2016. Dr Foster benchmarking shows ELHT have slightly higher rate than the North West average.

In October 0.2% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is within the 1% threshold.

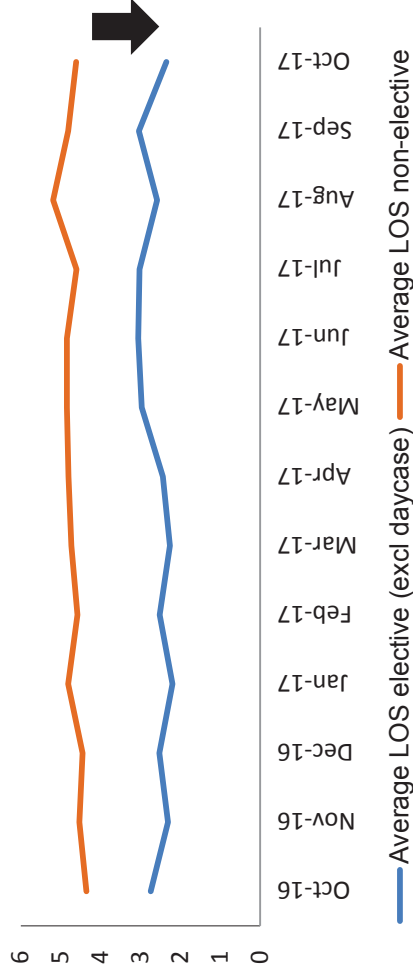
Average Length of Stay Benchmarking

Dr Foster Benchmarking July 16 - June 17

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	60,306	10,093	50,213	3.8	2.6	-1.2
Emergency	52,962	52,962	0	5.3	5.0	-0.3
Maternity/Birth	14,090	14,090	0	2.2	2.5	0.4
Transfer	190	190	0	10.8	31.3	20.5

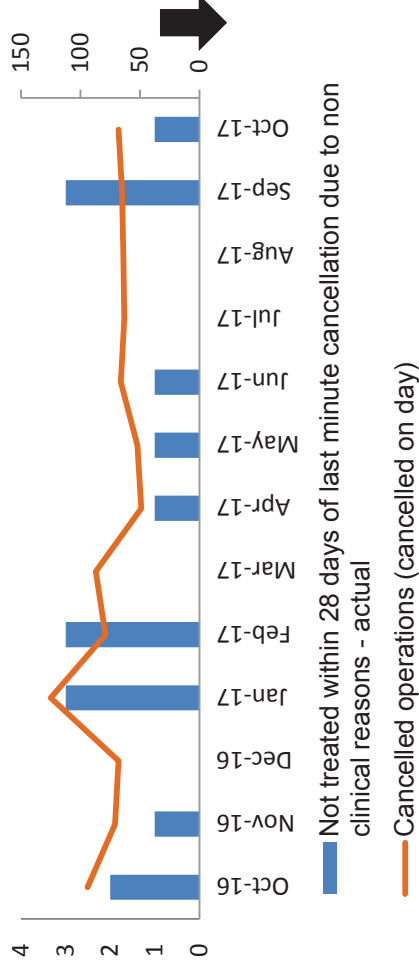
Dr Foster benchmarking shows the Trust length of stay to be below the expected when compared to national case mix adjusted, for both elective and non-elective.

Average Length of Stay



The Trust non elective average length of stay has reduced to 4.6 days in October, compared to 4.8 in September.
The elective length of stay (excluding day case) has decreased to 2.4 days from 3.0 last month.

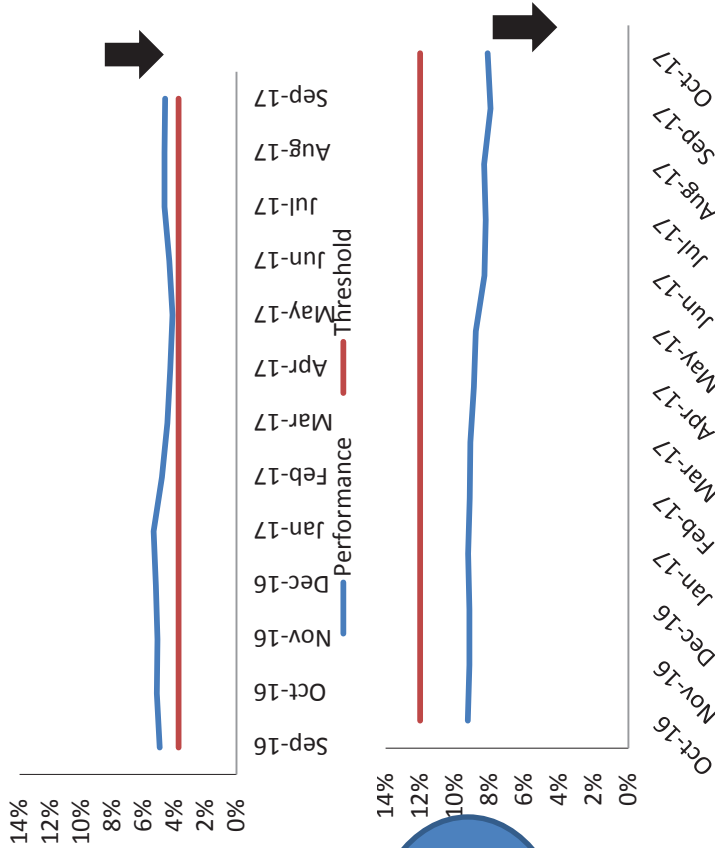
Operations cancelled on day - 28 day standard



There were 68 operations cancelled on the day of operation in October. There was 1 'on the day' cancelled operations not rebooked within 28 days in October.

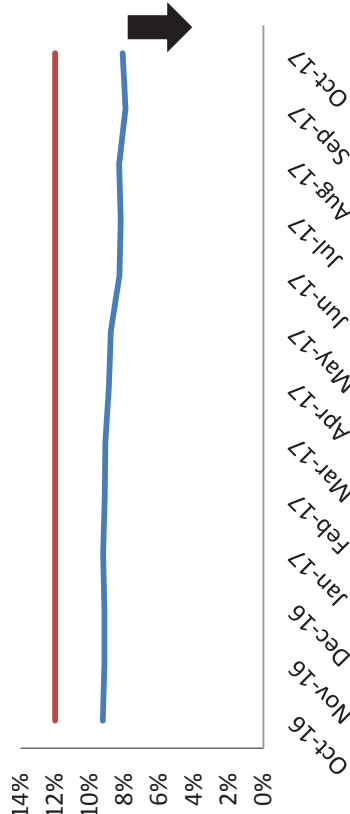
Patients that had procedures cancelled on the day are monitored regularly to ensure dates are offered within the 28 days. Risks are escalated to senior managers and escalated at the weekly operations meeting.

WELL LED



The sickness absence rate decreased from 4.66% in August 2017 to 4.61% in September 2017. This is lower than the previous year (4.95%). The Trust target is 3.75%, which is recognised as a challenging target to achieve.

High sickness rates are a financial risk as bank and agency expenditure increases to cover shifts. Long term sickness attributed to anxiety/stress and musculoskeletal problems continue to be the main reasons for sickness absence. A detailed action plan has been developed and a quarterly progress update will be provided to the Trust Board.



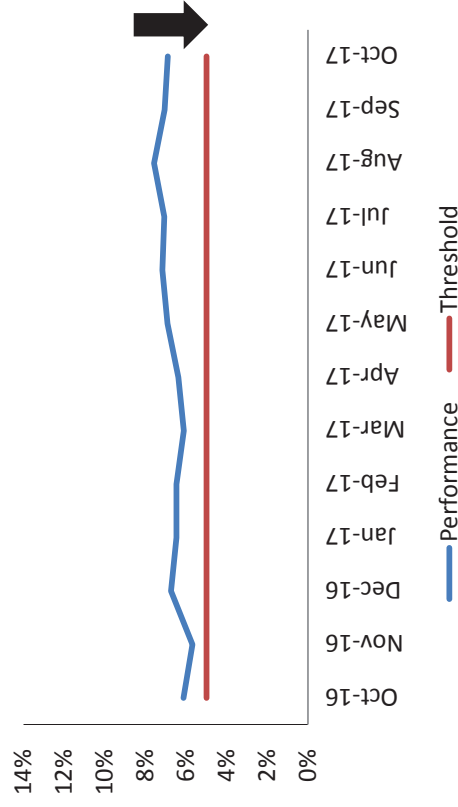
Overall the Trust is now employing 7165 FTE staff in total. This is a net increase of 13 FTE from the previous month. The number of nurses in post at Oct 2017 stood at 2330 FTE which is a net increase of 12 FTE since last month and a net increase of 276 FTE since 1st April 2013.

As at 31st October 2017 there are a further 58 external nurses in the recruitment pipeline.

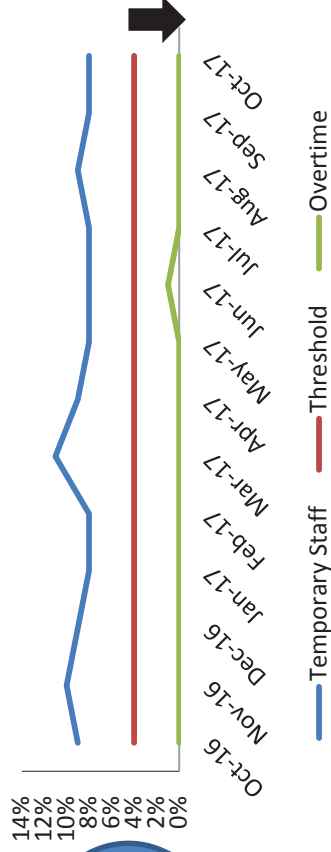
The vacancy rate for nurses now stands at 8.6% (218 FTE)

As of October 2017 there are 75 FTE Medical posts vacant of which 29 posts have been offered and awaiting pre-employment checks or confirmation of start dates to be agreed. The remaining 46 posts are currently out to advert.

The vacancy rates for doctors now stands at 4.5% (26 FTE)



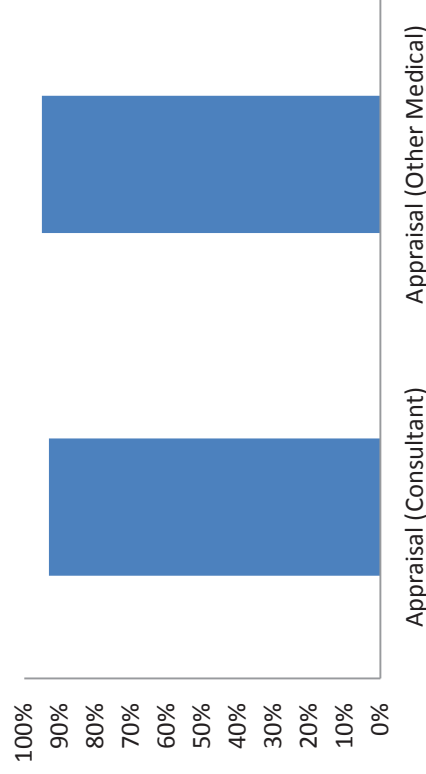
The vacancy rates for doctors now stands at 4.5% (26 FTE)



In 2016/17 East Lancashire Hospitals NHS Trust spent £27.5m on temporary staffing. This represented 9% of the overall pay bill. (8% 2015/16; 9% 2014/15; 8% 2013/4; 5.5% 2012/13).

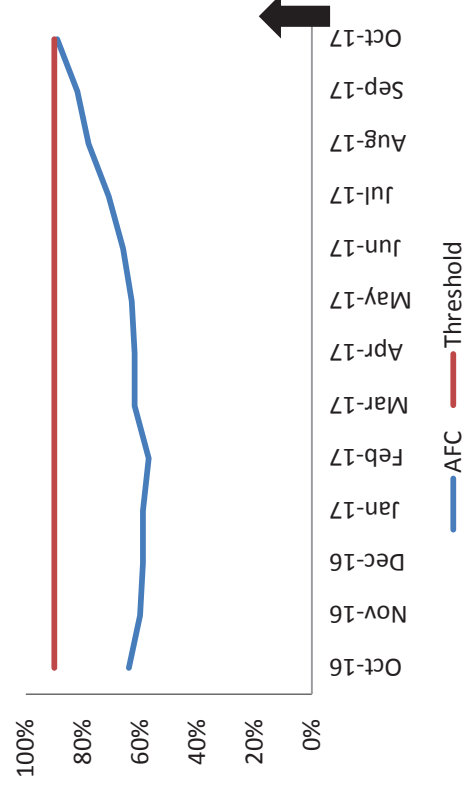
For the year ending 2016/17 the Trust spent £27,555,803 (£15,030,431 agency; £12,525,372 bank).

In October 2017 the Trust spent £2,137,819 on bank and agency. This was less than in October 2016 (£2,472,050) and less than in September 2017 (£2,194,734). Total expenditure to date for 2017/18 is £15,449,786



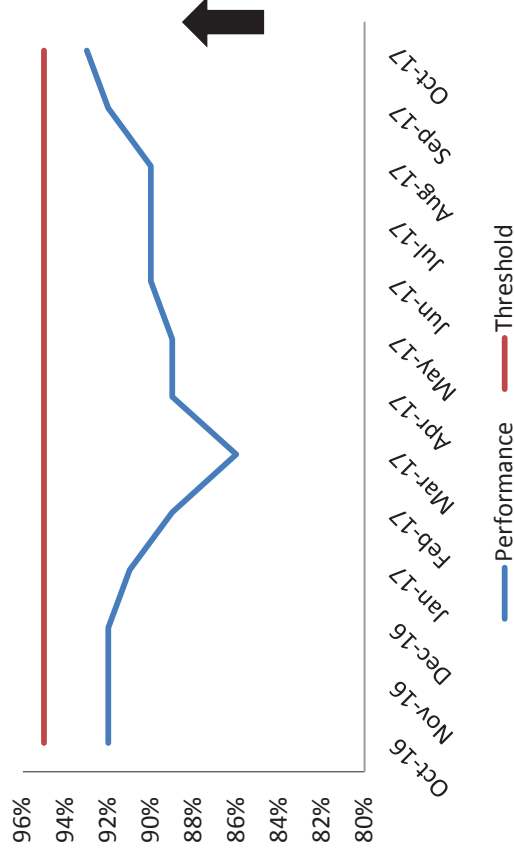
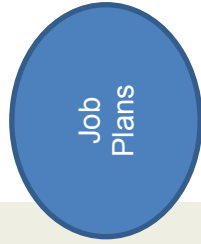
The appraisal rates for consultants and career grade doctors are reported cumulative year to date, April – October 2017 and reflect the number of reviews completed that were due in this period.

The consultant appraisal rate has increased on last month to 93%. The other medical staff appraisal rate has increased to 95%, above the 90% threshold.



The AFC appraisal rates continue to be reported as a rolling 12 month figure and have increased in October to 89% from last month (82%), however is still just below the threshold of 90%

There has been a range of Trust wide actions to support compliance which are on-going. These actions are monitored through the Finance & Performance Committee.



The job plan compliance for 2017/18 remains at 100% in October. The next planning round for 2018/19 commenced 5th September with all job plans to be signed off by 31st January 2018.

Information governance toolkit compliance has improved to 93% in October, however still below the 95% threshold.

The core skills framework consists of eleven mandatory training subjects. Training is via a suite of e-learning modules and knowledge assessments on the learning hub (with the option of classroom training available for some subjects). The threshold has been set at 90% for all areas except Information Governance which has a threshold of 95%

Three of the eleven areas are currently below target for training compliance.

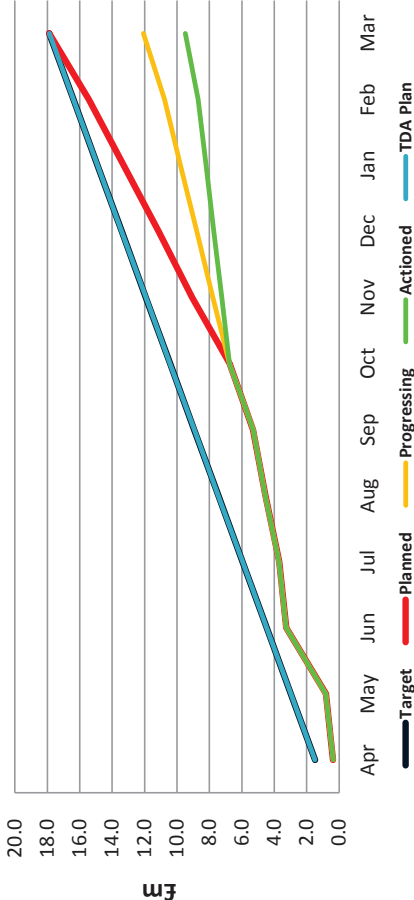
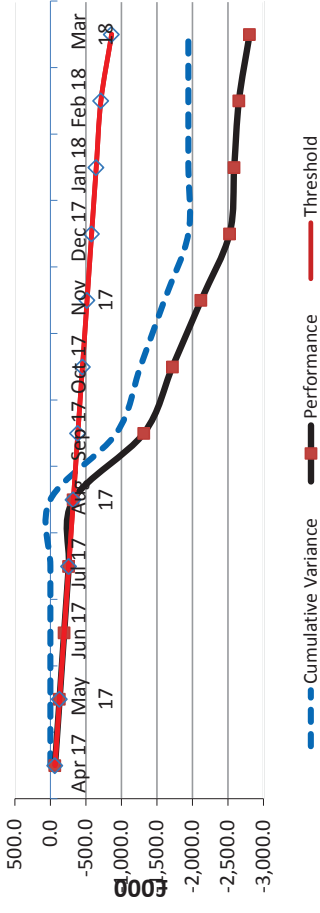
The Trust's mandatory training programme was audited by the Mersey Internal Audit Agency in October 2016, following previous reviews in 2013/14 & 2014/15, which had given a limited assurance opinion. The report gave a 'Significant Assurance' for the learning system but a 'Limited Assurance' of the mandatory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

	Target	Compliance at end Oct
Basic Life Support	90%	88%
Conflict Resolution Training Level 1	90%	97%
Equality, Diversity and Human Rights	90%	97%
Fire Safety	90%	87%
Health, Safety and Welfare Level 1	90%	97%
Infection Prevention	90%	97%
Information Governance	95%	93%
Prevent Healthwrap	90%	93%
Safeguarding Adults	90%	95%
Safeguarding Children	90%	95%
Safer Handling Theory	90%	96%



WELL LED

Area	Metric	Actual YTD Performance	Score	Forecast outturn Performance	Score
Financial sustainability	Capital service capacity	1.4	3	1.4	3
	Liquidity (days)	(7.8)	3	(11.2)	3
Financial efficiency	I&E margin	(0.6%)	3	(0.4%)	3
Financial control	Distance from financial plan	(0.4%)	2	(0.2%)	2
	Agency spend	14.1%	2	14.1%	2
Total			3		3



The Trust has a planned outturn position for 2017-18 of a deficit of £0.863m. This figure includes our notified non-recurrent STF allocation of £11.272m. Our control total for the year is a deficit of £12.135m, excluding the STF allocation. This is the figure that NHSI will monitor us against via the Single Oversight Framework.

The Trust's current performance against target for four-hour A&E waits means that the Trust has missed out on £0.929m of its STF allocation for the first and second quarters. This remains a risk area for the Trust for future quarters.

As a result, the Trust is now reporting that we remain on target to achieve our control total, only after excluding the STF allocation.






As a result of the deterioration in the financial performance of the Trust, which has also affected liquidity, the overall Finance and Use of Resources metric score for the year to date is 3, which is also the forecast position for 2017-18.

The Trust has fully identified the SRCP schemes for 2017-18 at £17.9m. £9.5m of these schemes have been achieved to date. The position is reported in further detail in the Sustaining Safe, Personal and Effective Transformation paper.













APPENDIX 1

Safe															
	Threshold 17/18	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Monthly Sparkline
M64 CDIFF	28	5	4	2	3	2	0	2	4	3	2	5	2	3	
M64.1 Cdiff Cumulative from April	28	21	25	27	30	32	32	2	6	9	11	16	18	21	
M65 MRSA	0	0	0	1	0	0	0	0	1	0	0	0	0	0	
M124 E-Coli (post 2 days)	65	6	4	5	7	7	5	7	7	8	0	6	4	7	
P. aeruginosa bacteraemia (total pre 2 M154 days)								3	2	1	0	2	1	0	
P. aeruginosa bacteraemia (total post 2 M155 days)								0	0	0	0	1	0	0	
Klebsiella species bacteraemia (total M156 pre 2 days)								5	4	6	7	4	3	10	
Klebsiella species bacteraemia (total M157 post 2 days)								1	1	0	3	2	0	2	
M66 Never Event Incidence	0	0	0	0	0	0	0	2	0	0	1	0	0	2	
M67 Medication errors causing serious harm (Steis reported date)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
C28 Percentage of Harm Free Care	92%	99.3%	99.2%	98.9%	99.1%	99.3%	99.3%	99.2%	99.0%	98.7%	99.7%	99.1%	98.8%	99.5%	
M68 Maternal deaths	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
C29 Proportion of patients risk assessed for Venous Thromboembolism	95%	99.0%	98.5%	98.4%	98.7%	98.4%	97.2%	99.4%	99.2%	98.4%	99.3%	99.2%	98.8%		
M69 Serious Incidents (Steis)		4	8	6	8	5	10	7	6	7	6	9	6	5	
M70 CAS Alerts - non compliance	0	0	0	0	0	0	0	0	0	0	0	0	2	0	
M146 Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80%	90%	90%	90%	90%	89%	89%	90%	91%	96%	90%	89%	89%	91%	
M147 Safer Staffing -Day-Average fill rate - care staff (%)	80%	123%	118%	112%	111%	114%	114%	116%	116%	114%	117%	117%	116%	107%	
M148 Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80%	101%	99%	97%	99%	99%	100%	100%	101%	99%	99%	98%	96%	99%	

M149	Safer Staffing - Night -Average fill rate - care staff (%)	80%	134%	130%	122%	127%	128%	125%	129%	128%	127%	127%	126%	126%	118%	
M150	Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	9	5	5	7	11	6	6	3	2	5	6	4	4	
M151	Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	0	0	0	0	1	3	1	1	1	0	0	1	1	
M152	Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	1	1	3	4	1	1	1	1	0	1	1	0	1	
M153	Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	1	1	2	1	1	1	1	1	1	1	1	1	1	
Caring																
		Threshold 17/18	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Monthly Sparkline
C38	Inpatient Friends and Family - % who would recommend	92.07%	98.5%	97.7%	98.5%	98.1%	97.9%	97.0%	98.0%	98.4%	98.0%	97.7%	97.9%	98.2%	98.2%	
C31	NHS England Inpatients response rate from Friends and Family Test		43.2%	40.8%	51.2%	53.2%	47.4%	47.0%	49.4%	48.2%	43.1%	49.5%	48.3%	51.2%	49.8%	
C40	Maternity Friends and Family - % who would recommend	91.86%	97.3%	96.2%	98.3%	97.4%	97.9%	96.9%	96.2%	98.4%	98.9%	98.0%	98.3%	98.0%	96.0%	
C42	A&E Friends and Family - % who would recommend	74.90%	76.7%	75.7%	76.1%	76.0%	81.8%	79.6%	75.9%	78.3%	78.1%	74.6%	80.6%	82.7%	82.5%	
C32	NHS England A&E response rate from Friends and Family Test		20.8%	17.9%	19.1%	21.3%	21.2%	22.1%	20.9%	20.0%	16.8%	18.6%	17.4%	15.8%	20.3%	
C44	Community Friends and Family - % who would recommend	88.62%	92.5%	92.8%	92.8%	91.9%	93.1%	92.8%	93.1%	92.9%	95.8%	96.5%	96.6%	95.9%	98.1%	
C15	Complaints – rate per 1000 contacts	0.4	0.2	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.2	0.1	0.3	0.2	
M52	Mixed Sex Breaches	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Effective																
		Threshold 17/18	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Monthly Sparkline
M73	Deaths in Low Risk Categories - relative risk	Outlier	86.5	82.7	91.6	75.9	65.0	67.3	81.4	85.2	90.4					
M74	Hospital Standardised Mortality Ratio - Weekday (DFI Indicative)	Outlier	98.7	95.6	96.2	94.7	95.6	94.9	94.0	94.6	95.5					
M75	Hospital Standardised Mortality Ratio - Weekend (DFI Indicative)	Outlier	97.0	99.1	99.4	97.8	98.1	96.7	96.6	97.7	97.2					

M54	Hospital Standardised Mortality Ratio (DFI Indicative)	Outlier	98.3	96.5	97.0	95.5	96.2	95.3	94.7	95.4	95.9						
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Outlier			1.04												
M159	Stillbirths	<5	1	4	1	3	3	1	1	2	3	4	2	2			
M160	Stillbirths - Avoidable											1	0	0			
M161	Stillbirths - Unavoidable											3	2	2			
M89	CQUIN schemes at risk	0			1			3			0						

Responsive

	Threshold 17/18	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Monthly Sparkline
C2	95%	84.1%	79.8%	77.3%	77.8%	81.9%	82.4%	81.8%	83.3%	83.6%	78.5%	88.6%	88.6%	86.7%	
Proportion of patients spending less than 4 hours in A&E (Trust)															
C2ii	95%	84.1%	79.8%	77.3%	78.8%	82.8%	83.4%	82.7%	84.4%	84.7%	80.0%	89.2%	89.2%	87.5%	
Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)															
M62	0	3	3	0	16	7	5	1	5	13	7	7	1	2	
12 hour trolley waits in A&E															
M81	90%	92.96%	92.82%	91.77%	91.12%	92.39%	92.17%	93.62%	92.20%	94.16%	93.28%	94.46%	92.37%	89.24%	
HAS Compliance															
M82	0	909	954	1190	1402	674	840	793	629	626	854	528	714	775	
Handovers > 30 mins ALL (NWAAS)															
M82.£ Confirmed Penalty	0	590	604	776	940	376	524	436	377	378	552	299	428	461	
RTT admitted: percentage within 18 weeks	N/A	78.1%	72.5%	75.3%	71.3%	70.7%	69.8%	68.4%	71.5%	71.4%	70.9%	68.6%	69.5%	64.8%	
C1															
RTT non- admitted pathways: percentage within 18 weeks	N/A	93.9%	92.7%	93.2%	91.3%	92.5%	92.0%	91.9%	94.3%	92.2%	91.8%	94.6%	90.8%	89.4%	
C3															
RTT waiting times incomplete pathways	92%	92.7%	92.9%	92.0%	92.0%	92.2%	92.3%	92.4%	92.5%	92.4%	92.0%	92.0%	91.1%	90.8%	
C37.1 RTT 52 Weeks (Ongoing)	0	1	1	0	3	2	1	1	0	1	2	0	0	1	
Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1%	0.1%	0.2%	0.1%	0.4%	0.3%	0.4%	0.7%	0.7%	0.7%	0.5%	0.2%	0.3%	0.2%	
C17															
Cancer - Treatment within 62 days of referral from GP	85%	85.4%	93.6%	89.4%	87.6%	83.7%	88.4%	94.0%	88.5%	87.1%	88.5%	85.3%	85.2%		

C19	Cancer - Treatment within 62 days of referral from screening	90%	91.9%	95.8%	100.0%	100.0%	100.0%	96.8%	93.1%	100.0%	95.7%	92.1%	100.0%	100.0%		
C20	Cancer - Treatment within 31 days of decision to treat	96%	99.0%	99.0%	98.8%	98.9%	98.8%	99.1%	99.4%	99.5%	99.5%	99.5%	98.0%	99.4%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94%	100.0%	94.7%	100.0%	95.9%	100.0%	95.3%	95.7%	100.0%	95.5%	97.9%	92.9%	97.9%		
C24	Cancer - seen within 14 days of urgent GP referral	93%	95.1%	95.7%	96.9%	94.0%	97.3%	96.0%	93.7%	94.1%	95.5%	93.1%	92.0%	93.9%		
C25	Cancer - breast symptoms seen within 14 days of GP referral	93%	98.9%	95.6%	95.3%	98.8%	100.0%	95.3%	90.9%	94.3%	95.7%	94.7%	95.6%	95.6%		
C36	Cancer 62 Day Consultant Upgrade	85%	83.3%	95.6%	94.1%	93.6%	89.3%	94.4%	93.3%	94.2%	96.8%	91.2%	90.0%	86.4%		
C25.1	Cancer - Patients treated > day 104		1	3	4	2	5	2	1	3	1	6	3	4		
M9	Urgent operations cancelled for 2nd time	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	2	1	0	3	3	0	1	1	1	0	0	3	1	
M138	Cancelled operations (cancelled on day)	0	94	71	68	125	79	87	49	52	66	63	64	65	68	
M55	Proportion of delayed discharges attributable to the NHS	3.5%	5.5%	4.3%	5.1%	5.8%	5.2%	5.2%	5.1%	4.6%	4.8%	3.7%	3.9%	4.5%	4.0%	
C16	Emergency re-admissions within 30 days		13.1%	12.6%	12.4%	12.1%	12.3%	12.6%	12.1%	12.2%	12.1%	11.4%	11.7%	11.6%	11.0%	
M90	Average LOS elective (excl daycase)		2.7	2.3	2.5	2.2	2.5	2.3	2.4	3.0	3.1	3.0	2.6	3.0	2.4	
M91	Average LOS non-elective		4.4	4.5	4.5	4.8	4.6	4.7	4.8	4.8	4.8	4.6	5.2	4.8	4.6	
Well led																
		Threshold 17/18	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Monthly Sparkline
M77	Trust turnover rate	12%	9.3%	9.2%	9.2%	9.2%	9.1%	9.1%	8.9%	8.8%	8.3%	8.2%	8.3%	8.0%	8.1%	
M78	Trust level total sickness rate	3.75%	5.1%	5.1%	5.2%	5.4%	4.8%	4.5%	4.3%	4.1%	4.3%	4.7%	4.7%	4.6%	n/a	
M79	Total Trust vacancy rate	5%	6.1%	5.7%	6.7%	6.5%	6.5%	6.1%	6.4%	6.9%	7.2%	7.1%	7.6%	7.1%	6.9%	
M80.3	Appraisal (AFC)	90%	64.0%	60.0%	59.0%	59.0%	57.0%	62.0%	62.0%	63.0%	66.0%	71.0%	78.0%	82.0%	89.0%	

M80.3: Appraisal (Consultant)	90%	50.0%	94.0%	95.0%	92.0%	96.0%	99.0%	80.0%	81.0%	86.0%	87.0%	90.0%	88.0%	93.0%	
M80.4 Appraisal (Other Medical)	90%	72.0%	99.0%	95.0%	94.0%	99.0%	99.0%	67.0%	100.0%	90.0%	97.0%	91.0%	94.0%	95.0%	
M80.2 Safeguarding Children	90%	91.0%	93.0%	93.0%	90.0%	90.0%	88.0%	89.0%	90.0%	90.0%	93.0%	94.0%	95.0%	95.0%	
M80.2: Information Governance Toolkit Compliance	95%	92.0%	92.0%	92.0%	91.0%	89.0%	86.0%	89.0%	89.0%	90.0%	90.0%	90.0%	92.0%	93.0%	
F8 Temporary costs as % of total payroll	4%	9%	10%	9%	8%	8%	11%	9%	8%	8%	8%	9%	8%	8%	
F9 Overtime as % of total payroll	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	
F1 Cumulative Retained Deficit for breakeven duty (£M)	(0.8)	(2.1)	(2.4)	(2.7)	(3.0)	(1.5)	1.5	(0.1)	(0.1)	(0.2)	(0.3)	(0.3)	(1.3)	(1.7)	
F2 SRCP Achieved % (green schemes only)	100.0%	75%	81%	87%	99%	101%	101%	18%	28%	32%	34%	40%	46%	53%	
F3 Liquidity days	>(14.0)	(6.6)	(6.9)	(7.1)	(7.1)	(6.1)	(6.3)	(5.2)	(5.0)	(5.5)	(6.2)	(6.7)	(7.5)	(7.8)	
F4 Capital spend v plan	85%	80%	76%	74%	67%	77%	85%	42%	38%	32%	41%	46%	55%	57%	
F16 Finance & Use of Resources (UoR) metric - overall	3	3	3	3	3	2	2	2	2	2	2	2	3	3	
F17 Finance and UoR metric - liquidity	3	2	2	3	3	2	2	3	3	3	3	3	3	3	
F18 Finance and UoR metric - capital service capacity	3	4	4	4	3	3	3	2	2	2	2	2	3	3	
F19 Finance and UoR metric - I&E margin	3	3	3	3	3	3	2	3	3	3	3	3	3	3	
F20 Finance and UoR metric - distance from financial plan	1	1	1	1	1	1	1	2	1	1	1	1	2	2	
F21 Finance and UoR metric - agency spend	2	3	3	3	3	3	3	1	2	2	2	2	2	2	
F12 BPPC Non NHS No of Invoices	95%	96.5%	96.6%	96.8%	96.8%	96.8%	96.7%	96.2%	96.5%	96.3%	95.7%	95.7%	95.8%	96.0%	
F13 BPPC Non NHS Value of Invoices	95%	96.5%	96.6%	96.8%	96.8%	96.8%	96.7%	95.3%	96.1%	96.0%	95.1%	95.0%	95.2%	95.4%	
F14 BPPC NHS No of Invoices	95%	97.0%	96.7%	96.3%	96.2%	96.2%	95.8%	95.7%	95.7%	95.1%	95.2%	95.0%	95.0%	95.0%	
F15 BPPC NHS Value of Invoices	95%	99.2%	99.2%	98.9%	98.7%	98.7%	98.6%	99.1%	99.1%	98.2%	97.6%	97.9%	97.9%	97.9%	

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.ehft.nhs.uk/safe-staffing-data.htm

Comments

Only complete sites your organisation is accountable for																				
Hospital Site Details			Main 2 Specialities 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	Ward name	Speciality 1		Speciality 2		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives as (%)	Average fill rate - care staff as (%)	Average fill rate - registered nurses/midwives as (%)	Average fill rate - care staff as (%)	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	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives as (%)	Average fill rate - care staff as (%)	Average fill rate - registered nurses/midwives as (%)	Average fill rate - care staff as (%)				
Validation alerts (see control panel)	ACCINGTON VICTORIA HOSPITAL - RXR60	Ward 2	1395	1102.5	930	1005	651	651	651	651	651	651	79.0%	108.1%	100.0%	98.4%	529	3.3	3.1	6.4
	ROYAL BLACKBURN HOSPITAL - RXR20	Acute Stroke Unit (ASU)	2325	2175	1627.5	1665	945	976.5	1050	93.5%	102.3%	96.8%	107.5%	611	5.1	4.4	8.5			
	ROYAL BLACKBURN HOSPITAL - RXR20	B18	2092.5	1945	1395	1320	666.5	666.5	688	88.2%	94.6%	100.0%	103.2%	755	3.3	2.7	6.0			
	ROYAL BLACKBURN HOSPITAL - RXR20	B20	1410.5	1293.5	806	962	682	682	924	91.7%	119.4%	100.0%	136.5%	509	3.9	3.7	7.6			
	ROYAL BLACKBURN HOSPITAL - RXR20	B22	1612	1371.5	2418	2509	682	683	1705	1683	85.1%	103.8%	101.6%	98.7%	649	3.2	6.5	9.6		
	ROYAL BLACKBURN HOSPITAL - RXR20	B24	1612	1488.5	1209	1664	682	682	1100	92.3%	137.6%	100.0%	161.3%	637	3.4	4.3	7.7			
	ROYAL BLACKBURN HOSPITAL - RXR20	B4	1680	1537.5	2527.5	2355	651	672	1302	1281	82.7%	92.1%	103.2%	98.4%	704	3.1	5.2	8.3		
	ROYAL BLACKBURN HOSPITAL - RXR20	Blackburn Birth Centre	330	883.75	465	428.25	999.75	698.75	333.25	311.75	96.1%	92.1%	69.9%	93.5%	25	63.7	29.6	93.3		
	ROYAL BLACKBURN HOSPITAL - RXR20	C1	1627.5	1627.5	1395	1785	666.5	666.5	1032	100.0%	126.0%	100.0%	154.8%	552	4.2	5.1	9.3			
	ROYAL BLACKBURN HOSPITAL - RXR20	C10	1680	1612.5	1680	2122.5	651	683	976.5	1188.5	86.7%	114.1%	106.5%	121.5%	640	3.6	5.2	8.8		
	ROYAL BLACKBURN HOSPITAL - RXR20	C11	1680	1575	1852.5	1685	666.5	666.5	903	84.7%	91.5%	100.0%	136.5%	655	3.4	4.0	7.4			
	ROYAL BLACKBURN HOSPITAL - RXR20	C14	2418	2255.5	1612	1969.5	1023	1078	1056	1254	93.3%	122.2%	105.4%	118.8%	491	6.8	6.6	13.4		
	ROYAL BLACKBURN HOSPITAL - RXR20	C18	2418	2353	1612	1989	1023	1056	1023	1111	97.3%	99.2%	103.2%	108.6%	513	6.6	5.3	11.9		
	ROYAL BLACKBURN HOSPITAL - RXR20	C2	1680	1552.5	1395	1867.5	999.75	1032	666.5	1128.75	83.5%	133.9%	103.2%	169.4%	718	3.6	4.2	7.8		
	ROYAL BLACKBURN HOSPITAL - RXR20	C22	2418	2275	1612	1709.5	1023	1034	1023	1166	94.1%	106.0%	101.1%	114.0%	932	3.6	3.1	6.6		
	ROYAL BLACKBURN HOSPITAL - RXR20	C3	2092.5	1927.5	1680	2340	999.75	999.75	1538.75	1558.75	92.1%	126.8%	95.7%	156.9%	857	3.4	4.5	7.9		
	ROYAL BLACKBURN HOSPITAL - RXR20	C4	1680	1567.5	1395	1627.5	999.75	1010.5	666.5	903	84.3%	116.7%	101.1%	136.5%	686	3.7	3.6	7.3		
	ROYAL BLACKBURN HOSPITAL - RXR20	C5	1116	816	1728	1440	651	661.5	976.5	987	73.1%	83.3%	101.6%	101.1%	418	3.5	5.8	9.3		
	ROYAL BLACKBURN HOSPITAL - RXR20	C6	1680	1665	1395	1380	666.5	784.75	666.5	666.5	89.5%	98.9%	117.7%	100.0%	737	3.3	2.8	6.1		
	ROYAL BLACKBURN HOSPITAL - RXR20	C7	1680	1612.5	1395	1560	666.5	699.75	666.5	709.5	86.7%	111.8%	104.8%	106.5%	644	3.6	3.5	7.1		
	ROYAL BLACKBURN HOSPITAL - RXR20	C8	2325	1980	1395	1710	999.75	999.75	666.5	666.5	85.2%	122.6%	100.0%	100.0%	541	5.5	4.4	9.9		
	ROYAL BLACKBURN HOSPITAL - RXR20	C9	1680	1725	1395	1920	666.5	677.25	666.5	1085.75	92.7%	137.6%	101.6%	162.9%	672	3.6	4.5	8.0		
	ROYAL BLACKBURN HOSPITAL - RXR20	Children's Unit (CCU)	4650	4596	1116	1380	3460.5	3402.5	336	98.8%	129.7%	98.3%	103.2%	1018	7.9	1.7	9.5			
	ROYAL BLACKBURN HOSPITAL - RXR20	Coronary Care Unit (CCU)	1680	1702.5	485	810	999.75	999.75	0	0	91.5%	174.2%	100.0%	-	248	10.9	3.3	14.2		
	ROYAL BLACKBURN HOSPITAL - RXR20	Critical Care Unit	7137	7111	1131	1105	5940	5763	308	308	99.6%	97.7%	96.9%	100.0%	583	21.7	2.4	24.1		
	ROYAL BLACKBURN HOSPITAL - RXR20	D1	1680	1650	1395	1792.5	666.5	731	666.5	1107.25	88.7%	128.5%	109.7%	166.1%	613	3.9	4.7	8.6		
	ROYAL BLACKBURN HOSPITAL - RXR20	D3	1680	1515	1395	1470	666.5	709.5	866.5	866.25	81.5%	105.4%	106.5%	121.0%	596	3.7	3.8	7.6		
	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMU/A)	3487.5	3262.5	1743.75	2137.5	3138.75	3082.5	1946.25	1395	93.5%	122.6%	98.2%	133.3%	1188	5.3	3.0	8.3		
	ROYAL BLACKBURN HOSPITAL - RXR20	Medical Assessment Unit (AMU/B)	4185	4065	4185	3217.5	2604	2814.5	1402.5	1480.5	97.1%	76.9%	100.4%	113.7%	1164	5.7	4.0	9.8		
	ROYAL BLACKBURN HOSPITAL - RXR20	Neonatal Intensive Care Unit	4848	4764	372	381	4464	3972	360	166	98.3%	102.4%	89.0%	43.3%	721	12.1	0.7	12.9		
	ROYAL BLACKBURN HOSPITAL - RXR20	Surgical Triage Unit	1612	1605.5	806	1027	1023	1012	341	737	99.6%	127.4%	98.9%	216.1%	479	5.5	3.7	9.1		
	ROYAL BLACKBURN HOSPITAL - RXR20	Antenatal Ward	1488	1508	744	720	1116	1140	744	732	101.3%	96.8%	102.2%	98.4%	130	20.4	11.2	31.5		
	ROYAL BLACKBURN HOSPITAL - RXR20	Burnley General Hospital - RXR10	Burnley Birth Centre	1395	1317.5	372	423	1116	1056	420	94.4%	113.7%	94.6%	91.4%	68	34.9	11.9	46.8		
	ROYAL BLACKBURN HOSPITAL - RXR20	Burnley General Hospital - RXR10	Central Birth Suite	3720	3252	744	684	3720	3572	744	87.4%	91.9%	96.0%	100.0%	238	28.7	6.0	34.7		
	ROYAL BLACKBURN HOSPITAL - RXR20	Burnley General Hospital - RXR10	Gynaecology and Breast Care Ward	1692.5	1045.5	570	558	826.5	819	325.5	98.9%	97.9%	99.1%	93.5%	302	6.2	2.9	9.0		
	ROYAL BLACKBURN HOSPITAL - RXR20	Burnley General Hospital - RXR10	Postnatal Ward	2364	2212	1248	1218	1860	2052	1488	110.5%	97.6%	110.3%	89.5%	831	5.6	3.1	8.7		
	ROYAL BLACKBURN HOSPITAL - RXR20	Burnley General Hospital - RXR10	Rakehead	1395	1020	1680	1920	589	589	750.5	73.1%	103.2%	100.0%	127.4%	445	3.6	6.0	9.6		
	ROYAL BLACKBURN HOSPITAL - RXR20	Burnley General Hospital - RXR10	Ward 15	1495	1391	1007.5	1033.5	682	683	953	93.0%	102.6%	101.6%	109.4%	523	4.0	3.2	7.2		
	ROYAL BLACKBURN HOSPITAL - RXR20	Burnley General Hospital - RXR10	Ward 16	2325	1920	1627.5	2175	651	651	976.5	82.6%	133.6%	100.0%	141.9%	840	3.1	4.2	7.3		
	ROYAL BLACKBURN HOSPITAL - RXR20	CLITHEROE COMMUNITY HOSPITAL - RXR50	Ribblesdale	2325	1995	1680	1897.5	976.5	976.5	1323	85.8%	102.0%	100.0%	101.6%	965	3.1	3.3	6.4		
	ROYAL BLACKBURN HOSPITAL - RXR20	CLITHEROE COMMUNITY HOSPITAL - RXR50	Clitheroe Ward	1680	1395	1627.5	2047.5	666.5	666.5	999.75	96.7%	96.7%	100.0%	150.0%	712	3.0	4.3	7.4		
	ROYAL BLACKBURN HOSPITAL - RXR20	PENDLE COMMUNITY HOSPITAL - RXR50	Marsden	1680	1537.5	2092.5	2047.5	666.5	666.5	849.25	80.6%	92.2%	100.0%	127.4%	713	3.0	3.3	6.3		
	ROYAL BLACKBURN HOSPITAL - RXR20	PENDLE COMMUNITY HOSPITAL - RXR50	Redford	1680	1500	1627.5	1500	666.5	666.5	849.25	80.6%	92.2%	100.0%	127.4%	713	3.0	3.3	6.3		

TRUST BOARD PART ONE REPORT

Item

163

13 December 2017

Purpose Action

Title

Purchase Orders for Board approval

Author

Ms C Henson, Assistant Director of Finance

Executive Sponsor

Mr J Wood, Director of Finance

Summary: Trust Standing Financial Instructions require requisitions for the supply of goods and services over £1 million to be approved by the Board.

Report linkages

Related strategic aim and corporate objective

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

Related to key risks identified on assurance framework

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

Impact

Legal

Yes

Financial

Yes

Equality

No

Confidentiality

No

Previously considered by: NA

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Introduction

1. In line with the Trust Standing Financial Instructions, it is a requirement that a requisition is placed prior to making a commitment to purchase goods or services.
2. Authority for requisitioning is delegated to budget holders within the Trust, up to the levels shown below. In some areas, the delegated limit to approve expenditure has been reduced further to control expenditure.

Profile	£
Trust Board	Over £1,000,000
Chief Executive	1,000,000
Deputy Chief Executive	500,000
Director of Finance	500,000
Executive Directors	250,000
Divisional General Manager & Other Directors	75,000
Business Manager	25,000
Budget Holder	10,000

Requisitions in excess of £1m

3. Trust Board approval is required for the following requisitions that exceed £1 million.

Organisation	Goods/service	Annual order value (£m)
Rowlands Pharmacy	RBH outpatient dispensing (2017/18 quarter 1)	3.0
Tuskerdirect Ltd	Salary sacrifice car benefit scheme (2017/18)	2.5
Community Health Partnerships	Rent for St Peters Health Centre (2017/18)	1.4
Rowlands Pharmacy	RBH outpatient dispensing (2017/18 quarter 2)	3.0
Siemens Healthcare Diagnostics Limited	Provision of clinical chemistry and haematology services (01/07/2017 – 30/06/2018)	1.1

Organisation	Goods/service	Annual order value (£m)
Rowlands Pharmacy	RBH outpatient dispensing (2017/18 quarter 3)	3.0
Rowlands Pharmacy	BGH outpatient dispensing (2017/18)	3.0

Recommendation

- The Board is asked to approve the requisitions listed above.

TRUST BOARD REPORT

Item **110**

13 December 2017

Purpose Information
Assurance

Title	Finance and Performance Committee Update Report (October 2017) and Terms of Reference
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Mr S Barnes, Non-Executive Director

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on the 9 October 2017.
The Board is asked to note the content of the report and approve the revised terms of reference for the Committee.

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>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with</p>

the Single Oversight Framework

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Finance and Performance Committee Update Report: 9 October 2017

At the last meeting of the Finance and Performance Committee held on 9 October 2017 members considered the following matters:

1. The Committee received the Integrated Performance Report, including an overview of the current financial position for the months of July and August 2017. Members noted that the Trust would not receive the Sustainability and Transformation Funds (STF) for quarter two of the year due to the changes to the eligibility criteria in the quarter. It was agreed that the Trust would challenge the change in criteria at its next meeting with NHS Improvement. Members spent time discussing the fluctuations in performance within the Trust's emergency care pathway and the effect that complexity of case mix, care requirements, co-morbidities and patient acuity have on performance.
2. The Committee also received an exception report and action plan to improve performance against the 18 week referral to treatment standard across four specialty areas (Trauma and Orthopaedics, ENT, Maxillo Facial and Rheumatology). Members received sufficient assurance, through the action plan and associated discussions, regarding the forecast recovery of performance against the overall standard.
3. The Committee received the Finance Report and noted that whilst the Trust were still forecasting the achievement of the financial control total, significant efforts were required to improve the current financial position to meet this requirement. Members noted the potential risks to the Trust based on the failure to achieve STF monies in the first half of the financial year, fragility of performance against the four hour standard and the potential impact this may have on the achievement of any further STF monies.
4. As part of the Financial Report, the Committee received a presentation concerning the current financial position, the required position and the way in which the gap could be bridged. The presentation also provided the best, worst and likely forecasts for the year and the actions that were in place and those planned to mitigate further risks.
5. Members of the Committee received the Sustaining Safe, Personal and Effective Care 2017/18 update report and noted that current performance was £2,000,000 behind the planned position. The Committee noted a number of issues that had been escalated from the Transformation Board meeting and the mitigation that had

been implemented as a result, particularly the ability to engage stakeholders in the emergency care pathway development. Non-Executive members of the Committee urged the executive members to develop firm plans to realise the required savings at pace. Non-Executive members of the Committee expressed that they did not feel as though there was sufficient assurance provided regarding the ability to deliver the required cost and efficiency savings in the current or forthcoming year.

6. The Committee received the proposed revised capital programme and discussed the way in which the Trust's Charitable Fund 'ELHT&Me' could be used to assist in the purchase of medical equipment that was over and above the basic requirements. The Committee agreed to recommend the revised capital programme to the board for formal approval.
7. The Committee reviewed the elements of the Board Assurance Framework (BAF) that were specific to the remit of the Committee. Non-Executive members raised a concern that the current BAF did not specifically take into consideration the support that the Trust was providing to North Lincolnshire and Goole NHS Foundation Trust (NLAG) and the potential risks that it would bring to the Trust.
8. The Committee reviewed the terms of reference for the Committee and agreed to move to meeting a minimum of 10 times per year. The revised terms of reference are appended to this report for approval by the Trust Board.
9. The Committee received an update report on tenders, an overview of 'Project Elevate' to manage sickness absence, an update on the dispute resolution with the Trust's PFI partner, an update on the Trust's estate and car parking strategies and an update regarding the developments taking place within IM&T. The Committee also received the minutes of the Contract and Data Quality Board for information.

Kea Ingham, Company Secretarial Assistant, 1 December 2017

FINANCE AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

Constitution

The Board has established the Finance and Performance Committee to provide assurance about the delivery of the financial and operational plans approved by the Board for the current year and for the longer term future, develop forward plans for subsequent financial years for consideration by the Board and examine in detail risks to the achievement of national and local performance and activity standards.

Purpose

To support the Trust Board in the analysis and review of Trust financial and performance plans, providing advice and assurance to the Board on financial and performance issues.

It will:

- review the annual business plans prior to Board approval and submission to the Regulator and review plans for the longer term
- Review financial performance against income, expenditure and capital budgets and consider the appropriateness of any proposed corrective action
- Review progress against efficiency programmes and consider the appropriateness of any proposed corrective action including looking in detail at the Safely Releasing Costs (SRCP) and Transformation Programmes and their delivery
- Consider the financial performance in the current year and look ahead to expected performance for the subsequent 2-5 years and review all significant financial risks
- Regularly review cash flow forecasts and the adequacy of funding sources and receive assurance on the robustness of the Trust's key income sources
- Receive the draft annual accounts before presentation to the Board for final approval
- Provide the Board with a forum for detailed discussions and assurance of progress against the Integrated Business Plan including the delivery of the Safely Releasing Costs (SRCP) and Transformation Programmes
- Assess the performance of the organisation against all national and local performance standards and consider plans for the longer term
- Carry out the annual review of corporate documents (e.g. Standing Financial Instructions, Scheme of Delegations, etc.) before approval by the Audit Committee and ratification by the Board.

Membership

Three Non-Executive Directors/Associate Non-Executive Directors (a Non-Executive Director will be the Chair of the Committee)

Chief Executive

Director of Finance

Director of Operations

Director of Human Resources and Organisational Development

Director of Service Development

The Director of Nursing and the Medical Director will attend the Committee meeting by invitation for items within their remit.

In attendance

Associate Director of Corporate Governance/Company Secretary

Associate Director of Programme Management Office

Associate Director of Performance and Informatics

Frequency

The Committee will meet a minimum of 10 times per year. Additional meetings may be called at the discretion of the Chair of the Committee as provided for in the Trust Standing Orders and the Standing Financial Instructions.

Quorum

Two Non-Executive Directors/Associate Non-Executive Directors and two Executive Directors

Regular Reports

Integrated Performance Report

Finance Report

SRCP and Transformation Report

Carter Review

BAF Risks Review

Authority

To summon reports (and individuals) to enable the committee to discharge its duties.

Reporting

The Committee will report to the Trust Board.

Review

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board governance cycle and reported to the Board. The Committee will provide regular reports on its activities to the Trust Board. The functioning of the Committee may be assessed within the normal annual cycle of reporting by the Audit Committee through the internal and external auditors and external regulatory bodies.

Committee Services

Lead Director: Director of Finance

Secretarial support: Company Secretarial Assistant

Committees reporting

Transformation Board

TRUST BOARD REPORT

Item **165**

13 December 2017

Purpose Information
Assurance

Title	Audit Committee Update Report and Terms of Reference (September 2017)
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Mr R Smyth, Non-Executive Director, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Audit Committee meeting held on 11 September 2017.

The Board is asked to note the content of the report and approve the revised terms of reference for the Committee.

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>
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Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with</p>
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the Single Oversight Framework

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Audit Committee Update: 11 September 2017

At the meeting of the Audit Committee held on 11 September 2017 members considered the following matters:

1. The internal audit report provided an update in relation to work in progress, including the development of reported pertaining to:
 - a) Bedboard Management System;
 - b) Payroll/HR;
 - c) Salary Overpayments;
 - d) Bank and Agency Usage and Recruitment;
 - e) Cyber Security Follow-Up Audit;
 - f) Porters Workforce Management and;
 - g) Estates and Facilities Development Committee.
2. The Committee also approved a change to the internal audit work plan to include a review of cancer services.
3. The Committee received the management response updates in relation to the following areas:
 - a) Information Governance:
 - i. The Senior Information Risk Owner (SIRO) for the Trust was noted to be Mr Wood, Director of Finance.
 - ii. The Information Commissioners Office (ICO) would be undertaking a three day audit visit to the Trust during October 2017, which was anticipated to highlight areas for improvement and also some areas of good practice.
 - iii. Members noted that General Data Protection Regulation (GDPR) will be coming into effect on 25 May 2018 and recognised the work that was underway to ensure that the Trust is compliant.
 - iv. The Committee agreed that the Information Governance Steering Group would report into the Audit Committee in the future.
 - b) Clinical Coding (Trauma and Orthopaedics and General Medicine):
 - i. The Committee noted that the action plan had been developed and implemented based upon the recommendations included in the report.
 - ii. The members received an update on the development of an electronic patient record (EPR) system and the anticipated benefits that this would have on accurate coding.

- iii. The Committee received and overview of the complexity of the role of clinical coders and the extensive training that is undertaken to become competent in the role.
 - iv. It was agreed that the Committee would invite Dr Littley, Chair of the Medical Records Group to a future meeting to discuss clinical leadership and seek to determine any additional assistance that the group requires to improve this matter.
4. The Committee received a report from the Quality Committee regarding the required levels of assurance and that processes were in place/actions were being completed to ensure that VTE assessments were completed appropriately. A further report on progress would be provided to the Committee in March 2018 to confirm that the required improvements had been implemented prior to the presentation of the Quality Account.
5. The Committee spent some time discussing the Trust's interest in developing overseas trade. It was agreed that consideration should be given to the possible development of a separate commercial arm should this work increase significantly. Members noted that it was not unusual to see commercial arms being developed by NHS Trusts and the practicalities of this would need to be explored by the Board. Non-Executive members asked for a greater understanding of the capacity of the Trust to undertake additional non-core business. It was noted that there was a need to consider alternative income streams in the current financial environment and overseas trade was just one option being considered by the Trust.
6. The Committee received the Anti-fraud Service Progress Report and noted the progress being made in relation to the referrals and investigations that were currently underway. The Anti-Fraud Officer offered to provide a presentation to the Board around counter-fraud activity.
7. The Committee received the Lancashire and South Cumbria STP governance proposal and discussed the potential conflicts of interest that may occur in relation to Executive and Non-Executive members of Trusts sitting on the STP Board/sub-boards, as they may be required to take a view that was in opposition to that of the organisation that they work for/with. It was agreed that the proposal would be discussed with the Chairman prior to a response being developed.
8. The Committee received an update in relation to the ongoing contractual dispute between the Trust and its PFI partner. A proposal was presented for discussion and

approval regarding the potential requirement to move to expert determination if the dispute could not be resolved by the parties. The Committee noted that the anticipated costs of moving towards expert determination was £50,000 and supported the move if necessary.

9. The Committee received and approved the revised terms of reference for the Committee for presentation to the Trust Board for approval (appended to this report).
10. The Committee discussed the way in which it interacted with the sub-committees of the Trust Board and it was agreed that pending a discussion with the Trust Chairman prior to any further actions being implemented.
11. The Committee also received the update report of the external auditors, an update in relation to the development of the declarations of interest policy, review of the Fit and Proper Persons Test Policy and the meeting and attendance review.

Kea Ingham, Company Secretarial Assistant, 1 December 2017

Audit Committee Terms of Reference (September 2017)

Constitution

The Board has resolved to establish a Committee of the Board to be known as the Audit Committee. The Committee is a Non-Executive Committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. The Audit Committee is the high level risk committee operating on behalf of the Board and concerns itself with the function and effectiveness of all committees. It is the Committee that brings all aspects of governance and risk management together.

Purpose of the Committee

The Audit Committee is charged with ensuring that the Board and Accounting Officer of the organisation gain the assurance they need on governance, risk management, the control environment and on the integrity of the financial statements, as well as other elements of the Annual Report and Accounts

The role of the Audit Committee is a challenging one and it needs strong, independent members with an appropriate range of skills and experience. The Committee acts as the “conscience” of the organisation and demonstrates strong constructive challenge where required, for example, regarding risks arising from increasing fiscal and resource constraints, new service delivery models, information flows on risk and control and the agility of the organisation to respond to emerging risks.

The Audit Committee fulfils a major part in providing independent and objective assurance through the work of internal and external auditors and counter fraud, and reviewing reports and intelligence from external bodies including regulators.

It is essential that the Audit Committee understands how the governance arrangements support the achievement of the Trust’s strategies and objectives, especially:

- The Trust’s vision and purpose;
- The mechanisms in place to ensure effective organisational accountability, performance and risk management;
- The roles and responsibilities of individuals and committees and other groups to support the effective discharge of the Trust’s responsibilities, decision making and reporting;

The Committee must also understand the organisation’s business strategy, operating

environment and the associated risks. It must take into account the role and activities of the Board and other Committees in relation to managing risk and should ensure that the Board discusses its policies, attitude to and appetite for risk to ensure these are appropriately defined and communicated so management operates within these parameters.

Membership

The Committee members are appointed by the Board from amongst the Non-Executive Directors and the Associate Non-Executive Directors of the Trust and consist of not less than three members.

One of the members of the Committee will have the required qualifications to be an Audit Committee Chair and will be appointed Chairman of the Audit Committee by the Board.

The Audit Committee should corporately possess knowledge/skills/experience/understanding of:

- accounting;
- risk management;
- internal / external audit; and
- technical or specialist issues pertinent to the organisation's business.
- experience of managing similar sized organisations;
- the wider relevant environments in which the organisation operates
- the accountability structures

The Chairman of the Trust shall not be a member of the Committee.

Quorum

The committee shall be deemed quorate if there are two members of the Committee present.

Delegated Deputies

Members are expected to attend at least 75% of the meetings but in the unusual event that a member of the Committee cannot attend the following are the delegated deputies.

- Chair of the Committee – A member of the Committee
- Member of the Committee – A Non-Executive Director or Associate Non-Executive Director
- Executive Directors, who would normally be in attendance or in attendance because of the nature of the agenda items, may be deputised to a senior manager within their corporate structure.

Attendance

The Director of Finance, Associate Director of Quality and Safety, Associate Director of Corporate Governance/Company Secretary and appropriate internal and external audit representatives shall normally attend meetings. At least once a year the Committee members will meet privately with the external and internal auditors.

The Chief Executive will be requested to attend the meeting where the Trust's Annual Governance Statement and Annual Accounts/Report were being presented/approved. He/she will also be invited to attend when the Committee considers the draft internal audit plan. All other Executive Directors will be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

The Associate Director of Corporate Governance/Company Secretary shall arrange the secretarial support for the Committee and shall attend to provide appropriate support to the Chair and Committee members. The Company Secretariat duties will include:

- Agreement of the agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent issues/areas

Frequency

A minimum of four meetings per annum will be held in accordance with the timetable agreed by the Trust Board. Members or their nominated representative are expected to attend at each meeting.

The external auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

It is good practice for the Chair of the Audit Committee to meet with the Accounting Officer, the Finance Director, the Head of Internal Audit and the external auditor's senior representative outside of the formal Committee structure.

Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee or agent and all employees are directed to co-operate with any request made by the Committee.

As well as having the permanent members of the Committee, the Committee is empowered to co-opt Non-Executive members for a period of time (not exceeding a year, and with

the approval of the Board) to provide specialist skills, knowledge and experience which the Committee needs at a particular time and procure specialist advice at the expense of the organisation on an ad-hoc basis to support them in relation to particular pieces of committee business.

Duties

The duties of the Committee are categorised as follows:

Governance, Risk Management and Internal Control

- The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. In particular the Committee will review the adequacy and effectiveness of:
 - All risk and control related disclosure statements (in particular the Annual Governance Statement, formally known as Statement on Internal Control) together with any accompanying Head of Internal Audit Statement, external audit opinion or other appropriate independent assurances, prior to their endorsement by the Board.
 - The underlying assurance processes that indicate the degree of achievement of the corporate objectives, the effectiveness of the management of the principal risks and the appropriateness of the above disclosure statements
 - The policies for ensuring compliance with the relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
 - The policies and procedures for all work related to fraud and corruption as set out in the Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.
- In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of the effectiveness.
- This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that

report to it.

Internal Audit

- The role of the Audit Committee in relation to internal audit should include advising the Accounting Officer and the Board on the:
 - Internal Audit Charter and periodic internal audit plans, forming a view on how well they reflect the organisation's risk exposure and support the Head of Internal Audit's responsibility to provide an annual opinion;
 - adequacy of the resources available for internal audit;
 - terms of reference for internal audit;
 - results of internal audit work, including reports on the effectiveness of systems for governance, risk management and control, and management responses to issues raised;
 - annual internal audit opinion and annual report; and
- The Committee shall ensure that there is an effective internal audit function that meets mandatory *NHS Internal Audit Standards* and provides appropriate independent assurance to the Audit Committee, the Chief Executive and the Board. This will be achieved by:
 - consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal
 - review and approval of the Internal Audit Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework
 - considering the major findings of internal audit work (and management's response) and ensuring coordination between the internal and external auditors to optimise audit resources
 - ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
 - the annual review of the effectiveness of internal audit

External Audit

- The Committee shall review the work and findings of the external auditors and consider the implications and management's response to their work. This will be achieved by:

- consideration of the appointment and performance of the external auditors, as far as the rules governing the appointment permit
- discussion and agreement with the external auditors, before the audit commences, of the scope and nature of the audit as set out in the annual plan, and ensuring coordination, as appropriate, with other external auditors in the local health economy
- discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other Assurance Functions

- The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation and consider the implications for the governance of the organisation.
- These will include, but will not be limited to, any reviews by Department of Health arms- length bodies or regulators/ inspectors and professional bodies with responsibility for the performance of staff or functions.
- To seek assurance on the implementation of guidance and recommendations from external inspection and accreditation visits from the Quality Committee.
- In addition, the Committee will review the work of all other committees within the organisation whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include the work and functionality of the Quality Committee which reports to the Board on all aspects of clinical governance and risk management
- The Audit Committee will approve the Quality Account prior to publication on behalf of the Board.

Counter Fraud

- The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

Management

- The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- The Committee may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

Financial Reporting

- The Audit Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. The Committee will ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.
- The Audit Committee will review the annual report and financial statements before submission to the Board, focussing particularly on:
 - The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
 - Changes in and compliance with accounting policies, practices and estimation techniques
 - Unadjusted mis-statements in the financial statements
 - Significant judgements in preparation of the financial statements
 - Significant adjustments resulting from the audit
 - Letter of Representation
 - Qualitative aspects of financial reporting
- In reaching a view on the accounts, the Committee will consider:
 - key accounting policies and disclosures;
 - assurances about the financial systems which provide the figures for the accounts;
 - the quality of the control arrangements over the preparation of the accounts;
 - key judgements made in preparing the accounts;
 - any disputes arising between those preparing the accounts and the auditors; and
 - reports, advice and findings from external audit (especially the Audit Completion Report – ISA 260 Report)

Acting as the Auditor Panel

- The Auditor Panel will be made up of the Non-Executive Directors serving on the Audit Committee and the Director of Finance. The role of the Auditor Panel is to advise on the selection, appointment and removal of the external auditors as well as on the maintenance of an independent relationship with that auditor, including dealing with possible conflicts of interest.
- The Auditor Panel will have a role in establishing and monitoring the Trust's policy on the awarding of non-audit services.
- The Trust must consult and take account of the Auditor Panel's advice on the selection and appointment of the external auditor. The advice given by the Panel must be published and should the Trust not follow that advice, the reasons for not doing so must also be published.
- The Auditor Panel must have at least three members, including a Chair who is an independent Non-Executive member of the Trust Board. The majority of the Panel's members must also be independent and Non-Executive Directors/Associate Non-Executive Directors of the Trust Board.
- In order to take a decision, the Auditor Panel must be quorate, which means that the independent members (NEDs and Associate NEDs) must be in the majority and there must be at least 2 independent members present or 50% of the Auditor Panel's total membership, whichever is the highest.
- The Auditor Panel is an advisory body only. Responsibility to the actual procurement and appointment of the auditors remains with the Trust Board. The Chair of the Auditor Panel will be required to provide a report to the Board about the activities and decisions of the Panel.

Other Matters

- The minutes of the Audit Committee meetings shall be formally recorded by the Company Secretariat and a report submitted into the Board. From each meeting the Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.
- For monitoring compliance purposes the Committee will report to the Board after each meeting. At least once each calendar year it will, as part of its regular reporting the Committee will report specifically cover the statement

about the fitness for purpose of the Assurance Framework, and assurance that the risk management system is complete and embedded in the organisation and the integration of governance arrangements, the appropriateness of the evidence compiled to demonstrate fitness to register with the Care Quality Commission and the robustness of the processes behind the Quality Accounts.

Committee Support

Company Secretariat

Director of Finance

Review

The Committee will review its own effectiveness at least once a year taking into account the views of internal and external audit as well as other external bodies including regulators

TRUST BOARD REPORT

Item **166**

13 December 2017

Purpose Information Assurance

Title Quality Committee Summary Report (September 2017) and Terms of Reference

Author Miss K Ingham, Company Secretarial Assistant

Executive sponsor Ms N Malik, Committee Chair

Summary: The report sets out the summary of the papers considered and discussions held at its meeting on 6 September 2017. The revised Committee terms of reference are presented for approval by the Board

Recommendation: The Board are asked to note the report and approve the proposed revised terms of reference.

Report linkages

Related strategic aim and corporate objective

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

Related to key risks identified on assurance framework

- Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives
- Recruitment and workforce planning fail to deliver the Trust objective
- Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways
- The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework
- The Trust fails to earn significant autonomy and

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Quality Committee Update: 6 September 2017

At the last meeting of the Quality Committee held on 6 September 2017 members considered the following matters:

1. The Committee received the Clinical Audit Annual Report and noted the work being carried out in relation to responding to national, regional and local level audits. Members noted that a clinical audit plan was being developed for the coming year.
2. Members received the Medicines Management Annual Report and noted the significant spend on drugs across the Trust, although it was recognised that the majority of spend was on 'high cost drugs' such as chemotherapy medications which are recharged to local commissioners or NHS England. The Committee members noted the work of the Medicines Safety Group to reduce medication related incidents.
3. The Committee received the Annual Security Report and noted the incidents that had taken place over the course of the year, actions taken to address the incidents and follow up work to mitigate future risks. Members spent some time discussing the ability to 'lock down' and secure the Trust buildings and safeguard its patients and staff in the event of a large scale incident.
4. Members received the Trust Education Board Annual Report and noted the work that was taking place with regional colleges and universities to develop the current and future workforce. Members also noted the work that was being carried out to prepare for the introduction of the apprenticeship levy.
5. The Committee received an update on the Workforce Transformation Strategy and noted the work being carried out at Trust level and the way that it linked to the work being undertaken at local delivery plan (LDP) level. Members were apprised of the internal issues that were reducing the pace at which progress was being made, including the use of budgets and developing plans for appropriate role substitution.
6. The Committee received the proposed revised terms of reference for the Committee for recommendation to the Board. The revised terms of reference are appended to this report for approval by the Trust Board.
7. The Committee also received the Serious Incidents Requiring Investigation (SIRI) Report; Risk Management Annual Report; the results of the 2016 National Patient Led Assessment of the Care Environment (PLACE); Quality Dashboard, Board Assurance Framework Review, Corporate Risk Register; results of the Committee Self-Assessment and Summary Reports from the following Sub-Committee Meetings:
 - a) Patient Safety and Risk Assurance Committee (July 2017)

- b) Infection Prevention and Control Committee (July 2017)
- c) Health and Safety Committee (August 2017)
- d) Internal Safeguarding Board (August 2017)
- e) Patient Experience Committee (August 2017)
- f) Clinical Effectiveness Committee (August 2017)

Kea Ingham, Company Secretarial Assistant, 1 December 2017

Quality Committee Terms of Reference

Constitution

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

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

Purpose

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

Membership

3 Non-Executive Directors including a Non- Executive Chair of the Committee

Director of Operations

Director of Nursing

Medical Director

Director of HR/OD

Quorum

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

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

Nominated Deputies

Chair - a Non-Executive member of the Committee

Non-Executives - a Non-Executive

Director of Operations - Deputy Director of Operations or Divisional General Manager

Director of Nursing - Deputy Director of Nursing
Medical Director - Deputy Medical Director

Attendance

The Associate Director of Patient Safety and Governance and the Associate Director of Corporate Governance/Company Secretary will be in attendance at meetings. A representative of the Trust's Internal Audit function will be invited to attend and observe each meeting. The Committee may direct the attendance of others at meetings as the Chair of the Committee deems appropriate

Frequency

The Committee will meet at least 6 times a year. Additional meetings may be called at the discretion of the Chair of the Committee as provided for in the Trust Standing Orders and Standing Financial Instructions.

Authority

The Committee has no executive powers other than those specified in these Terms of Reference and by the Trust Board in its Scheme of Delegation.

The Committee forms the high level Committee for Quality and Safety reporting.

The Committee is authorised to investigate any issue within the scope of its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

The Committee is authorised, with the support of the Associate Director of Corporate Governance/Company Secretary, to obtain any independent professional advice it considers necessary to enable it to fulfil these Terms of Reference.

Duties and Responsibilities

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

The Committee will assure itself that adequate and appropriate integrated governance structures, processes and controls (including Risk Assurance Frameworks at all levels) are

in place across the Trust. The Trust Governance and Risk Management Strategy allows for the establishment of Divisional governance arrangements within a strong accountability framework. The Committee will approve the governance arrangements proposed by the divisions and will have oversight of the establishment and function of any sub-committees established within those arrangements.

It will approve the Terms of Reference and membership of its reporting committees and oversee the work of its sub-committees receiving reports from them for consideration and action as necessary.

The Committee will receive reports from its sub-committees at which the patient safety and quality issues and risk management processes in the Divisions are debated and monitored collectively.

The Committee will receive professional staffing reviews relating to both nursing and midwifery services.

The Committee will provide the Board with the assurance that the divisional committees are functioning appropriately in terms of governance and risk management and contribute positively to ensuring the delivery of safe, personal and effective care.

It will satisfy itself that at every level of the Trust staff identify, prioritise and manage risk arising from corporate and clinical issues on a continuing basis.

It has responsibility for scrutinising the Trust's (Corporate) Risk Assurance Framework on regular basis at each meeting and satisfying itself that the identified risks are being managed appropriately within the divisions and departments and at executive level.

It is responsible for ensuring that those risks escalated to the Board Assurance Framework (BAF) are appropriate and proportionate, seeking further assurance from the executive team and escalating to the Board, concerns relating to unresolved risks that may require executive action or pose significant threats to the operation, resources or reputation of the Trust.

The Committee will scrutinise the effective and efficient use of resources through evidence based clinical practice and assure itself that there is an appropriate process in place to monitor and promote compliance across the Trust with all standards and guidelines issued by the regulators, NHS England, the NHS Resolution, the Royal Colleges and other professional and national bodies

It will promote a culture of open and honest reporting of any situation that may threaten the quality of patient care and oversee the process within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation

The Committee will satisfy itself that examples of good practice are disseminated within the Trust, ensuring that its sub-committees have adequately scrutinised the investigation of incidents and that there is evidence that learning is identified and disseminated across the Trust.

The Committee will satisfy itself that those elements of business relating to Patient Safety and Governance that are contained in the Terms of Reference of other Committees are carried out effectively for example ensuring that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit; that guidelines and standards are introduced consistently across the trust and poor practice is challenged.

The Committee will satisfy itself that Safeguarding Children and Vulnerable Adults is at the heart of everything we do, ensuring that the Trust meets all of its obligations in respect of safeguarding at all times. This includes satisfying itself that all staff have training to the standard and frequency required. It will also satisfy itself that the Trust captures the learning from nationally published reports and that the learning is embedded in the practices, policies and procedures of the Trust.

It will also satisfy itself that the appropriate actions in respect of Patient Safety and Governance have been taken following recommendations by any relevant external body. This includes monitoring the Trust's compliance with the Care Quality Commission registration requirements and any reports resulting from visits.

The Committee will receive a detailed report on the activity of the PALs service and Complaints and Litigation.

The Committee will seek assurances that as well as delivering safe, personal and effective care to patients the health and welfare of staff and others for whom the Trust owes a duty of care is protected.

The Committee will also consider matters referred to it by other committees and groups across the Trust provided they are within the Committee's remit.

Reporting

Following each Committee meeting the Chair of the Committee, supported by the Associate Director of Corporate Governance/Company Secretary, will provide the next meeting of the Board with a written report. The report will contain the issues discussed including key issues raised by Committee members and the decision or recommendation made on behalf of the Board. The papers from the meeting and the full minutes of the Committee will be available to all Board members that are not member of the Committee on

request from the Company Secretariat.

Seven subcommittees, the Serious Incident Review and Investigation Panel, the Patient Safety and Risk Assurance Committee, the Patient Experience Group the Clinical Effectiveness Committee, the Health and Safety Committee, the Infection Control Committee and the Internal Safeguarding Board will report to the Quality Committee. The reports will include any issues to be escalated from the divisions and reporting subgroups and a summary of the key issues raised and the decisions or recommendations made.

The Committee will also receive reports from the local safeguarding boards established by the local authorities. It will also receive reports on any nationally published reports.

Review

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board business cycle.. The functioning of the Committee may be assessed within the normal annual cycle of reporting by the Audit Committee through the internal and external auditors and external regulatory bodies.

Committee Support

Lead Director	– Medical Director
Secretary	– Company Secretarial Assistant

TRUST BOARD REPORT

Item **167**

13 December 2017

Purpose Information
Assurance

Title Trust Charitable Funds Committee Update Report and Terms of Reference (October 2017)

Author Miss K Ingham, Company Secretarial Assistant

Executive sponsor Mr S Barnes, Non-Executive Director

Summary: The report sets out the matters discussed and decisions made at the Trust Charitable Funds Committee meeting held on 9 October 2017.

The Board is asked to note the content of the report and approve the revised terms of reference.

Report linkages

Related strategic aim and corporate objective NA

Related to key risks identified NA on assurance framework

Impact

Legal No Financial No

Equality No Confidentiality No

Previously Considered by: NA

Trust Charitable Funds Committee Update: 9 October 2017

1. At the last meeting of the Trust Charitable Funds Committee held on Monday 9 October 2017 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.
2. The Committee received the annual report of the Investment Manager. The report provided an overview of the total value of the portfolio; income yield and quarterly return rates. Members noted that overall performance of the fund had been positive in the year. Members briefly discussed the risk profile split of 60/40 and it was agreed to maintain this ratio for the time being. Members also discussed the management fee structure for the fund and Mr Ryan, Investment Manager agreed to provide additional information on this matter to the Committee via the Director of Finance.
3. The Committee received a report relating to the performance and utilisation of the funds. It was noted that the total income for the period to 31 August 2017 was £307,000, with the majority of the income coming from donations and legacies (£163,000).
4. The proposed legal costs for development of the charity deed were presented and it was agreed that costs up to £3,000 would be funded by the Trust Charitable Fund with any further costs requiring further discussion and agreement by the Committee.
5. The Committee received the fundraising strategy which set out the following objectives based on increased levels of engagement, participation and involvement by stakeholders:
 - a) ELHT&Me is well recognised by the people and businesses of East Lancashire as their local hospital charity which has a significant positive impact on patients, their environment, treatment and care;
 - b) the recognition leads to an increase in both in the numbers of donors and income from donations of at least 25% in 17/18 and in 18/19;
 - c) ELHT&Me is able to support the Trust by funding equipment, teaching and research beyond the NHS standard.
6. The Committee members noted the work that was being planned for the future, including the opportunities to work with local businesses and utilise volunteers. Members discussed the request for £25,000 in funding for development of the Charity, which was not approved based on the need for further detail regarding the breakdown of the use of the funds.

7. The Committee received and approved the proposed reserves policy which contained a suggestion that the minimum reserves limit for the fund be set at £500,000.
8. The Committee received and approved the proposed revised terms of reference; it was agreed that the Committee would meet on a quarterly basis and that dates would be set to allow quarterly reporting from Brewin Dolphin (Investment Managers).
9. The Committee also received the draft annual accounts of the Charitable Fund. The members requested that the Committee receive the minutes and terms of reference for the Staff Lottery Group and suggested that a review of the Staff Lottery should be undertaken in the new year. In addition, the Committee asked for a review of the Trust Donations Policy to be presented to the next meeting.

Kea Ingham, Company Secretarial Assistant, 1 December 2017

Charitable Funds Committee Terms of Reference

Constitution

The Trust Board has established this Committee to be known as the Charitable Funds Committee. The Committee will report its actions and decisions to the Trust Board.

The Committee has overarching responsibility for the monitoring and approval of activities relating to charitable fundraising and the uses to which charitable funds are applied providing assurance to Trust Board members in their role of Trustees of the organisation's Charitable Funds.

The Committee has the authority to appoint short term, outcome focused subcommittees but does not routinely receive reports from other subcommittees.

Purpose and Delegated Responsibilities

The Trust receives funds for charitable purposes from a number of sources. The Trust as a corporate body is the Trustee of these funds. The Trust Board must therefore ensure that its duties as a Trustee are discharged correctly taking advice as necessary.

The Board when acting as Trustees of the charitable funds will act in accordance with guidance from the Charities Commission, and will discharge its function as Trustee as far as possible, separately from its duty as a Trust Board. The Trust Board appoints this Committee to discharge this function. In addition the Trust Board delegates to this Committee the authority to examine and approve the annual accounts of funds held on trust.

The Committee will oversee the management of funds held on trust and charitable funds. In particular the Committee will:

- (a) Set a corporate strategy for the management of funds
- (b) Assure the Trust Board that the policies and procedures for the management and administration of Trust funds are adequate, effective and observed
- (c) Review the investments held by the Trust at regular intervals
- (d) Review the performance of funds on a regular basis
- (e) Approve and review the application of funds
- (f) Approve, accredit and support fundraising activities in accordance with the Trust's guidelines for fundraising activities
- (g) Approve and review the appointment of those managing investments on behalf of the Trustees
- (h) Make recommendations to the Trust Board regarding the management and performance of funds

- (i) Provide regular reports to the Trust Board on the Committee's activities

Membership

Two Non-Executive Directors/Associate Non-Executive Directors, Director of Finance, Director of Nursing, Director of Communications and Engagement

Quorum

A quorum (1 Non-Executive Director and 1 Executive Director) must be maintained at all meetings. Each member will attend a minimum of 75% of the meetings throughout the year. Members who are unable to attend will arrange for their nominated deputy to attend, their attendance will be recorded in the minutes, making clear on whose behalf they attend.

Nominated Deputy Arrangements

Chair	A Non-Executive Director
Non-Executive Director	Non-Executive Director
Executive Director	Senior Manager within the Executive Director's reporting structure
Director of Nursing	Deputy Director of Nursing
Director of Communications & Engagement	Communications Manager

In Attendance

Any other Executive or Non-Executive Director may be in attendance at meetings in their role as Trustee of the Charitable Funds.

Divisional General Managers will attend meetings where requests for funds from their Division appear as an agenda item.

The Associate Director of Corporate Governance/Company Secretary, the Charitable Funds Accountant and the Fundraising Manager will normally be in attendance.

Frequency of Meetings

The committee will meet on a quarterly basis in line with the reporting schedule from the Investment Managers.

Reporting Arrangements

The Committee will provide a summary of its decisions and actions to the next meeting of the Trust Board. The Committee does not regularly receive reports from other subcommittees.

Regular Reports

- Funds' Performance Update Report
- Applications in the form of a business case for the use of funds

Committee Support

Lead Director - Director of Finance

Secretarial support - Company Secretariat

Review

The effectiveness of the Committee will be reviewed on an annual basis as part of the Trust Board Business Cycle. The Committee will provide regular reports on its activities to the Trust Board.

The functioning of the Committee may be assessed within the normal annual cycle of reporting by the Audit Committee through the internal and external auditors and external regulatory bodies.

TRUST BOARD REPORT

Item **168**

13 December 2017

Purpose Information Assurance

Title	Remuneration Committee Information Report (September 2017)
Author	Miss K Ingham, Company Secretarial Assistant
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the Remuneration Committee held on 13 September 2017 are presented for Board members' information.

Recommendation: This paper is brought to the Board 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>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line</p>

with the Single Oversight Framework

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: N/A

Remuneration Committee Information Report: 13 September 2017

1. At the meeting of the Remuneration Committee held on 13 September 2017 members considered the following matters:
 - a) Fit and Proper Persons Test Report

Kea Ingham, Company Secretarial Assistant, 1 December 2017

TRUST BOARD REPORT

Item **169**

13 December 2017

Purpose Information

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

Summary: The report details the agenda items discussed in Part 2 of the Board meetings held on 13 September 2017.

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

Report linkages

Related strategic aim and corporate objective	<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>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver the clinical strategy, benefits and improvements (safe, efficient and sustainable care and services) and the organisation's corporate objectives</p> <p>Recruitment and workforce planning fail to deliver the Trust objective</p> <p>Alignment of partnership organisations and collaborative strategies/collaborative working (Pennine Lancashire local delivery plan and Lancashire and South Cumbria STP) are not sufficient to support the delivery of sustainable, safe and effective care through clinical pathways</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line</p>

East Lancashire Hospitals

NHS Trust

with the Single Oversight Framework

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Trust Board Part Two Information Report: 13 September 2017

1. At the meeting of the Trust Board on 13 September 2017, the following matters were discussed in private:
 - a) Round Table Discussion: Potential Buddying Arrangements
 - b) Round Table Discussion: Moving from Good to Outstanding
 - c) Round Table Discussion: Sustainability and Transformation Partnership Governance Arrangements Update
 - d) Cyber Security Update
 - e) Sustaining Safe, Personal and Effective Care 2016/17 Update Report
 - f) Tenders Update
 - g) Serious Untoward Incident Report
 - h) Doctors with Restrictions
2. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be presented to Part 1 of Board Meetings at the appropriate time.

Kea Ingham, Company Secretarial Assistant, 1 December 2017