

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective



TRUST BOARD MEETING (OPEN SESSION)

10 MAY 2023, 12.30pm

BOARDROOM, TRUST HQ / MS TEAMS

AGENDA

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

OPENING MATTERS				
TB/2023/052	Chairman's Welcome	Chairman	v	
TB/2023/053	Apologies To note apologies.	Chairman	v	
TB/2023/054	Declarations of Interest Report To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2023/055	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 8 March 2023.	Chairman	d✓	Approval
TB/2023/056	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2023/057	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2023/058	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2023/059	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information / Approval
QUALITY AND SAFETY				
TB/2023/060	Patient Story To receive and consider the learning from a patient story.	Chief Nurse	p	Information/ Assurance
TB/2023/061	Corporate Risk Register To receive an update on the Corporate Risk Register and approve revisions based on the Executive Risk Assurance Group, Committees' and Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Executive Medical Director	v	Information/ Assurance
TB/2023/062	Board Assurance Framework Review To receive an update on the Board Assurance Framework and approve revisions based on the Executive Risk Assurance Group, Committees' and the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Director of Corporate Governance	v	Information/ Assurance

TB/2023/063	Patient Safety Incident Response Assurance Report To receive the paper as a summary update on the incidents reported under the new Patient Safety Incident Response Plan (PSIRP). This report also includes information on maternity specific serious incidents reporting as required by Ockenden recommendations.	Executive Medical Director	d✓	Information/ Assurance
ACCOUNTABILITY AND PERFORMANCE				
TB/2023/064	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, with items being raised by exception: a) Introduction (Chief Executive) b) Safe (Executive Medical Director and Chief Nurse) c) Caring (Chief Nurse) d) Effective (Executive Medical Director) e) Responsive (Chief Operating Officer) f) Well-Led (Executive Director of People and Culture and Executive Director of Finance)	Executive Directors	d✓	Information/ Assurance
TB/2023/065	National Staff Survey Report 2022-23	Executive Director of People and Culture	d✓	Information/ Assurance
TB/2023/066	Raising Concerns Report	Executive Director of People and Culture	d✓	Information/ Assurance
STRATEGIC ISSUES				
TB/2023/067	New Hospitals Programme Quarter 4 Board Report	Programme Director, New Hospitals Programme	d✓	Information/ Assurance
TB/2023/068	Maternity and Neonatal Service Update	Chief Nurse	d✓	Information/ Assurance
GOVERNANCE				
TB/2023/069	Finance and Performance Committee Summary Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2023/070	Quality Committee Summary Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2023/071	Trust Board (Closed Session) Information Report To note the matters considered by the Committee in discharging its duties.	Chairman	d✓	Information

TB/2023/072	Remuneration Committee Information Report To note the matters considered by the Committee in discharging its duties.	Chairman	d✓	Information
FOR INFORMATION				
TB/2023/073	Any Other Business To discuss any urgent items of business.	Chairman	v	
TB/2023/074	Open Forum To consider questions from the public.	Chairman	v	
TB/2023/075	Board Performance and Reflection To consider the performance of the Trust Board, including asking: <ul style="list-style-type: none"> 1. Have we, as the Board, via the agenda and our discussions fulfilled our objective of supporting our: <ul style="list-style-type: none"> a. Communities b. Staff c. Stakeholders 2. Have we, as the Board fulfilled our statutory obligations 	Chairman	v	
TB/2023/076	Date and Time of Next Meeting Wednesday 12 July 2023, 12.30pm, Boardroom, Trust HQ / MS Teams	Chairman	v	

TRUST BOARD REPORT

10 May 2023

Item **55**

Purpose Approval

Title Minutes of the Previous Meeting

Summary: The minutes of the previous Trust Board meeting held on 8 March 2023 are presented for approval or amendment as appropriate.

Report linkages

Related Trust Goal As detailed in these minutes

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

Impact

Legal Yes Financial No

Equality No Confidentiality No

EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 1.00PM, 8 MARCH 2023
MINUTES

PRESENT

Mr S Sarwar	Chairman	Chair
Mr M Hodgson	Chief Executive / Accountable Officer	
Mrs P Anderson	Non-Executive Director	
Mrs K Atkinson	Interim Director of Service Development and Improvement	Non-voting
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
Dr F Dad	Associate Non-Executive Director	Non-voting
Mrs S Gilligan	Chief Operating Officer / Deputy Chief Executive	
Mr J Husain	Executive Medical Director / Deputy Chief Executive	
Miss N Malik	Non-Executive Director	
Mr T McDonald	Executive Director of Integrated Care, Partnerships and Resilience	Non-voting
Mrs J Molyneaux	Interim Chief Nurse	
Mrs F Patel	Associate Non-Executive Director	Non-voting
Mrs K Quinn	Executive Director of People and Culture	
Mr K Rehman	Non-Executive Director	
Mr R Smyth	Non-Executive Director	
Mr M Wedgeworth	Associate Non-Executive Director	Non-voting
Miss S Wright	Joint Executive Director of Communications and Engagement (ELHT and BTHT)	Non-voting

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Director of Corporate Governance / Company Secretary	
Mrs E Bolton	Neuroendocrine Consultant Nurse Specialist	Item: TB/2023/034
Mr D Byrne	Corporate Governance Officer	Minutes
Miss K Ingham	Corporate Governance Manager	
Mrs R Malin	Programme Director – New Hospitals Programme	Item: TB/2023/039

Mr M Pugh Corporate Governance Officer
Mr A Razaq Director of Public Health, Blackburn with Darwen
Borough Council
Miss T Thompson Head of Midwifery

Item: TB/2023/040

APOLOGIES

Professor G Baldwin Non-Executive Director

TB/2023/026 CHAIRMAN'S WELCOME

Mr Sarwar welcomed Directors to the meeting.

TB/2023/027 APOLOGIES

Apologies were received as recorded above.

TB/2023/028 DECLARATIONS OF INTEREST

There were no changes to the Directors Register of Interests and no declaration of interest made in relation to agenda items.

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

TB/2023/029 MINUTES OF THE PREVIOUS MEETING

Mrs Molyneaux requested a minor correction to page 13 of the minutes from the previous meeting, specifically for the reference to no significant increases in patient harm to be changed to no increases in significant patient harm.

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

RESOLVED: The minutes of the meeting held on 11 January 2023 were approved as a true and accurate record pending the amendment requested.

TB/2023/030 MATTERS ARISING

There were no matters arising.

TB/2023/031 ACTION MATRIX

Directors noted that all items on the action matrix were reported as complete, had been updated via the action matrix report or were to be presented as agenda items at the meeting or subsequent meetings.

RESOLVED: Directors noted the position of the action matrix.

TB/2023/032 CHAIRMAN'S REPORT

Mr Sarwar provided a summary of his activities to Directors since the previous meeting. He reported that he had participated in a significant number of internal meetings, both with Non-Executive colleagues and with the Chairs of various Committees throughout the Trust. Mr Sarwar added that this had included a meeting with the Chair of the Trust's Patient Participation Panel (PPP) and confirmed that he would be meeting with them again to discuss how to improve the PPP's visibility in the organisation.

Mr Sarwar went on to inform Directors that he continued to meet externally with colleagues from the Integrated Care Board (ICB) and with fellow Chairs from other provider organisations. He also confirmed that he continued to attend meetings of the Provider Collaboration Board (PCB) and advised that its current focus was on developing collaborative schemes and moving them to the implementation phase. Mr Sarwar highlighted that he had recently met with Richard Barker, NHS Regional Director for the North West, and commented that it had been positive to hear about the work currently taking place in the region around learning disability and autism services. He extended his thanks to Professor Baldwin for providing a recent opportunity to visit the University of Central Lancashire (UCLan) and stated that he was keen for the Trust to develop an even stronger working relationship with them going forward.

Mr Sarwar concluded his update by informing Directors that he had recently liaised with colleagues working in the Lancashire and South Cumbria (LSC) to share his experiences as a person of colour working in the region. He stated that he had come away from this session with an even greater appreciation of the diverse talent across LSC and that more consideration needed to be given as to what else could be done to encourage people who wouldn't ordinarily consider becoming a Non-Executive Director (NED) to do so. Mr Sarwar commented that there were many colleagues in the organisation that deserved more recognition for their leadership abilities and extended his thanks to them for choosing to work at the Trust.

RESOLVED: Directors received and noted the update provided.

TB/2022/033 **CHIEF EXECUTIVE'S REPORT**

Mr Hodgson referred to the previously circulated report and provided a summary of national, regional and Trust specific headlines to Directors.

Mr Hodgson noted that the Trust was currently at the time of the year where it was working to deliver everything required of it at the end of the 2022-23 financial year whilst also making the necessary preparations for 2023-24. He advised that, during the height of the pressures seen in urgent and emergency care (UEC) pathways in January 2023, the Government had worked with NHS England (NHSE) to publish a recovery plan and a target of 76% for performance in relation to four-hour accident and emergency waiting times had been set for all NHS Trusts. Mr Hodgson confirmed that the Trust had already achieved this figure in February 2023 and was currently on track to do the same in March. He highlighted that the Trust was also well ahead regarding a number of other requirements set out in this recovery plan, particularly in same day emergency care pathways and utilisation of community services. Mr Hodgson informed Directors that there was expectation for elective activity levels to be ratcheted up throughout 2023-24 and stated that the Burnley General Teaching Hospital (BGTH) site would play a crucial role in this work. He stressed that the activity target of 109% of 2019/20 activity levels set for the Trust would be a significant challenge but noted that a number of areas were coming close to achieving this already. Mr Hodgson referred to the national mandate by junior doctors to take industrial action and advised that this was due to take place over a 72-hour period from the 13 March onwards. He acknowledged that this would likely have significant ramifications for the Trust but confirmed that a good deal of work had already been done by colleagues to mitigate these as much as possible.

Mr Hodgson informed Directors that several developments had also taken place at a Lancashire and South Cumbria (LSC) system level, including the most recent meeting of the LSC Integrated Care Board on the 1 February 2023. He reported that there had been a significant focus on the high UEC pressures at the meeting, as well as key targets for elective and cancer patients. Mr Hodgson advised that there was a current total deficit of £30,000,000 for providers across the ICB but highlighted that the Trust was expecting to reach a breakeven position by year end, adding that this was particularly positive given the difficult wider operating context. He reported that cancer services had also been discussed at length and paid tribute to the work done by Mrs Gilligan and other operational colleagues in improving the Trust's position in this area over recent weeks.

Mr Hodgson went on to report that PCB colleagues were currently undertaking several key workstreams around greater collaboration between corporate services, including human resources, procurement and finance. He confirmed that a clearly defined programme was in place around this process and that Mrs Quinn was heavily involved in the work taking place. Mr Hodgson added that he was leading the PCB's Clinical Programme Board and confirmed that good progress was being made in several areas such as vascular, urology and stroke. He noted that, due to the challenging wider financial context, there would be a need to see some more tangible outputs from this work soon. Directors noted that the governance arrangements for the LSC Pathology Collaboration would need to be finalised over the coming months and that all related improvement work would be monitored via the Pathology Collaboration Board, a sub-committee of the PCB joint committee.

Mr Hodgson went on to provide a summary of the developments taking place at Trust level. He informed Directors that Mrs Atkinson had now been substantively appointed to the role of Executive Director of Service Development and Improvement and that Mrs Molyneaux would be retiring from the Trust later in the month. Mr Hodgson stated that Mrs Molyneaux had achieved great things in her time as Interim Chief Nurse and had enjoyed a long and distinguished career in the NHS. He also advised that Mr Wedgeworth would be leaving the Board at the end of the month and extended his thanks to him for his many contributions to the Trust since his initial appointment as an Associate NED in April 2017. Mr Hodgson referred to the recent departure of the Trust's Chief Information Officer, Mark Johnson, and advised that he had now been replaced in the role by Daniel Hallen, who had previously worked in similar roles at NHSE and NHS Digital. He noted that this had happened at a pivotal time in the implementation of the Trust's new Electronic Patient Record (EPR) but reported that good progress was being made in this area, with the Trust still on track to deliver on the new 'go-live' date in June 2023.

Mr Hodgson went on to highlight other recent developments in the Trust, including the introduction of new patient champion roles to further improve the patient experience in the Emergency Department. He paid tribute to the fantastic work done by Trust staff who had worked in the various mass vaccination centres over recent years following their recent closure. Mr Hodgson informed Directors that the Trust had recently welcomed 45 new trainee doctors and had recently organised a month-long internal colleague care campaign to encourage staff to focus on their mental health.

Mr Hodgson concluded his update by presenting the latest series of Safe, Personal and Effective Care (SPEC) awards to Directors. He clarified that the areas to be awarded were the Ambulatory and Emergency Care Unit, the Surgical Admissions and Day Case unit, the Discharge Lounge, Ward C14a and the Burnley East District Nursing team. Mr Hodgson commented that these awards were a clear barometer of the quality of the care that the Trust continued to provide even in the most difficult of circumstances. Directors confirmed that they were content to approve these recommendations.

Mr Sarwar thanked Mr Hodgson for his report and agreed that it was clear that the Trust continued to deliver high quality care to its patients. He extended his own thanks to Mrs Molyneaux and Mr Wedgeworth for their contributions over their careers.

Mrs Molyneaux thanked Directors for their comments and commented that she had very much enjoyed her time working at the Trust. She wished Directors and other Trust colleagues all the best for the future.

Mr Wedgeworth stated that he had also found his time on the Board to be enjoyable and had felt fully supported throughout. He informed Directors that he would be joining the Board of Calico Homes in the near future and stated that he was already seeing several clear connections between the work done there and that undertaken by the Trust. Mr Wedgeworth added that the Trust would undoubtedly have a significant role to play in the health and wellbeing of the population of LSC over the coming years.

RESOLVED: Directors received the report and noted its contents.

TB/2023/034 PATIENT STORY

Mrs Molyneaux provided a brief introduction to the patient story. She explained that it had been provided by a patient who had initially undergone surgery to remove a tumour on one of their lungs, which had then been followed by a further diagnosis of incurable neuroendocrine cancer just over a decade later. The patient detailed their journey through their initial diagnosis at the age of 16 through to their latest procedure which had initially left them severely sight impaired. They stated that little information had been provided following the diagnosis of neuroendocrine cancer and that it would have been invaluable to have someone else to discuss their condition with other than their consultant. The patient ultimately contacted Macmillan Cancer Support and, with their support, was able to come to terms with living with their incurable cancer in the five years since they were diagnosed.

Mrs Bolton introduced herself to Directors in her role as a Neuroendocrine Consultant Nurse Specialist and extended her thanks to the patient for sharing their story. She explained that neck cancers were rare, with around 80-100 cases reported in LSC every year, but did not typically progress quickly, meaning patients could live with it for many years after being diagnosed. Mrs Bolton advised that she had been in post since April 2021 and had a current caseload of several hundred patients across the network, whose conditions ranged from stable to rapidly deteriorating.

Mr Sarwar stated that the patient's story had been particularly poignant and requested that the thanks of the Board were passed on to them for choosing to share it. He referred to the points raised around the lack of follow up information following the patient's neuroendocrine cancer diagnosis, as well as the length of time it could potentially last, and enquired if Mrs Bolton's post allowed her to address these issues for patients.

Mrs Bolton confirmed that it did, adding that neck cancers were still very much an evolving science. She explained that she was able to discuss any issues frankly with patients and monitor them so any issues could be addressed before they became more serious.

Mr Husain commented that it was sobering to hear of a patient of such a young age going through the experiences that they had. He informed Directors that a significant amount of work had taken place to allow such conditions to be managed using a networked approach rather than at individual organisations and noted that this would play an even more important role going forward. Mr Husain also stated that nursing colleagues, along with allied health professionals and clinicians working together was crucial to ensuring that patients got the right support, in the right place, at the right time.

In response to a query from Mr Barnes regarding the process for follow-up appointments for patients who had undergone cancer procedures, Mr Husain explained that patient scans went through a robust multidisciplinary team assessment process before being peer reviewed between clinicians. He further explained that if any findings were missed on any scans, then they were discussed at length afterwards to determine what had been missed and what learning could be taken from the situation. Mr Husain also added that artificial intelligence was starting to play a more significant role which could lead to more subtle findings being detected more easily by mitigating any human error factors.

Mrs Quinn noted that the story had reflected the importance of the Trust taking the time to consider the needs of its younger patients.

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

TB/2023/035 CORPORATE RISK REGISTER (CRR)

Mr Husain requested that the previously circulated report be taken as read and provided a summary of highlights to Directors. He reported that there were currently 18 risks in total on the CRR and that a significant amount of work had been done by the Trust's quality governance colleagues to reduce the number of open risks down to 1,052. Mr Husain also highlighted that there had been a reduction of 56% in the number of overdue risks and that there was an ongoing focus on strengthening and aligning risks more closely with the Board Assurance Framework (BAF). He pointed out that the only significant change to the risks on the CRR was a change in the effectiveness of the controls for risk ID 9557 (patient, staff and reputational harm as a result of the Trust not being registered as a mental health service provider) from inadequate to limited, following the Trust's registration with the Care Quality Commission (CQC) for the provision of care for patients admitted under the Mental Health Act. Mr Husain confirmed that the Risk Assurance Meeting continued to review any risks scoring 15 or more which were then, in turn, escalated to the Executive Risk Assurance Group (ERAG) for further consideration. He reported that clinical risks remained the highest risk type category, comprising 58% of the total number, followed by health and safety risks at 24%. Directors noted that the areas with the highest number of open risks were Diagnostic and Clinical Support (DCS) (28%), followed by Surgical and Anaesthetic Services (SAS) (26%) and Corporate Services (CS) (19%). Mr Husain highlighted that less than 1% of overdue risks had surpassed their review dates and confirmed that the Trust was still on track to implement its new RADAR incident reporting system later in the year.

Mr Husain concluded his update by informing Directors that, from April 2023 onwards, the format of the CRR would be changed to link in more closely with the risks detailed on the BAF.

Mr Barnes advised that the CRR had been presented and discussed at the most recent meeting of the Finance and Performance Committee. He explained that discussions continued at Committee level around risk ID 9439 (failure to meet internal and external financial targets for the 2022-23 financial year) to assess whether it could be changed to look at timescales broader than the current year. Mr Barnes commented that it was also reassuring to see that work continued to align the CRR more closely with the BAF.

Mr Smyth observed that risk ID 7165 (failure to ensure legislative compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013) indicated that the Trust had been non-compliant for a number of months. He noted that compliance had improved to 53% but pointed out that it was difficult to understand what this meant in practical terms regarding the actual number of RIDDOR reportable incidents. Mr Smyth also pointed out that the risk had indicated a potential gap in controls for risk 2b on the BAF (the Trust fails to meet the required statutory requirements and compliance associated with health and safety legislation and is therefore subject to formal legal action via regulatory bodies such as Health and Safety Executive) as there were no references there regarding the extent of the Trust's non-compliance with RIDDOR. He requested further information to enable him to better understand whether the risk was a significant one or one that was within the Trust's risk appetite, adding that there were potential financial implications of non-compliance that could impact spending on patient care.

Mr McDonald explained that a report provided at the most recent meeting of the Health and Safety Committee had showed that the Trust had significantly improved its position with regards to RIDDOR incidents and confirmed that risk ID 7165 was due to be updated the following day to reflect these developments. He added that improvements had also been made to the Trust's statutory reporting times to the Health and Safety Executive (HSE) and that these would also be reflected in the risk once it was updated. It was agreed that a further update on the Trust's RIDDOR performance would be provided after the meeting.

Mr Rehman stated that he was having difficulty triangulating the information provided for risk ID 8941 (delays to cancer diagnosis due to inadequate reporting and staffing capacity in cellular pathology) with that given in the Integrated Performance Report (IPR) regarding the Trust's cancer performance. He clarified that he would have expected the score projection for the risk to have been changed to reflect the mitigations in place and enquired whether it should remain as it was or whether more consideration was needed as to how to better manage any similar long-term issues.

Mr Husain explained that some of the mitigations in place in relation to this risk were somewhat fragile, as they relied on the provision of mutual aid from other organisations that was not always available. He added that there was a general shortage of histopathologists nationally and advised that the LSC Pathology Collaboration were working to address this. Mr Husain stated that the risk was unlikely to be removed unless significant progress was made over the

coming months but confirmed that there was a good chance that its score would be reduced as collaboration work progressed.

Mrs Bosnjak-Szekeres suggested that consideration should be given to changing the review dates for risks on the CRR so that they could feed into the ERAG and avoid situations such as that with risk ID 7165 where it was not due to be updated until after the Trust Board had met.

Mr Husain agreed that this was a sensible proposal and that review times would be looked at and moved if required to reduce variation going forward.

Dr Dad observed that the Trust being non-compliant with RIDDOR was a very serious matter and requested clarification on whether it had been provided with a deadline for this to be addressed.

Mr McDonald stated that he would be discussing the situation with health and safety colleagues after the meeting but reiterated that the Trust had significantly improved its position recently after changing some of its systems and processes.

RESOLVED: Directors received the report and confirmed that they were content with the assurance provided.

An update on the Trust's RIDDOR compliance will be provided before the next meeting.

The dates and times for risk reviews will be revised to ensure that risks on the CRR are updated prior to being presented at future Trust Board meetings.

TB/2023/036 BOARD ASSURANCE FRAMEWORK

Mr Bosnjak-Szekeres requested that the previously circulated report be taken as read and confirmed that Executive colleagues had reviewed and revised BAF risks both individually and through meetings of the ERAG. She explained that it would be the final time that the BAF would be presented in its current format as the annual review process of the document would be commencing shortly, with a Board workshop arranged for the 4 May 2023 to facilitate this. Mr Hodgson noted that the significant number of asks in place for the 2023-24, as well as the ongoing implementation of the EPR and wider estates work required made the annual review of the BAF over the coming weeks particularly timely.

Mr Sarwar agreed but added that it would be equally important to ensure that the way in which the BAF risks were articulated was aligned more closely with how they were discussed elsewhere, as this had been an issue on occasion in the past.

Mr Rehman commented that it was clear to see from the BAF that some great work was taking place throughout the Trust. He requested an update on the Trust's international recruitment efforts, whether it was still on track and how this would affect nurse staffing going into 2023-24. Mr Sarwar suggested that this query was addressed in the IPR section of the agenda later in the meeting.

RESOLVED: Directors received, discussed and approved the Board Assurance Framework and confirmed that they were content with the assurances provided.

TB/2023/037 PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIRF) ASSURANCE REPORT

Mr Husain requested that the report was taken as read and presented a summary of salient points to Directors. He highlighted that the Trust continued to maintain a positive incident reporting culture, with a high number of reported incidents but with minimal harm but advised that there had been a recent rise in the number of pressure ulcer incidents. Mr Husain confirmed that all incidents were reviewed on a regular basis and that any lessons learned were widely disseminated via the Trust's Learning Lessons Group (LLG). Directors noted that there had been a total of 46 incidents reported through 2021-23, with 15 closed and four still awaiting closure over the same period.

Mr Hodgson noted the references to maternity specific incidents included in the report and reminded Directors that it was a requirement for maternity updates to be provided at each meeting of the Board. He stated that the Trust was very proud of its maternity services and advised that the CQC had recently produced a very positive report on them.

Mrs Anderson noted that the work done to embed the PSIRF since the Trust initially agreed to be a pilot organisation had been very successful and that this would only be strengthened going forward.

RESOLVED: Directors received the report and received assurance.

TB/2023/038 INTEGRATED PERFORMANCE REPORT (IPR)

a) Introduction

Mr Hodgson referred to the previously circulated report and confirmed that it covered data up to the end of January 2023. He noted that the report was largely positive, particularly from an operational performance point of view. Mr Hodgson also pointed out that the Trust's Summary Hospital Mortality Indicator (SHMI) performance remained within expected ranges and that its numbers of complaints remained below threshold.

b) Safe

Mr Husain highlighted that the Trust's Venous Thromboembolism (VTE) assessment rates were currently above the national average and that there had been no reported cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) in January. He informed Directors that the Trust had now exceeded its trajectory of 54 for Clostridium difficile (C. diff) infections but stressed that similar rises were being seen on a national basis. Mr Husain explained that these rises were suspected to have been caused by a number of different factors, including overcrowding and inappropriate samplings and paid credit to colleagues working in the Trust's Infection Prevention and Control (IPC) team for their efforts in managing any outbreaks. Directors noted that the IPC team were also managing separate outbreaks of norovirus and scabies in the wider community.

Mrs Molyneux reported that nurse and midwifery staffing had remained challenging against the national context of nursing shortages, adding that there were currently around 45,000 national vacancies. She highlighted that January's figures had been an improvement from those seen in December 2022, with only one area falling under safe staffing levels due to a lack of available coordinators.

In response to the query raised earlier by Mr Rehman regarding international nurse recruitment, Mrs Molyneux reported that a total of 193 nurses had been recruited from January 2021 to December 2022. She informed Directors that plans were in place to recruit an additional 20 nurses every month through the 2023-24 financial year and that the Trust was fully committed to achieving this target, adding that there were still around 200 unfilled registered nurse vacancies in the organisation.

Mrs Quinn explained that a solution to the Trust's vacancies would not be found in raw numbers and that there had been a larger focus on staff retention in addition to attracting new people over recent months.

Mrs Molyneaux referred to the earlier reported rise in pressure ulcer incidents and advised that the Trust's pressure ulcer collaboration work was being relaunched to reduce these numbers. She confirmed that each pressure ulcer incident was investigated thoroughly but explained that the rises being seen were multifactorial and complex.

In response to a query from Mr Sarwar, Mrs Molyneaux clarified that a more detailed update would be provided to the Quality Committee later in the month. She also advised that the situation was being closely monitored via the IPR and at a ward and department level. Mrs Molyneaux stressed that every effort was being made to improve the situation as soon as possible.

RESOLVED: Directors noted the information and assurance provided within the Safe section of the Integrated Performance Report.
An update on the actions in place to address the recent rises in pressure ulcer incidents will be provided at the March meeting of the Quality Committee.

c) Caring

Ms Molyneaux referred Directors to the Caring section of the report and confirmed that there were no specific items requiring further discussion.

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

d) Effective

Mr Husain reiterated that the Trust's SHMI performance was within expected ranges at 1.05 but reported that its Hospital Standardised Mortality Ratio (HSMR) was flagging at 112.4. He explained that the reasons for this rise were complex and that colleagues from Dr Foster were working through these issues. Mr Husain highlighted that crude mortality stood at 2.88 in January 2023, compared to 5.92 at the same time in 2021. He confirmed that any alerting groups continued to be monitored and reviewed at meetings of the Trust's Mortality Steering Group.

RESOLVED: Directors received assurance and noted the information provided under the Effective section of the Integrated Performance Report.

e) Responsive

Mrs Gilligan reported that the Trust was ahead of trajectory for length of stay for elective and non-elective procedures. She went on to report that the Trust was on track to achieve the nationally target of 85% of patients not waiting longer than 78-weeks for elective procedures by the end of March 2023. She acknowledged that the industrial action taking place the following week would present some risks to this but stressed that every effort was being made to mitigate these. Mrs Gilligan referred to the figure provided in the report of 232 cancer patients waiting over 62 days to be seen and highlighted that this had now been reduced to 206. She also added that the Trust had now been formally notified that it had been deescalated from tier 1 to tier 2 monitoring arrangements for its cancer performance.

Mrs Gilligan reported that the Trust's performance against the 4-hour waiting time standard in its emergency pathways had been 75.3% in January, which had further improved to 77.1% in February. She added that there had been similar improvements to the number of breaches of the 12-hour trolley standard, which had reduced from 648 in January to 349 in February. Mrs Gilligan reported that the longest wait experienced by a patient waiting for a suitable mental health bed had been 95 hours and 24 minutes but stressed that patients were always made as comfortable as possible during such extended waits. Directors noted that the longest ambulance handover time in January had been just over 22 minutes and that work continued with colleagues from the North West Ambulance Service to improve this further.

RESOLVED: Directors noted the information provided under the Responsive section of the Integrated Performance Report and received assurance about the work being undertaken.

f) Well-Led

Mrs Quinn stated that staff sickness continued to be an area of challenge for the Trust but reported that overall levels were now starting to stabilise at around 5%. She acknowledged that this was still higher than where the Trust would like it to be, but it had significantly improved from previous months. Mrs Quinn informed Directors that colleagues in the LSC Integrated Care System (ICS) were placing a substantial amount of focus on sickness and attendance monitoring as it currently had some of the poorest rates in the country. She went on to report that overall vacancy rates had started to fall and reiterated that there had been a stronger focus on staff retention and international recruitment over recent months. Mrs Quinn also advised that other work was taking place with local schools and communities to develop new

training opportunities. Directors noted that bank and agency fill rates had improved across the system and that separate pieces of work had commenced to look at managing the wider agency market and develop a system wide collaborative staff bank.

Mr Hodgson reminded Directors that staff appraisal rates had been an area of challenge since they were stood down during the heights of the COVID-19 pandemic but noted that they were starting to improve.

Mrs Brown reported that the Trust was forecasting to achieve a breakeven financial position at the end of the current year. She also highlighted that it was performing well with regards to Better Payment Practice Code payments and stated that every effort would be made to maintain this.

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

TB/2023/039 NEW HOSPITALS PROGRAMME (NHP) QUARTER 3 BOARD REPORT

Mrs Malin referred to the previously circulated report and provided a summary of key points to Directors. She explained that she and her colleagues were currently awaiting an announcement from the Government regarding the capital allotment and phasing for LSC and had been providing support to national NHP colleagues to help develop national guidance. Mrs Malin confirmed that engagement with patients and other members of the public had continued throughout the duration of the NHP and extended her thanks to everyone involved who had shared their views. She advised that there had been consistent themes regarding the accessibility and future proofing of any future locations, as well as the need to ensure that adequate car parking was available.

In response to a query from Mr Wedgeworth as to whether new hospital sites were required with the wider shift to using more out of hospital schemes, Mrs Malin explained that the new ways in which healthcare was planned to be delivered over the coming years would be very much at the forefront of any new developments.

Mr Rehman stated that it was clear that a significant amount of work had gone into the NHP over recent years but noted that there still hadn't been any formal announcements regarding

funding or capital allotments. He asked what the likelihood was of there being no funding available for LSC.

Mrs Malin acknowledged that there was still a significant amount of speculation regarding funding but stated that she had full confidence in the quality of the national programme business case recently submitted to HM Treasury. She also confirmed that other options would be available to the NHP even if the funding announcement from the Government was not what was expected.

RESOLVED: Directors received the report and noted its content.

TB/2023/040 MATERNITY AND NEONATAL SERVICE UPDATE

Miss Thompson provided a summary of the activities of the Trust's maternity services. She informed Directors that the Trust had submitted its progress against the ten safety actions for the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS) for Year 4 and had successfully passed nine. Miss Thompson explained that the action that the Trust had not managed to successfully pass was related to missed timeframes for publishing its Perinatal Mortality Review Tool (PMRT) draft report and for reporting to Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBBRACE). She advised that it had been agreed for an update to be provided to the Board in relation to safety action five (Midwifery Workforce) and for approval to be granted for the asks in relation to the Birth Rate+ business case. Directors noted that a regional site visit to the Trust in relation to the Ockenden review would be taking place later in the month, followed by a local maternity and neonatal system insight visit on the 18 April 2023.

In response to queries raised at previous meetings, Miss Thompson reported that local data did reflect national findings that showed a disparity in stillbirth rates between different ethnic groups, with 56% of mother suffering a perinatal loss being of Asian ethnicity.

In response to a request from Mrs Patel for more information regarding the references in the report to the contribution of religious and cultural attitudes to expected fetal losses or neonatal deaths, Miss Thompson stated that she would expand on this as part of her update at the next Trust Board meeting in May 2023.

Mr Hodgson paid tribute to the substantial amount of work taking place in the Trust's maternity services and stated that he was fully confident that colleagues were on track to achieving what was required of them over the coming months. He commented that even through the Trust's

performance against the ten CNST safety actions was significantly better than at many other organisations, it was still disappointing to have failed to pass one due to missed timeframes.

Mr Rehman thanked Miss Thompson for the provision of more detailed health inequality data within her report and stressed the need for the Trust to start thinking about how to build on this and raise its visibility through the Board. He stated that it was good to see the Trust ranked as highly as it was in the North West but stressed that the work being done would need to continue.

Mrs Molyneaux requested clarification on what support was being asked of the Board in relation to the funding required following the Birth Rate+ exercise.

Miss Thompson explained that it had been agreed as part of the action plan for Year 4 of the CNST for this exercise to be completed and for a business case to be developed and come through the Board for approval for funding to fulfil the staffing recommendations made. She confirmed that this case was still in development and would be taken through the appropriate process before being formally presented for approval at a later meeting.

RESOLVED: Directors noted the update provided.
A full business case regarding the additional funding required to satisfy the Birth Rate+ nursing and midwifery staffing recommendations will be developed and presented to the Board for approval at a later date.

TB/2023/041 STAFF HEALTH AND WELLBEING UPDATE REPORT

Mrs Quinn referred Directors to the previously circulated report and presented a summary of highlights. She reaffirmed the Trust's commitment to the health and wellbeing of its staff and stated that this could be clearly seen in the performance figures provided, adding that it was currently the best performing organisation in LSC. Mrs Quinn advised that the Trust was also leading on the work to see how the health and wellbeing offer across the region could be improved. She informed Directors that there were concerns around the recent withdrawal of funding for the LSC Resilience Hub and confirmed that the Trust was working with its colleagues across the system to see how this could be addressed.

Directors confirmed that they were content to approve the recommendations provided in the report to support the ELHT wellbeing programme and its ethos, to commit the organisation to this programme of actions within the outlined timescales, commit to participating in the

programme by role modelling healthy leadership behaviours and to further review the progress of the action plan in 6 months' time.

RESOLVED: Directors received the report and noted its content.
A further update on the Trust's Health and Wellbeing Plan will be provided to the Board in six months' time.

TB/2023/042 TRUST CHARITABLE FUNDS COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its content.

TB/2023/043 FINANCE AND PERFORMANCE COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its content.

TB/2023/044 QUALITY COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2023/045 AUDIT COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2023/046 TRUST BOARD (CLOSED SESSION) INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB2/2023/047 REMUNERATION COMMITTEE REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2022/048 ANY OTHER BUSINESS

No additional items were raised for discussion.

TB/2023/049 OPEN FORUM

Mrs Bosnjak-Szekeres advised that one query had been received from a member of the public regarding the Trust's approach to therapeutic treatment for COVID-19 patients. She confirmed that a response had been provided and would be shared after the meeting.

TB/2023/050 BOARD PERFORMANCE AND REFLECTION

Mr Sarwar commented that he felt many of the items discussed had reflected the situation in the local community, particularly the patient story and maternity updates.

RESOLVED: Directors noted the feedback provided.

TB/2023/051 DATE AND TIME OF NEXT MEETING

Mr Sarwar informed Directors that the next Trust Board meeting would be taking place on Wednesday, 10 May 2023 at 13:00.

Mr D Byrne, Corporate Governance Officer

TRUST BOARD REPORT

Item **57**

10 May 2023

Purpose Information

Title Action Matrix

Executive sponsor Mrs A Bosnjak-Szekeres, Director of Corporate Governance/
Company Secretary

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 Trust Goal -

Related to key risks identified on assurance framework -

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2022/064: Behaviour Framework Implementation Update	A further progress report on the implementation of the Trust's Behavioural Framework will be provided to the Board in 12 months' time.	Executive Director of HR & OD	July 2023	Agenda Item: July 2023.
TB/2023/010: Corporate Risk Register (CRR)	Pre-mitigation scores for risks will be added to future iterations of the Corporate Risk Register from May 2023.	Executive Medical Director	May 2023	The pre-mitigation scores will be addressed as part of the board assurance framework and corporate risk register annual review process and will be included in the report from July 2023 onwards.
TB/2023/035: Corporate Risk Register (CRR)	<p>An update on the Trust's RIDDOR compliance will be provided before the next meeting.</p> <p>The dates and times for risk reviews will be revised to ensure that risks on the CRR are</p>	<p>Executive Director of Integrated Care, Partnerships and Resilience</p> <p>Executive Medical Director</p>	<p>May 2023</p> <p>July 2023</p>	<p>Complete: An update has been circulated to Non-Executive Board members to provide additional clarification around the timescales for improvement for RIDDOR compliance, as well as the actions in place to achieve these.</p> <p>Update: this will be addressed as part of the annual review mentioned above.</p>

Item Number	Action	Assigned To	Deadline	Status
	updated prior to being presented at future Trust Board meetings.			
TB/2023/038: Integrated Performance Report - Safe	An update on the actions in place to address the recent rises in pressure ulcer incidents will be provided at the March meeting of the Quality Committee.	Interim Chief Nurse	May 2023	Complete: An update on the actions being taken to reduce pressure damages was provided at the meeting in March. It was agreed by members for a further update to be provided at the meeting in September 2023 once further improvements had been made.
TB/2023/040: Maternity and Neonatal Service Update	Further information regarding the effect of religious and cultural attitudes to expected fetal loss/neonatal deaths will be provided at the next meeting.	Head of Midwifery	May 2023	A further update will be provided under the Maternity and Neonatal Service Update provided at the next meeting.
	A full business case regarding the additional funding required to satisfy the Birth Rate+ nursing and midwifery staffing recommendations will be developed and	Head of Midwifery	July 2023	The Birth Rate Plus business case will be presented to the Quality Committee in June 2023. It will then be presented to the Board for approval in July 2023.

Item Number	Action	Assigned To	Deadline	Status
	presented to the Board for approval at a later date.			
TB/2023/041: Staff Health and Wellbeing Report	A further update on the Trust's Health and Wellbeing Plan will be provided to the Board in six months' time.	Executive Director of People and Culture	September 2023	Agenda Item: September 2023

Mr D Byrne, Corporate Governance Officer

TRUST BOARD REPORT

Item

59

10 May 2023

Purpose

Information

Title

Chief Executive's Report

Executive sponsor

Mr M Hodgson, Chief Executive

Summary: A summary of relevant national, regional and local updates are provided to the board for context and information.

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

Report linkages

Related strategic aim and corporate objective -

Related to key risks identified on assurance framework -

Impact

Legal Yes Financial Yes

Equality No Confidentiality No

Previously considered by: N/A

1. Background

This report is divided into sections covering the following:

- National headlines relevant to the NHS and wider health and social care economy
- News and information from across the North West and Lancashire and South Cumbria system area, including details from the Integrated Care Board (ICB) and Provider Collaborative Board (PCB)
- Local and Trust specific updates

2. National Updates

NHS England publishes data on junior doctor strike

Statistics on the impact of the junior doctors strike are available on the NHS England website. In summary, over four days in April there were 195,000 cancellations. At the peak of the action, there were 27,361 staff not at work. In the previous junior doctors strike there were 175,000 cancellations across three days.

Health Education England and NHS England complete merger

NHS England and Health Education England have legally merged to create a new, single organisation to lead the NHS in England. This follows the merger of NHS Digital and NHS England on the 1 February 2023, and brings the NHS' people, skills, digital, data and technology expertise together into one national organisation to deliver high-quality services for all in England.

As the body responsible for the education and training of the health workforce, Health Education England has played a critical role in improving the quality of health and care services and growing the number of staff working in the NHS over the last decade. Following parliamentary approval, the legal merger was formally confirmed at the end of last week, with the regulations which transfer the functions of Health Education England to NHS England made by ministers on 28th March 2023.

The transfer sees NHS England assume responsibility for all activities previously undertaken by Health Education England, including planning, recruiting, educating and training the health workforce, and ensuring it has the right numbers, skills, values and behaviours in place to support the delivery of excellent healthcare to patients and the

public. It is expected that, by the end of 2023/24, the new organisation will be between 30-40% smaller than the current combined size of NHS England, Health Education England and NHS Digital.

First new life-extending NHS treatment for incurable cervical cancer in almost 15 Years

A life-extending treatment for advanced cervical cancer has been made available to hundreds of NHS patients. The immunotherapy drug pembrolizumab (Keytruda®) is the first new addition to NHS treatment for incurable cervical cancer for 14 years. Around 400 people are expected to benefit from the treatment over the next three years. The drug is already offered by the NHS in England for the treatment of several other cancers, including breast, bowel, lung, and skin, and it has now been given the green light by the National Institute for Health and Care Excellence (NICE) for certain patients with cervical cancer whose disease has not responded to other treatments.

George cross to tour the nation to mark NHS 75th birthday

The George Cross medal, awarded to the NHS in England last year by the late Queen, is set to tour the nation from July as part of the NHS 75 birthday celebrations. The UK's highest civilian gallantry medal will be displayed in Science Museums across England, after it was bestowed on staff for their exceptional efforts, particularly during the pandemic. It was only the third time ever in British history the medal has been granted to an organisation for an act of great heroism.

The cross, which is currently kept at Windsor Castle, will go on tour to allow staff and patients to view the historic accolade. From Thursday 6 July, the medal will be on display at the iconic Science Museum in London as a temporary addition to Medicine: The Wellcome Galleries, the world's largest museum devoted to the history of medical healthcare. The medal will be able to be viewed in the Science and Industry Museum in Manchester from February 2024 before going to the National Science and Media Museum in Bradford from July. It will then visit the South West in 2025, with the venue to be confirmed in due course.

The George Cross award recognises the “courage, compassion and dedication” of NHS staff and volunteers, during the pandemic as well as the work of the NHS since it was established in 1948.

NHS virtual wards treat 100,000 patients in a year

More than 100,000 patients have been treated in NHS virtual wards in the last year. Virtual wards allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most. There are now more than 340 virtual ward programmes across England including a total of 7,653 virtual beds.

NHS teams have worked hard to increase numbers by almost two thirds (60%) since May 2022, when 4,485 were available for patients – an average of nine new virtual ward beds each day. These ‘Hospital at Home’ models help reduce avoidable admissions by providing the hospital-level care at home. People on a virtual ward are cared for by a multi-skilled team who can provide a range of tests and treatments, including blood tests, prescribing medication or administering fluids through an intravenous drip. Patients are reviewed daily by the clinical team and the ‘ward round’ may involve a home visit or take place through video technology. Many virtual wards use technology like apps, wearables and other medical devices enabling clinical staff to easily check in and monitor their recovery.

NHS vaccinates half of care home residents in three weeks

The NHS Covid-19 Vaccination Programme has vaccinated more than 150,000 older adult care home residents in England in just three weeks since the campaign began – over half of all those eligible. Roving teams of NHS staff have visited more than 6,000 care homes – almost three in five – to offer the spring jabs since the campaign launched on Monday 3 April with the targeted visits. As of Tuesday 25th April, 153,460 care home residents have taken up the offer – 50.2% of those eligible.

NHS teams will continue to visit the remaining older adult care homes in the coming weeks to offer protection to all residents. Around 6.6 million people in total are eligible in line with JCVI guidance, which includes people 75 and over, those aged five and over with a weakened immune system, and care home residents. Everyone eligible is able to get vaccinated by booking an appointment online or through the NHS App at one of thousands of local sites, including community pharmacies and GP practices.

Faster diagnostic tests for cancer patients in latest NHS drive

Hospitals are being asked to work towards a 10-day turnaround when delivering diagnostic test results to patients who have received an urgent referral for suspected cancer, as part of new plans to see and treat people for cancer as early as possible. This means hundreds of patients waiting to have cancer ruled out or diagnosed in some cases, are set to receive this news faster, helping to relieve anxieties or enabling treatment to start sooner.

In a letter sent to local health areas, NHS leaders are also asking teams to prioritise diagnostic tests like MRI scans for cancer in community diagnostic centres (CDCs) or to free up capacity for these cancer tests within hospitals by moving elective activity into the centres.

In February the NHS achieved the faster diagnosis standard for suspected cancer for the first time, with three quarters of those referred receiving a definitive diagnosis or all clear within 28 days – over 170,000 people (171,453) – ahead of the March 2024 target. These ambitious plans also come on the back of significant progress in reducing the number of people waiting longest for treatment or to have their cancer ruled out – having brought the 62-day backlog down by almost 15,000 patients since the summer (19,027 on 19 March 2023 compared with 33,950 on 19 September 2022).

Most deprived communities more likely to receive early lung cancer diagnosis thanks to NHS trucks

People in deprived areas are now more likely to be diagnosed with lung cancer at an earlier stage, thanks to the success of NHS lung trucks. For the first time ever, new data shows more than a third of people diagnosed with lung cancer from the most deprived fifth of England were diagnosed at stage one or two in 2022 (34.5%) – up from 30% in 2019. Lung MOTs, located in mobile trucks in supermarket car parks, launched in 2018 in areas of the country with the lowest lung cancer survival rates – and they have already made an impact on earlier diagnoses.

As part of the biggest programme to improve earlier cancer detection in health history, the NHS has now teamed up with the Roy Castle Lung Foundation on a new campaign encouraging the hundreds of thousands of people who are invited each month to take up the potentially lifesaving scan. More than 300,000 (313,387) people have already taken up

the offer and the trucks have diagnosed more than 1,750 (1,779) people with lung cancer. Over three-quarters (76%) were caught at stage one or two, compared with just a third caught at early stages in 2018. People diagnosed with lung cancer at the earliest stage are nearly 20 times more likely to survive for five years than those whose cancer is caught late.

3. Regional Updates

3.1 The Lancashire and South Cumbria (LSC) Integrated Care Board (ICB)

Members of the Lancashire and South Cumbria Integrated Care Board (ICB) met on 1 February 2023. A recording of the meeting is available to watch online here <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/board/meetings-and-papers/future-board-meetings/1-february-2023-board-meeting>

The Chief Executive's Report submitted by Kevin Lavery as part of the meeting's papers provides a wider update. The report in full is included as an appendix.

3.2 Updates from the Lancashire and South Cumbria Provider Collaboration Board (PCB)

PCB meeting – 16 March 2023

The PCB membership comprises the Chief Executives and Chairs of the five provider trusts in Lancashire and South Cumbria and meets monthly. It is Chaired by Mike Thomas, also Chair of University Hospitals of Morecambe Bay NHS Trust and the lead Chief Executive is Kevin McGee CEO of Lancashire Teaching Hospitals.

The Board receives updates on a number of standing items and strategic items and a Joint Committee has been established to give the PCB a mechanism via which to make decisions on a number of key programmes of work as agreed with Trust Boards.

An overview of the March meeting is included in *Appendix I*.

Delegation of Authority for Pathology Network

Pathology services are currently delegated to the Provider Collaboration Board (PCB) operating as a joint committee, but it has been suggested that the PCB should establish a sub-committee to be known as the Pathology Network Board and sub-delegate responsibility for these pathology matters to that sub-committee. The proposal has been approved and endorsed by the four Trust Boards with responsibilities for Pathology Services and the PCB were asked to support and endorse these proposals.

Following approval and from 1 April 2023, the following would be delegated to the PCB and sub-delegated to the Pathology Network Board:

- Oversight and leadership of the implementation of digital solutions for Pathology
- Agreement of an appropriate clinical model
- Coordination of all equipment procurement
- Responsibility for managing the response to Pathology related Get It Right First Time (GIRFT) across the network
- Developing and implementing a programme for rolling out Point of Care Testing
- Coordination and delivery of cancer restoration plans
- Agreement to a network-wide workforce strategy
- Establishing a network-wide approach to Quality Management Systems (QMS)
- Oversight and management of all pathology related research
- Agreeing the Terms of Reference for the Pathology Network Board.

Budgets for pathology services will continue to be held and managed by each individual Trust with the exception to projects and business cases approved for delegation to the joint committee.

Collaborative bank

A collaborative bank for nurses, midwives, health care assistants, allied health professionals and administrators is being developed by the five trusts in Lancashire and South Cumbria. It is one of a number of programmes taking place where the trusts have joined forces to support better patient care.

The collaborative bank will help reduce reliance on agencies for temporary staffing as well as creating more consistent bank rates. The project team behind the plans are now looking at a digital system to help administer the bank.

Resilience Hub update

The Lancashire and South Cumbria Resilience Hub, set up to offer psychological support to those who worked on the frontline during the COVID-19 pandemic, has paused for referrals while options are explored to sustain a future version of the service. Formed in 2020 and hosted by Lancashire and South Cumbria NHS Foundation Trust (LSCft), the hub has helped over 1,100 individuals, including colleagues across the patch and numerous teams and services but as with many COVID -19 initiatives, funding ended in March 2023. The ICB is working with ELHT to explore future options which will support an enhanced mental health and wellbeing service, in a way which is sustainable and that will support NHS colleagues across the whole of Lancashire and South Cumbria.

Support for local residents to get online and get Set for Surgery

Age UK Lancashire is working with Lancashire and South Cumbria Integrated Care Board (ICB) to offer digital support to patients aged 18+, so they can use online services to get them set for surgery. This will allow patients to manage their health and wellbeing using a smartphone, tablet or computer, and to stay as fit and healthy as possible while they wait for their treatment. It will also allow people to find out more about their condition, what to do if their condition deteriorates, and get extra support online if they need it.

Lung health checks in Hyndburn

Current or former smokers aged between 55 and 74 who live in Hyndburn have been invited to attend a free, potentially life-saving health check, described as an 'MOT for your lungs'. Targeted Lung Health Checks (TLHC) are helping the NHS to spot lung cancer and other issues early when they are easier to treat.

The Lancashire and South Cumbria TLHC programme was launched in April 2021 in Blackburn with Darwen, before expanding to other areas including Blackpool, Burnley and Rossendale. More than 24,500 people have already benefited from this service, with some receiving life-saving treatment for conditions which may have otherwise gone undiagnosed.

4. Local and Trust specific updates

Important news and information from around the Trust which supports our vision, values and objectives.

Use of the Trust Seal

The Trust seal has been applied to the following documents since the last report to the Board:

- On 13 March 2023 the seal was applied to the lease agreement between EP Properties Ltd and the Trust for Fusion House, Evolution Park, Haslingden Road, Blackburn. The document was signed by Mr Martin Hodgson, Chief Executive and Mrs Michelle Brown, Executive Director of Finance.

End of Year Overview

The Trust ended the financial year for 2022-23 on April 6 and whilst the details of our organisational accounts will be reported elsewhere within the governance framework, it is important to recognise the very strong concluding position reached.

It was not an easy period of time to navigate effectively but thanks to a collective effort from all staff across all services and settings we did finish in a very good place. This was clearly underpinned by an incredible amount of hard work and dedication and it is important to recognise this and say thank you to all colleagues for their contributions.

The Trust hit all key metrics, delivered real improvements, made progress on our overall aims and objectives – and managed to come in on budget too. In particular:

- Theatre utilisation concluded in the upper quartile, with ELHT second in England for performance
- The Trust met it's 78 week targets as part of an unwavering focus on reducing waiting lists
- A strong focus on cancer related pathways resulted in the Trust being moved out of 'tier one' national monitoring – with a new focus now on seeing everyone who has waiting 65 weeks or more as soon as possible
- In addition, diagnostic performance is broadly on track, with the Trust ranked best in Lancashire and South Cumbria for faster diagnosis on cancer referrals

- Staff survey results in the top three in the North West (see below for further details on this)

ELHT's strong performance in 2022-23 was highlighted during a call with the Chief Executive of NHS England Amanda Pritchard, who visited ELHT in 2022 to see and hear some of the great work we are doing.

Supporting patients in their own home

A community-based service launched by the Trust has helped hundreds of patients avoid hospital admission in its first few months of operation. Hospital at Home uses an Intensive Home Support Service (IHSS) to initially assess patients from their own home. Depending on the condition of the patient, they will be treated, given the necessary equipment and monitored and supported from home - their 'virtual ward' - instead of being admitted into hospital.

Patients benefit from accessing a multidisciplinary team of healthcare professionals that also have access to social care support in their own homes. Hospital at Home has already proven a success by attracting more than 2,000 patient referrals in its first months of working. After an initial assessment by the IHSS, only 10% needed to be admitted to hospital.

NHS Staff Survey

Colleagues at ELHT overwhelmingly feel valued by their team, make a difference to patients and have opportunities to improve themselves, according to the results of the latest NHS staff survey that were published in March. The Trust scored above the national average in every area when compared to other acute and community trusts – and was third overall compared to other Trusts in the North West.

Headline figures show that 82.5% of colleagues reported that they enjoyed working with their colleagues, while 87.9% felt that their role made a difference to patients. The survey also revealed that colleagues feel supported in their work and health and wellbeing. Other key statistics included:

- 76.4% said the organisation respects individual differences

- 73.3% were able to make suggestions to improve the work of their team
- 70.5% said they have opportunities to improve their knowledge and skills
- 71.2% said colleagues are understanding and kind to them.

A series of Big Conversations are now taking place with teams across the Trust to help develop action plans for the year ahead.

Jasper the Therapy Dog

Colleagues across the Trust were sad to hear that our beloved therapy dog Jasper had died after being unwell for a few days. Jasper joined the Trust in 2019 and made an unforgettable impact, touching the lives of so many people – patients and colleagues. He was a constant comfort during Covid at the most challenging of times. Over 1,000 people joined his Conversations with Jasper sessions and that brave support led to him receiving a national award at the House of Lords in 2021.

There has been an outpouring of condolences from colleagues and the community, with a reach of 28,244 people on the Trust's public Facebook page which led to over 2,000 comments and emojis, and an additional 2,667 engagements and 655 shares on Jasper's own Facebook page, along with 207 engagements on the staff Facebook and intranet page.

The Trust sends its condolences especially to David Anderson, hospital chaplain and Jasper's owner. Plans are being developed to remember Jasper in various ways, including a memorial bench paid for through staff side colleagues. The totality of these will be agreed and reported in due course.

EPR Update

The Trust continues to focus on delivering the Electronic Patient Record (EPR) programme which will go-live across all Trust sites from 16 - 19 June 2023. With less than two months to go, there is a real need to intensify all internal engagement activities and to deliver end-user training to at least 90 per cent of colleagues who use a patient record.

Mandatory training began in mid-April and will continue until the week of go-live. Numbers are being closely monitored and reviewed to ensure the target compliance rate is met for a safe and smooth roll out. The importance of colleagues booking on continues to be

pushed through all Trust communications channels, by Executive leaders and divisional managers.

Superusers have received their exclusive Superuser training and have been given early access to the EPR to familiarise themselves with the system. Having time to practice will give them the confidence to support peers before, during and after go-live. The online Superuser 'community' is getting busier by the day with colleagues from all departments talking amongst themselves, sharing ideas, knowledge and asking questions.

Regular ward walkarounds have continued with specific events held for community colleagues and AHP's, giving demos of the EPR and handing out brochures and flyers to display in their departments. A successful 'ward board' competition to increase awareness and engagement was recently held across all sites. The competition coincided with the pivotal ten-week countdown and Good Friday, so a chocolate hamper was given as a prize to the winning team, the Emergency Department. Over 12 departments submitted an entry and 400+ votes were received.

The next big milestone in the programme is a 'Full Dress Rehearsal' event which will take place in May. It involves the programme team, operational teams and superusers to thoroughly test the technology and practice real-life scenarios to ensure the Trust is fully prepared for go-live.

NHS anniversary

The 75th anniversary of the NHS is 5 July and a number of key activities are planned to mark the occasion.

To build momentum for the celebration, a social media campaign is underway, featuring 75 inspiring people who are sharing their stories. From colleagues past and present, to patients and fundraisers, it is showcasing a diverse range of people with a different experience of the NHS. The Instagram stories have already generated hundreds of likes and comments.

A series of tea parties are being organised in conjunction with our hospital charity, ELHT&Me, as a way of saying thank you and raising a cuppa to the NHS. Guests will

enjoy afternoon tea, a special 75th anniversary cake cutting and live music. Tea party kits will also be produced to support colleagues who want to host their own celebration. It will include printable materials, including invitations, cake toppers, paper coasters and decorations.

The charity is hosting a number of fundraising events, including an inaugural golf competition and a 'wear it blue' where schools, nurseries and businesses wear something blue on Wednesday, 5 July to help celebrate the birthday.

In addition, a number of national initiatives have been put in place, including:

- A special event at Westminster Abbey for NHS colleagues
- Park Run for the NHS
- NHS Big Tea Party encouraging everyone to raise a cuppa
- NHS Ambassadors programme where people working in the NHS visit schools to inspire future careers
- A celebratory 50p coin

The Trust's colleague recognition event the Star Awards will be themed NHS 75 later this year.

Planning for industrial action

The Trust continues to face uncertainty over further industrial action from various professional groups and trade unions who are in dispute with the Government over pay. This has resulted in a number of periods of industrial action and a great deal of planning and preparation to minimise the impact on patients and their families, as well as colleagues who remain on duty.

Most recently the British Medical Association (BMA) has led periods of prolonged industrial action involving hundreds of junior doctors at the Trust on the following dates:

- 11-15 April (following the Easter bank holiday)
- 13-16 March

During this period of action the Trust's senior leadership took significant steps to ensure continuity of service and the safety of patients, colleagues and the public. The Trust

continues to provide regular information to all colleagues on the response and signposting to important information. Externally the team has worked with colleagues across the wider healthcare system to share agreed messaging that people should continue to attend appointments unless they were contacted with other arrangements.

Other strike action has been suspended as unions entered into negotiations with the Government, however future dates have since been announced by the Royal College of Nursing. Although this does not directly affected the Trust, at the time of writing Lancashire Teaching Hospitals and University Hospitals of Morecambe Bay are impacted.

Colleagues in Pathology, who are members of the Unite union are due to take industrial action on May 2.

Eid and Ramadan

A large number of colleagues at the Trust have been celebrating Eid, marking the end of Ramadan and the fasting period. Late night (Taraweeh) prayers were organised in the Prayer room, open to all colleagues and patients.

Ramadan and Eid Guidance, produced by the national NHS Muslim Network was shared to raise awareness of the religious festival, potential impact of fasting and what people could do to support or mark the occasion.

Some teams and individuals organised fasting for a day even if they weren't Muslims, to show their support and increase their understanding of the tradition and faith.

With the fasting taking place between sunrise and sunset, during the national industrial action by junior doctors, the Grane restaurant at Royal Blackburn Teaching Hospital arranged grab bags for colleagues who were fasting and extended their opening times to enable colleagues to buy food after sunset.

Changes to infection prevention control

The Trust continues to react to Covid and other respiratory infections, such as 'flu, in order to keep patients, colleagues and visitors safe. This includes constantly monitoring the number of Covid patients, colleagues off sick with Covid and the community prevalence of

the disease. As a result, on March 7 restrictions were lifted at the Trust, with colleagues, patients and visitors no longer required to wear face masks unless they prefer to.

Online brain injury and stroke support scheme receives additional funding

An online brain injury support scheme to help brain injury and stroke survivors has been boosted with additional funding, enabling people to continue accessing therapy and support from home. The Lancashire and South Cumbria regional Neuro Rehabilitation OnLine (NROL) programme, which is hosted by ELHT and the University of Central Lancashire (UCLan) uses online video sessions to provide specialist group neurorehabilitation to brain injury and stroke survivors.

The scheme was created in winter 2020/21 because patients were limited in accessing face to face NHS treatment due to COVID restrictions and now over 2,000 patients have been able to access the sessions from the comfort of their own home thanks to funding from the charity SameYou. The additional £169k secured from NHS England's Stroke Quality Improvement Rehabilitation (SQulRe) catalyst funding process will enable this vital resource to continue for a further 12 months.

COVID vaccination centres officially close

Mass vaccination hubs at Barbara Castle Way, Blackburn and Charter Walk Shopping Centre, Burnley have officially closed. The two centres were the last remaining vaccination centres out of the seven mass sites established across the Lancashire and South Cumbria region during the pandemic. The sites administered over 4.3 million vaccines across Lancashire and South Cumbria including first, second and booster doses with 86% of high-risk and eligible people taking up the offer of their vaccine. The team also administered up to 28,500 vaccines to people in their own homes or via pop-up clinics.

SMOCH team's 'innovative' work in the community reaches New Zealand

The Trust's Specialist Medicines Optimisation Care Home (SMOCH) team were visited by renowned Pharmacy Professor, David Woods, from New Zealand after he heard about their recent pioneering work. Professor Woods, who is a Clinical Pharmacist and Medicines Consultant as well as Honorary Teaching Fellow at Auckland University, visited the team after noticing their positive impact in the community and care homes. This includes increasing the quality of life for care home residents, raising awareness around

anticholinergics in medicines and implementing a new ward-based pathway that helps decrease the likelihood of accidents and negative side effects in elderly patients.

New recycling initiative for furniture and equipment

A new recycling initiative has been introduced at the Trust, where colleagues can giveaway their unwanted office/ward furniture or equipment to other colleagues, rather than sending it to landfill. The online 'exchange and mart'-style portal, called Warp-It, is being introduced at all trusts in Lancashire and South Cumbria.

The system has the potential to save organisations significant amounts of money in terms of waste disposal costs and the purchase of new equipment. Disposal and replacement costs are calculated for each item that is reused as well as the CO2 and trees saved through using the system, helping organisations to see the difference they are making to reduce their carbon footprint.

New leadership development programme

A new flagship leadership programme has been launched at the Trust, aimed at colleagues who lead people, projects, and improvement activity and who want to increase their effectiveness and influence. This pathway provides key insights into compassionate and inclusive leadership, building on the prior management experience of participants.

It will be delivered over 11 in-person workshops at Burnley General Teaching Hospital, with additional launch and celebration events planned. Over 14 months, colleagues whose applications are successful will receive coaching and mentoring support and they will be involved in completing a quality improvement project.

New infusion suite opens

The Trust officially opened its new infusion suite at Burnley General Teaching Hospital. The infusion suite team has experienced several moves over the last few years due to operational changes within the Trust in March 2023. However, following significant lifecycle investment, they are now enjoying having a permanent home. There has also been investment in the Endoscopy Unit where two new treatment rooms have been unveiled. The new area is a much-improved environment to work in and creates a warmer

and more welcoming setting for patients to receive their treatments. It follows six months of hard work and collaboration between teams across the Trust.

Trust welcomes newly qualified Nursing Associates

A cohort of newly qualified Nursing Associates have joined the Trust, after successfully completing two years of placements. The group began the Trainee Nurse Associate programme in March 2021 and alongside their placements, have also achieved academic standards set by University of Central Lancashire. The cohort have been supported by the Trust's Practice Education Facilitator Team throughout their training and all have now secured jobs with the Trust.

Colleague Care Month

The Trust ran a month long campaign to raise awareness of what colleagues could do to support each other with health and wellbeing. Virtual self-care sessions, wellbeing drop-in sessions, free mini-health checks, a wellbeing challenge and access to webinars and apps were all promoted, along with personal stories about what colleagues did to look after their own wellbeing or support colleagues. It's part of ongoing activity to support health and wellbeing in the workplace.

Award winning teams

The fantastic work being done by colleagues across the Trust has been recognised through a number of awards over the past couple of months.

- **Nursing team are pride of the town**

Pendle East District Nursing team have been named the Pride of Barnoldswick for delivering excellent patient care. The team were recognised for their outstanding service to the local community after being nominated by a member of the public who stated: "The team has gone above and beyond to look after their patients through the pandemic and beyond. True heroes, whose care is second to none."

- **Recognition for intensive care baby unit**

Support provided to families with babies being cared for at the Neonatal Intensive Care Unit (NICU) at Burnley General Teaching Hospital has been recognised through a regional award. The team, which is part of Lancashire Women's and Newborn Centre, has received

Family Integrated Care (FICare) accreditation, which recognises neonatal units that are focussed on empowering parents as their baby receives treatment. The accreditation was presented by the North West Neonatal Operational Delivery Network (NWODN) following a rigorous assessment. A panel of experts assessed Burnley's NICU, including interviewing colleagues and patients as well as examining standards of practice. The unit passed with flying colours.

- **Charity scoops business award**

East Lancashire Hospital NHS Trust's official charity, ELHT&Me was named winner in the Not for Profit category at the Ribble Valley Business Awards. More than 400 businesses and charities were nominated for awards across 18 categories with the winners announced at a glittering black-tie ceremony at Mytton Fold.

- **Five stars for Trust anaesthetist**

A doctor from the Trust has been praised by his patients for the exceptional care he provides. Dr Jason Lie, a Consultant Anaesthetist, has received a national Certificate of Excellence thanks to five-star feedback from patients on the healthcare review website iWantGreatCare. The independent review site uses feedback from patients to highlight excellent care within healthcare in the UK. It has generated over six million reviews. Certificates of Excellence are awarded to clinicians, clinics or teams who receive consistently outstanding patient feedback throughout the year. This is the fourth time Dr Lie has received the award.

- **Speech and Language Therapy team receives PEARL award**

The Trust's Speech and Language Therapy (SLT) team have received a Practice Educators Awards for Reimagining Learning (PEARL) award for student placements. The awards recognise teams or individuals who show innovation, resilience or been creative in placement provision. The placements with SLT provided a varied experience for learners, with time spent focussed on acute and critical care.

- **HandsFirst award for improvement practice**

The Trust has won an award for the best application of Plan, Do Study, Act (PDSA) cycles. It was presented at a HandsFirst celebration event held at the Royal College of Surgeons in March. The HandsFirst project is a national collaborative run by The Royal College of

Surgeons aimed at improving acute hand injury management against The British Society for Surgeons of the hand standards.

Shelley Wright, Joint Director of Communications, May 2023

TRUST BOARD REPORT

10 May 2023

Item **63**

Purpose Information Assurance

Title Patient Safety Incident Response Assurance Report

Executive sponsor Mr J Husain, Executive Medical Director

Summary: The Trust Board is asked to receive the paper as a summary update on the incidents reported under the new Patient Safety Incident Response Plan (PSIRP) and decision-making process for the level of incident reviews. This report includes information on maternity specific serious incidents reporting as required by Ockenden recommendations.

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 Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care. 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

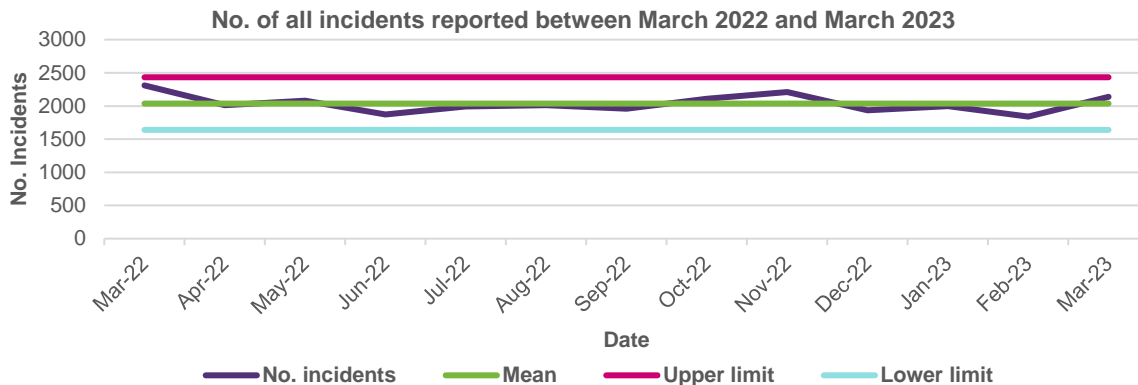
Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: No formal Committee

1. Incident Reporting

1.1 Over the last year, reporting of incidents has remained within control limits, as seen in graph 1. However, there is some variation around the mean, which can be expected with incident reporting and can be subject to natural variation.

Graph 1: Incidents reported over last 12 months



1.2 The Trust has a positive incident reporting culture with high numbers of incidents being reported, but with a low incidence of moderate or above harm. A breakdown of incidents reported by percentage of harm level over the last 12 months compared to the National average is provided in appendix A. The number of low harm incidents has remained steady for the last 3 months and below the national average. Moderate incidents reduced in February 2023, this continues to be monitored into April, however we have seen a return to usual levels in March.

This is the 4th month in a row where no incidents resulting in a grading of death have been reported.

1.3 The number of pressure ulcers reported has reduced in February 2023 and March 2023 compared to the previous 4 months.

1.4 All incidents are reviewed / triaged by the Incident and Policy Team in line with the new Patient Safety Incident Reporting Framework. The Trust has a decision-making process to identify the required level of incident review each incident requires. If an incident meets National / Local priority or highlights key issues not linked to quality improvement or known risks these are added to a PSIRF tracker and discussed at the weekly complex case meeting to agree level of review.

2. Duty of Candour

2.1 There have been 10 reported incidents of moderate and above harm in March 2023, of which Duty of Candour applies, as set out in CQC Regulation 20. None have resulted in a breach of candour.

3. Patient Safety Incident Investigations (National and Local Priorities)

3.1 In December 2021 the Trust started reporting and managing incidents under the National Patient Safety Incident Response Framework (PSIRF). The Trust is required to report incidents that meet either the National priorities and/or Local Priorities identified in the Trusts Patient Safety Incident Response Plan (PSIRP). Table 1 provides a breakdown of all incidents the Trust has reported and status of investigation. All PSII reports and safety improvement plans are presented at the Trusts Patient Safety Incidents Requiring Investigation (PSIRI) Panel for Trust approval and signoff. Safety Improvement Plans are monitored at the Lessons Learnt Group.

Table 1: National and Local incidents reported by categories by fiscal year since 1st Dec 2021

Category	Priority	2021/22 (Dec/Mar)	2022/23 (Apr/Mar)	2023/24 (Apr/Mar)	Total
Local	ED Transfer/Handover	0	2	1	3
Local	Fall Fracture Neck of Femur	1	2	0	3
Local	NBM+5 days Vulnerable Adult	1	3	0	4
Local	104-day cancer breach	0	1	0	1
Local	DNACPR	1	1	0	2
National	Death	8*	13	0	21
National	Never Event	1	2	2	5
National	Screening Incident	0	1	0	1
National	HSIB Investigation - Maternity	2	6	0	8
National	Neonatal Death	0	2	0	2
National	Safeguarding	0	1	0	1
Total reported		14	34	3	51

*Two National reported Deaths involved patient falls and have been included as part of the Local Priority for falls learning

3.2 Of the 51 reported PSII's:

- 16 have been fully investigated and either de-escalated or approved by PSIRI panel and agreed for closure on StEIS.
- Of the 34 incidents currently under investigation
 - There are 28 investigations currently open to the ELHT Patient Safety Incident Investigation Team of these 6 are either waiting for PSIRI approval, action plans to be completed by Divisions or need minor amendments.
 - A further 8 Incidents are currently being investigated by the Healthcare Investigation Branch (HSIB) on average these take 6 months before the Trust receive the final report.

4. Never Events (reporting 2023)

4.1 Since the 1st January 2023 the Trust has reported 3 Never Events the table below provides a brief overview. A separate Never Event briefing paper has been provided to the Trust Board with further information.

Table 2: Never Events Overview

Incident type	Reported	Division	Status	Comments	Action Plan
Wrong site surgery (Nerve block) <u>Low Harm</u>	February 2023	SAS	Under investigation	The incident has been reported in StEIS as a Never Event. Round table meeting completed, and immediate learning identified regarding 'stop before you block'. PSII investigator appointed working with Division.	Investigation ongoing
Transfusion of ABO-incompatible blood components	April 2023	MEC	Under investigation	The incident has been reported on StEIS as a Never Event and has been SHOT reported. A round table has taken place. PSII investigator has been appointed.	Investigation ongoing
Wrong site surgery (injection)	April 2023	SAS	Under investigation	Clinic treatment plan for patient was for a Symphysis pubis injection. The patient was listed for hip injection (from a drop-down box as symphysis pubis injection was not in drop down box) It was	Investigation ongoing

				indicated in the comments box that symphysis pubis was to be completed. Patient consented for left hip injection and not for symphysis pubis injection, patient signed. Left hip injection given on 10 th October 2023. Error identified in follow up clinic 19/04/23	
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5. Patient Safety Responses (PSR)

5.1 All incidents that are of moderate or above harm and/or have key safety issues identified, and do not meet the national or local reporting priorities for a PSII are required to have a Patient Safety Response (PSR) completed and are managed within division. Appendix B provides a breakdown of the types of PSR investigations and numbers undertaken as of 21st April 2023.

5.2 Of the 1503 PSRs requested, 850 (57%) are for pressure ulcers.

5.3 Learning from PSRs are shared at the Divisional Patient Safety Incidents Requiring Investigation (DPSIRI) Panels and through divisional and directorate Patient Safety Groups. Any Divisional safety issues identified are either incorporated into divisional quality improvements, identified on the risk register for management or developed as safety improvement actions. Each division provides a bi-monthly report to the Lessons Learnt Group which highlights trends/themes from PSRs, safety improvements completed or currently being implemented to support the improvement in patient/staff safety.

6. PSIRI Panel Approval and Learning from Reports

6.1 During March 2023 a total of 4 PSII reports were presented at the Trusts PSIRI panel, 1 of which was not approved by the PSIRI panel. Safety Improvement action plans have been developed in line with all safety recommendations from each report. These have all been approved at PSIRI panel and action completion is monitored through Divisions and Corporate Lessons Learned group.

6.1.1 Incident resulting in death: (eIR1230198) – The report highlighted needed improvements in the escalation process at Pendle Community Hospital, including the SBAR and senior medical doctor leadership, visibility, and input.

6.1.2 Incident resulting in death: (ELR-1233838) The

report highlighted needed improvements to the awareness observations in relation to Enhanced Care Scores, postural blood pressure post fall and the clinical indications for requesting a CT and anticoagulants.

6.1.3 Two reports that were previously reviewed by the panel, were returned for approval of amendments and the improvement plan. Both of these were approved by the PSIRI panel.

7. Themes, Trends and Learning

7.1 There have been two new ELHT Patient Safety Alerts published Trust wide since the last report due to themes.

- ELHT PSA / 2023 / 001 – Changes to police response to requests for support with high-risk adults. There have been a number of examples brought to the attention of the Safeguarding Team whereby Police assistance has been requested in response to an incident with a high-risk patient and this has been refused. The alert provides an overview of the changes made 'Right Care Right Person' and actions that staff need to undertake.
- ELHT PSA / 2023 / 002 – The implementation of the learning disability standard operating procedure across ELHT. A number of incidents have highlighted the lack of staff knowledge of the NHS National Improvement Standards, the alert provides key information and actions for all health professionals who provide services to people who have a learning disability or autism.

7.2 The 3rd Patient Safety Bulletin has been published across the Trust and includes information:

- On Three Never Events reported since the start of 2023, providing an overview of the incidents and reminder to staff regarding the importance of safety checks before carrying out key procedures.
- Changes in response to request for support with high risk adults
- Findings of two Patient Safety Incident Investigation reports
 - Communication of DNACPR with patients and their families
 - Inappropriate transfer / handover of patient from ED

8. Local Priorities Learning and Quality Improvement Update

- 8.1 Reducing 104-day cancer breaches – due to the way in which patient harm is currently recorded, it has been extremely difficult to identify incidences leading to patient moderate harm and above. Therefore, the PSII Team are currently undertaking a cluster review of 6 individual cases picked at random.
- 8.2 Nil by mouth (NBM) in vulnerable adults – one investigation completed and three investigations currently on going or waiting approval by Divisions and PSIRI panel. Findings highlighted that the communication care plan did not indicate the patients' individual needs or how staff were supporting the patient to communicate their needs. Lack of understanding and knowledge of staff with patients with Learning Disabilities. Staff must initiate a plan for nutritional intake for patients who are nil by mouth at the earliest opportunity and number of days. NMB should be added to ward round documentation. Quality Improvement currently working with key staff to develop improvement programme.
- 8.3 DNACPR – one investigation has been completed. These have been difficult to identify from incident reporting, areas of learning have been highlighted in a recent audit which data is being used to support QI work. Investigation highlighted the need to review the guidance and process for management of the red bag system to ensure that staff are aware of their roles and responsibilities in relation to the information contained within them. Poor communication with families/carers. Quality Improvement currently working with key staff to develop improvement programme.
- 8.4 Falls, fractured neck of femurs (#NOF) - one investigation completed and one investigation on-going. There are another 3 cases reported under Death, which involve falls. These take the total number to 5 x falls. Themes / Learning highlighted regarding lack of medical completion of post falls checklist. Training compliance, level of observation the patient receives is determined and documented in line with the Enhanced Care Risk Assessment. Quality Improvement currently working with key staff to develop improvement programme.
- 8.5 ED, Inappropriate transfers / handovers to internal wards/teams across all acute and peripheral sites - two investigations completed and one investigation on-going. One transfer and handover, also involves a patient fall as part of the investigation. These have highlighted poor verbal and written communication on

handover/transfer. Quality Improvement currently working with key staff to develop improvement programme.

9. Mandatory National Patient Safety Syllabus Training Modules

9.1 On 27th February 2023, the National patient safety syllabus training modules 1a, 1b and 2 became mandatory for staff across ELHT. The Trust has seen a positive uptake of the training, figures shown in chart below.

9.2 Staff roles determine which level(s) they need to complete but all staff must complete level 1a. The target is for 95% of staff to have completed training by the end of March 2024.

Table 3: Patient Safety Syllabus Training (as of 1st May 2023)

Patient Safety Training Modules	% of staff completed training
Patient Safety Level 1a – all staff	58.6%
Patient Safety Level 1b – Boards and senior leadership	37.9%
Patient Safety Level 2 – Essential to role	50.6%

10. Maternity specific serious incident reporting in line with Ockenden recommendations

10.1 Following recommendations from the Ockenden review, the Trust is required to report on the number of Maternity specific serious incidents reported on StEIS and the status of the open investigations. Since March 2020 50 maternity related incidents have been reported on StEIS of which:

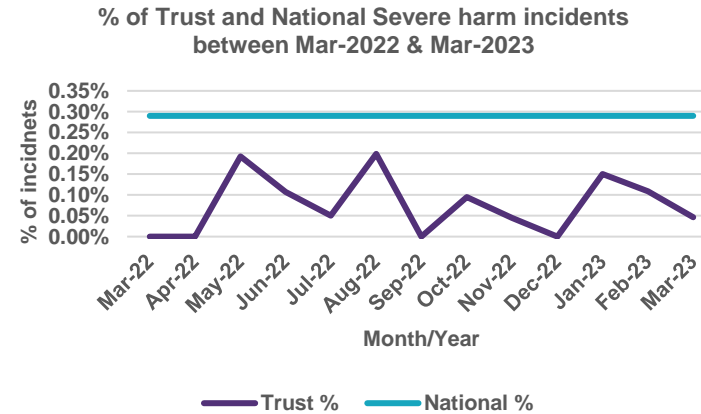
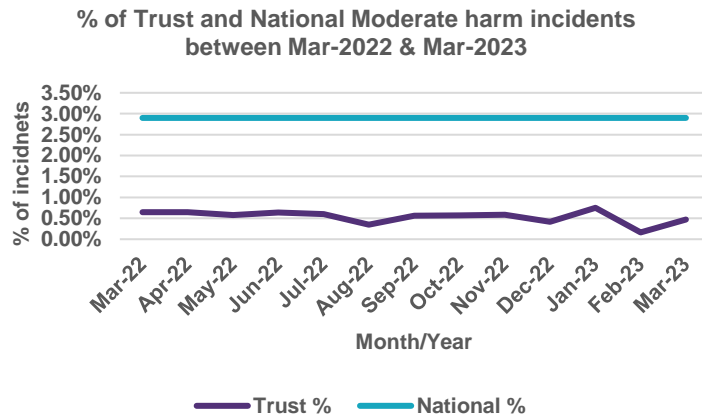
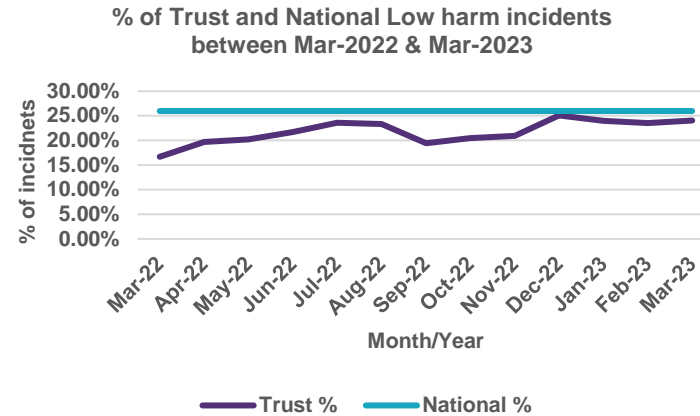
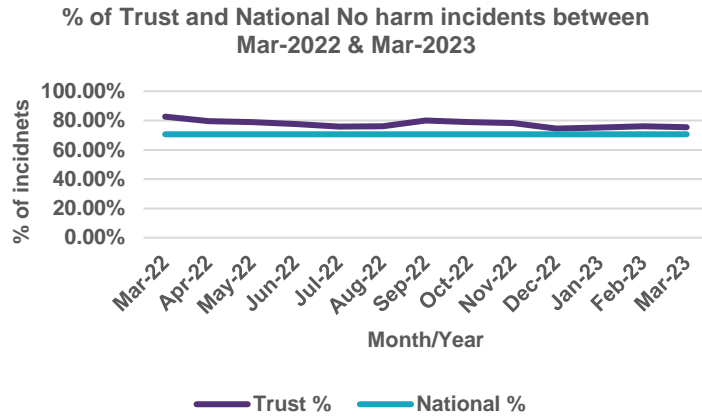
- 24 have been closed by the ICB with learning
- 15 have been agreed for de-escalation from StEIS by the ICB as no lapses in care identified.
- 7 are currently being investigated by HSIB
- 4 are currently under investigation by the Trust

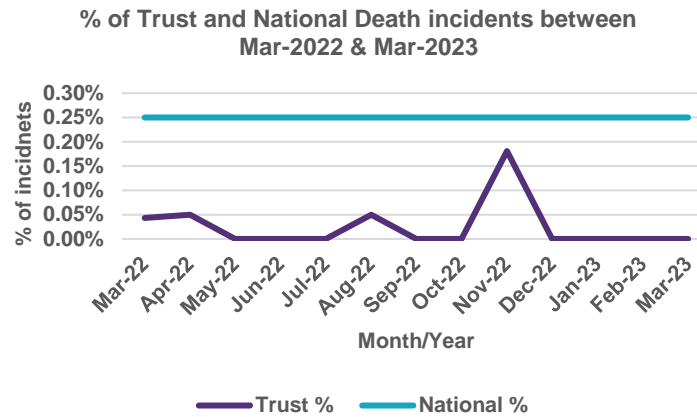
10.2 There is no quarterly PMRT update from Family Care Division, the next update is due in the June Trust Board report.

Jacquetta Hardacre, Assistant Director of Patient Safety and Effectiveness

Lewis Wilkinson, Incident and Policy Manager

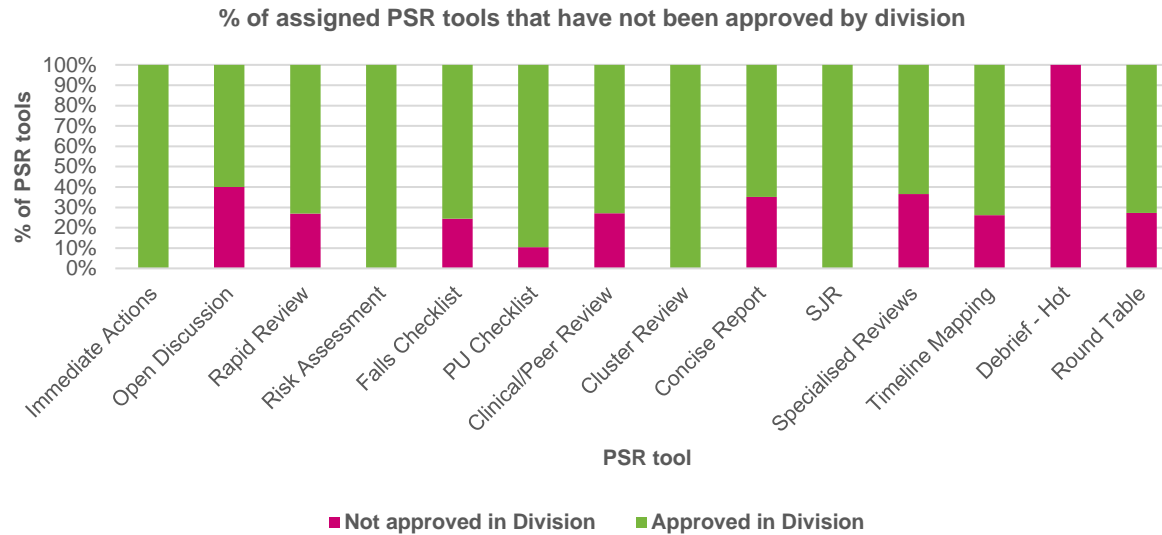
Appendix A: ELHT Incidents by Level or harm Vs National Average



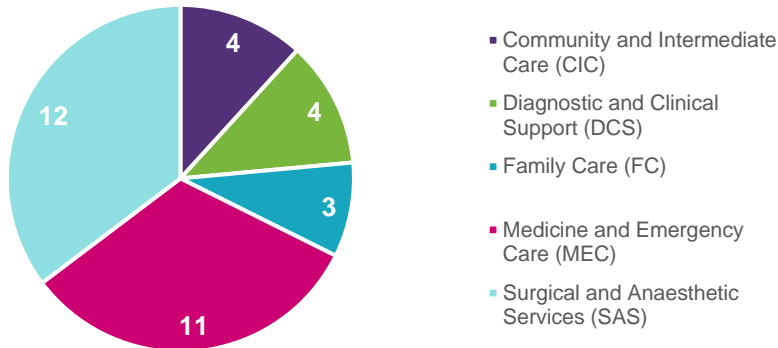


Appendix B: Patient Safety Response Overview

Safe | Personal | Effective



PSRs awaiting to be assigned by division



No. of PSRs	
Investigation tool	No.
Immediate actions	1
Open discussion	5
Rapid review	227
Risk assessment	1
Falls checklist	41
Pressure checklist	850
Clinical/Peer review	74
Cluster review	13
Concise report	114
SJR	1
Specialised reviews	96
Timeline mapping	23
Debrief - Hot	1
Round table	22
Awaiting to be assigned	34
Total	1503

Of the 1503 PSRs requested, 850 (57%) are for Pressure Ulcers

TRUST BOARD REPORT

10 May 2023

Item **64**

Purpose Information
Assurance

Title Integrated Performance Report

Executive sponsor Mrs S Gilligan, Chief Operating Officer

Summary: This paper presents the corporate performance data at March 2023

Recommendation: Members are requested to note the attached report for assurance

Report linkages

Related Trust Goal

Deliver safe, high-quality care
Secure COVID recovery and resilience
Compassionate and inclusive culture
Improve health and tackle inequalities in our community
Healthy, diverse and highly motivated people
Drive sustainability

Related to key risks
identified on assurance
framework

1. The partnership arrangements across the Integrated Care System (ICS) for Lancashire and South Cumbria, including the Provider Collaboration Board and the Place-based partnership for Pennine Lancashire do not deliver the anticipated benefits resulting in improved health and wellbeing for our communities.
2. The Trust is unable to deliver on safe, personal and effective care in line with the requirements of the NHS Constitution and relevant legislation, and Patient Charter.
3. The Trust fails to meet the required statutory requirements and compliance associated with health and safety legislation and is therefore subject to formal legal action via regulatory bodies such as Health and Safety Executive.
4. The Trust cannot fulfil the requirements of the NHS Constitution, relevant legislation, Patient Charter and the recommendations of the Lancashire and South Cumbria ICS Health Equalities Commission in relation to reducing health inequalities.
5. The volume of activity that the Trust is able to deliver is insufficient to achieve the required targets and eradicate backlogs.
6. The Trust is unable to see, treat and discharge/admit/transfer patients within the prescribed timeframes due to:
 - the volume and complexity of their needs
 - the unavailability of alternative consistent services in the

community

- lack of workforce (links to BAF 5b)
 - lack of flow within the organisation
7. Failure to develop a compassionate inclusive, wellbeing and improvement focused culture will impede our ability to attract and retain the right workforce.
 8. Recruitment, retention and workforce planning/redesign fail to deliver the Trust objectives and strategies (including the Clinical Strategy).
 9. The Trust is unable to achieve a recurrent sustainable financial position. The Trust fails to align its strategy to the wider system and deliver the additional benefits that working within the wider system should bring.
 10. The Trust fails to deliver the strategic objectives set out in its NHS Green Plan.
 11. The Trust's transition towards increased digitisation of records and communication disrupts the current clinical and operational service delivery to such a degree that it increases the risk of harm to patients. The reliance on digital systems also increases the impact upon the services should the Trust be subject to a Cyber-attack or significant infrastructure failure.
 12. The Trust's Improvement Practice and Management System (including strategy deployment framework and associated key delivery and improvement programmes) do not sufficiently build improvement capability and support delivery on agreed outcomes.

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

Board of Directors, Update

Corporate Report

Executive Overview Summary

Positive News

- The annual total for post 2 day E.coli bacteraemia is 131, below trajectory (135). 15 bacteraemia were detected in month.
- The annual total for Klebsiellas is 34, below trajectory (52). 3 cases were detected in month.
- The Cancer 28 day faster diagnosis standard was achieved in February at 79.6%.
- There were 0 RTT >78wks at the end of March 23, achieving the year end target.
- Average fill rates for registered nurses/midwives and care staff remain above threshold, although continue to be extremely challenging due to Covid and influenza impacting on sickness.
- Friends & family scores remain above threshold for inpatients, outpatients and community.
- The overall Trust performance from the range of patient experience surveys was above the threshold of 90% for all of the 4 competencies.
- There were 71 Delayed discharges at the end of March, below trajectory (79).
- There were 44 operations cancelled on the day (non-clinical). This continues to be below baseline.

Areas of Challenge

- There was 1 Steis reportable incident in March.
- There were 6 healthcare associated clostridium difficile infections detected in month, with the annual total at 65 vs 54 trajectory.
- There was 1 reportable case of P.aeruginosa identified in March. The annual total is 13 vs 7 trajectory
- Friends & family scores in A&E and maternity are below threshold.
- The Hospital Standardised Mortality Ratio (HSMR) remains 'above expected levels'.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in March at 74.7%.















- There were 676 breaches of the 12 hour trolley wait standard (37 mental health and 639 physical health).
- There were 298 ambulance handovers > 30 minutes and 7 > 60 minutes. Following validation, all 7 were due to non-compliance with the handover screen.
- Performance against the cancer 62 day standard remains below threshold in February at 56.2%.
- There were 15 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 9.8% in March.
- In March, the Referral to Treatment (RTT) number of total ongoing pathways has increased on last month to 51,405, and the number over 40 weeks has increased to 4,372.
- In March, there were 1140 breaches of the RTT >52 weeks standard.
- Length of stay - non-elective continues to be above baseline, however is in quartile 2 (lowest 50%) nationally (Model Health data)
- In March, there was 1 breach of the 28 day standard for operations cancelled on the day.
- Sickness rates are above threshold at 5.9%
- The Trust vacancy rate is above threshold at 6.1%
- Compliance against the Appraisal (AFC staff) remains below threshold. Appraisals were on hold until March 21.
- Compliance against the Information Governance Toolkit remains below the 95% target at 91%.
- Temporary costs as % of total pay bill remains above threshold at 13%.
- The Trust is reporting a draft adjusted surplus of £23,000 for the 2022-23 financial year in line with the breakeven position in the financial plan.


















No Change

- The Summary Hospital-level Mortality Indicator (SHMI) has remained as expected at 1.07.
- The complaints rate remains below threshold and is showing no significant variation.
- The trust turnover rate is at 6.6% in March and remains below threshold.
- Venous Thromboembolism (VTE) risk assessment performance remains above threshold.
- The emergency readmission rate is showing no change to baseline.
- CQUIN schemes have been reintroduced for 2022/23, though for CCGs the CQUIN value will be included in block payments with no adjustment based on achievement levels.

Introduction

This report presents an update on the performance for March 2023 and follows the NHS Oversight Framework. The narrative provides details on specific indicators under the five areas; Safe, Caring, Effective, Responsive, Well Led

Safe					
	Indicator	Target	Actual	Variation	Assurance
M64	Clostridium difficile (C.diff) - 'Hospital onset healthcare associated (HOHA)'	n/a	3		No target set to provide assurance against
M64.3	Clostridium difficile (C.diff) - 'Community onset healthcare associated (COHA)'	n/a	3		
M64.4	Clostridium difficile (C.diff) Cumulative from April (HOHA& COHA)	54	55		
M65	MRSA	0	0		
M124	E-Coli (HOHA)	n/a	6		
M155	P. aeruginosa bacteraemia (HOHA)	n/a	0		
M157	Klebsiella species bacteraemia (HOHA)	n/a	1		
M66	Never Event Incidence	0	0		
M67	Medication errors causing serious harm (Steis reported date)	0	0		
M68	Maternal deaths	0	0		
M64.2	C Diff per 100,000 Occupied Bed Days (HOHA)	No Threshold Set	10.1		
M69	Serious Incidents (Steis)	No Threshold Set	1		
M70	Central Alerting System (CAS) Alerts - non compliance	0	0		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	99%		

Caring					
	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	97%		
C31	NHS England Inpatients response rate from Friends and Family Test	No Threshold Set	35%		
C40	Maternity Friends and Family - % who would recommend	90%	90%		
C42	A&E Friends and Family - % who would recommend	90%	73%		
C32	NHS England A&E response rate from Friends and Family Test	No Threshold Set	6%		
C44	Community Friends and Family - % who would recommend	90%	95%		
C38.5	Outpatient Friends and Family - % who would recommend	90%	94%		
C15	Complaints – rate per 1000 contacts	0.40	0.28		
M52	Mixed Sex Breaches	0	0		
Effective					
	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.07		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Dec-22)	Within Expected Levels	111.2		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Dec-22)	Within Expected Levels	109.1		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Dec-22)	Within Expected Levels	117.5		
M73	Deaths in Low Risk Conditions (as at Dec-22)	Within Expected Levels	N/A		
M159	Stillbirths	<5	2		
M160	Stillbirths - Improvements in care that impacted on the outcome	No Threshold Set	n/a		
M89	CQUIN schemes at risk	CQUIN schemes have been reintroduced for 2022/23			

Responsive					
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	73.5%		
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	74.7%		
M62	12 hour trolley waits in A&E	0	676		
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	298		
M84	Handovers > 60 mins (Arrival to handover)	0	7		
C1	Referral to Treatment (RTT) admitted: percentage within 18 weeks	No Threshold Set	43.1%		
C3	Referral to Treatment (RTT) non admitted pathways: percentage within 18 weeks	No Threshold Set	68.3%		
C4.1	Referral to Treatment (RTT) waiting times Incomplete pathways Total	36,240	51,405		
C4.2	Referral to Treatment (RTT) waiting times Incomplete pathways -over 40 wks	No Threshold Set	4372		
C37.1	Referral to Treatment (RTT) 52 Weeks (Ongoing)	434	1140		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	9.8%		
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	56.2%		
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	58.3%		
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	91.7%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	98.6%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	79.5%		
C36	Cancer 62 Day Consultant Upgrade	85.0%	69.8%		
C25.1	Cancer - Patients treated > day 104	0	15.0		
C47	Cancer - % Waiting over 62 day (Urgent GP Referral)	N/A	9.50%		
C46	Cancer - 28 Day faster diagnosis standard	75.0%	79.6%		
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	1		
M138	No.Canceled operations on day	No Threshold Set	44		
M55	Proportion of delayed discharges attributable to the NHS	New reporting in development			
C16	Emergency re admissions within 30 days	No Threshold Set	12.7%		
M90	Average length of stay elective (excl daycase)	No Threshold Set	3.7		
M91	Average length of stay non-elective	No Threshold Set	5.5		

Well Led					
	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	6.6%		
M78	Trust level total sickness rate	4.5%	5.9%		
M79	Total Trust vacancy rate	5.0%	6.1%		
M80.3	Appraisal (Agenda for Change Staff)	90.0%	77.0%		
M80.35	Appraisal (Consultant)	90.0%	98.0%		
M80.4	Appraisal (Other Medical)	90.0%	99.0%		
M80.2	Safeguarding Children	90.0%	94.0%		
M80.21	Information Governance Toolkit Compliance	95.0%	91.0%		
F8	Temporary costs as % of total payroll	4%	13.0%		
F9	Overtime as % of total payroll	0%	0%		
F1	Variance to H1 financial performance surplus / (deficit) (£m)	£0.0	£0.0		
F2	Variance to H1 Waste Reduction Programme (WRP) achieved (£m)	£0.0	(£0.0)		
F3	Liquidity days	-12.4	-12.50		
F4	Capital spend v plan	85.0%	98.0%		
F18a	Capital service capacity	1.4	1.5		
F19a	H1 Income & Expenditure margin	0.0%	0.0%		
F21b	Variance to agency ceiling (in millions) *	£0.0	-£7.1		
F12	Better Payment Practice Code (BPPC) Non NHS No of Invoices	95.0%	93.6%		
F13	Better Payment Practice Code (BPPC) Non NHS Value of Invoices	95.0%	97.3%		
F14	Better Payment Practice Code (BPPC) NHS No of Invoices	95.0%	96.5%		
F15	Better Payment Practice Code (BPPC) NHS Value of Invoices	95.0%	99.0%		

NB: Finance Metrics are reported year to date.

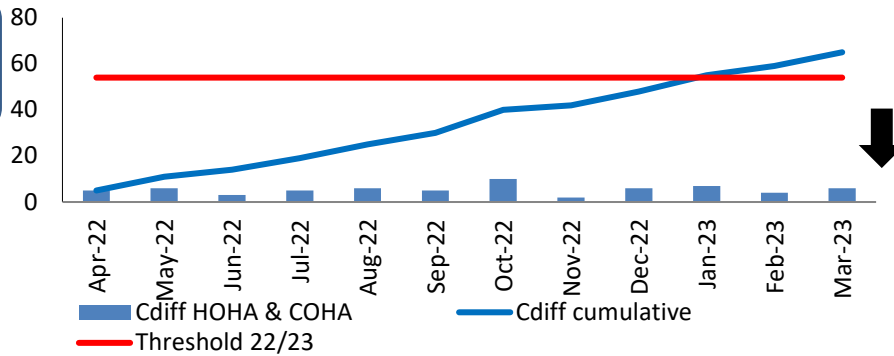
KEY

Variation			Assurance		
Special cause concerning variation	Special cause improving variation	Common cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target

SPC Control Limits

The data period used to calculate the SPC control limits is Apr 18 - Mar 20.

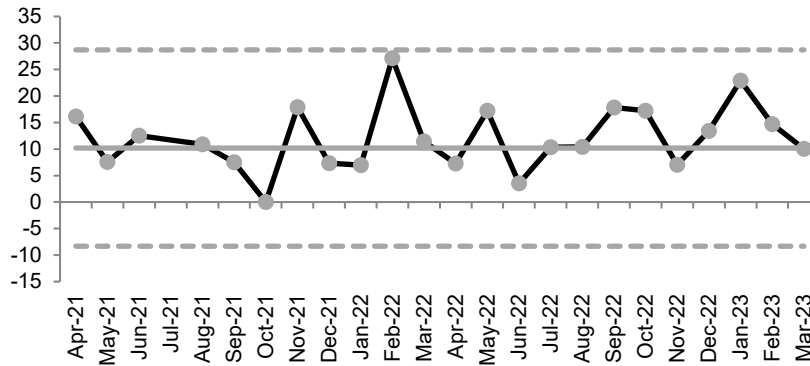
C Difficile (HOHA & COHA)



There were no post 2 day MRSA infection reported in March. So far this year there has been 1 case attributed to the Trust.

The Clostridium difficile objective for 2022/23 is to have no more than 54 cases of 'Hospital onset healthcare associated (HOHA)' / 'Community onset healthcare associated (COHA)'. The final figure for cases reported in 2021/22 was 57.

C Diff per 100,000 Occupied Bed Days (HOHA)

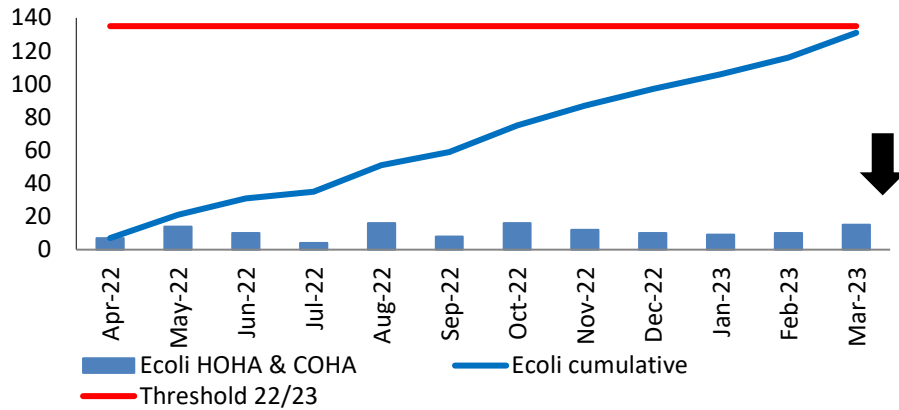


There were 6 healthcare associated Clostridium difficile toxin positive isolates identified in the laboratory in February; 3 HOHA and 3 COHA .

The year to date cumulative figure is 65 (HOHA & COHA). The detailed infection control report will be reviewed through the Quality Committee.

The rate of HOHA infection per 100,000 bed days is still within the normal range in March.

E. Coli (HOHA & COHA)



The Government initiative to reduce Gram-negative bloodstream infections by 50% by 2021 has been revised and now is to deliver a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

This year's trajectory for reduction of E.coli is 135 HOHA & COHA.

There were 15 reportable cases of E.coli bacteraemia identified in March; 6 HOHA and 9 COHA, which brings the annual total to 131 vs 135 trajectory.

From April 2017, NHS Trusts must report cases of bloodstream infections due to Klebsiella species and Pseudomonas aeruginosa to Public Health England.

From 21/22 a trajectory was introduced for Klebsiella and Pseudomonas. The Trust should have no more than 7 cases for Pseudomonas and 52 cases this year for Klebsiella.

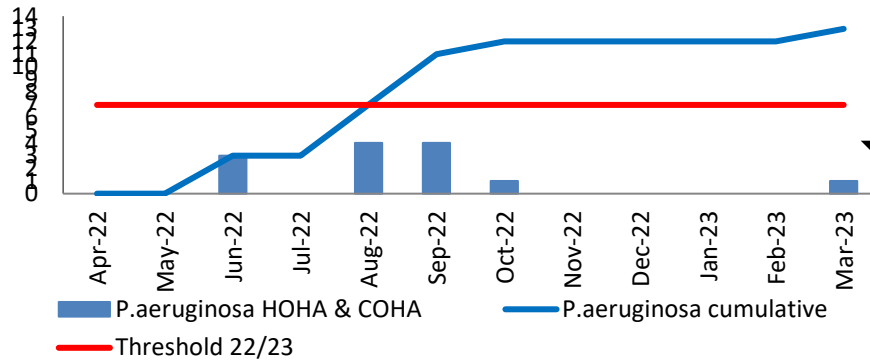
There was 1 reportable case of Pseudomonas identified in March, which brings the year total to 13.

There were 3 reportable cases of Klebsiella identified in March; 1 HOHA and 2 COHA. This brings the year total to 34.

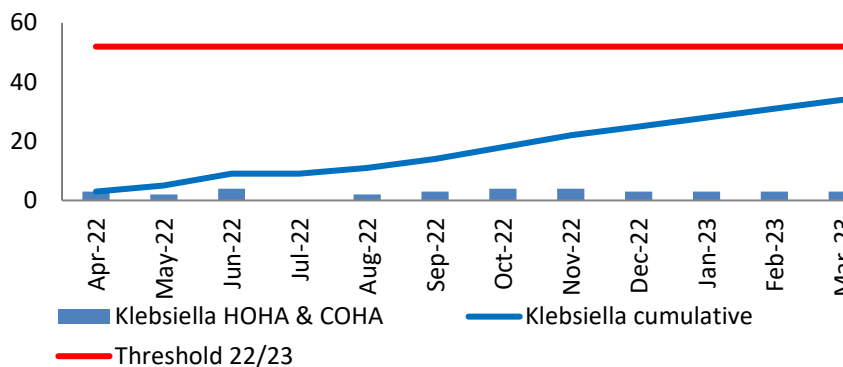
Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

The work on catheter care, prevention of line infections, sepsis and improving hydration will help prevent healthcare associated bloodstream infections.

P.aeruginosa

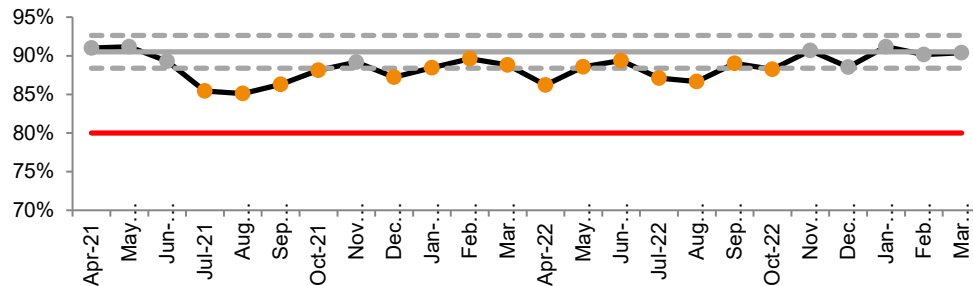


Klebsiella



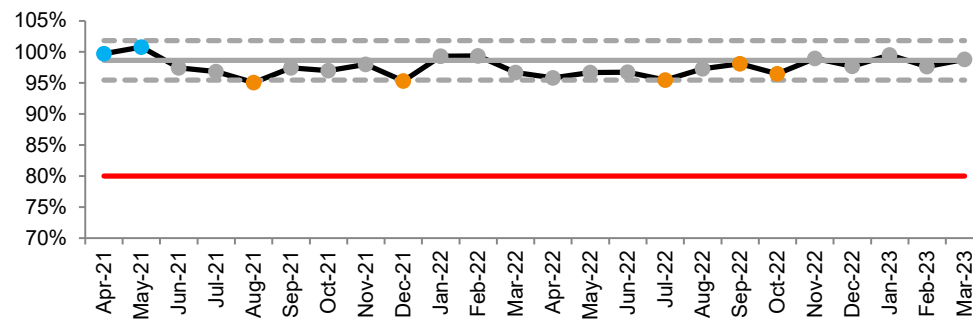
NB: Mar - May 20 figures were not collected due to COVID 19, so are estimated here for purposes of calculating the Statistical Process Control (SPC) limits

Registered Nurses/
Midwives - Day



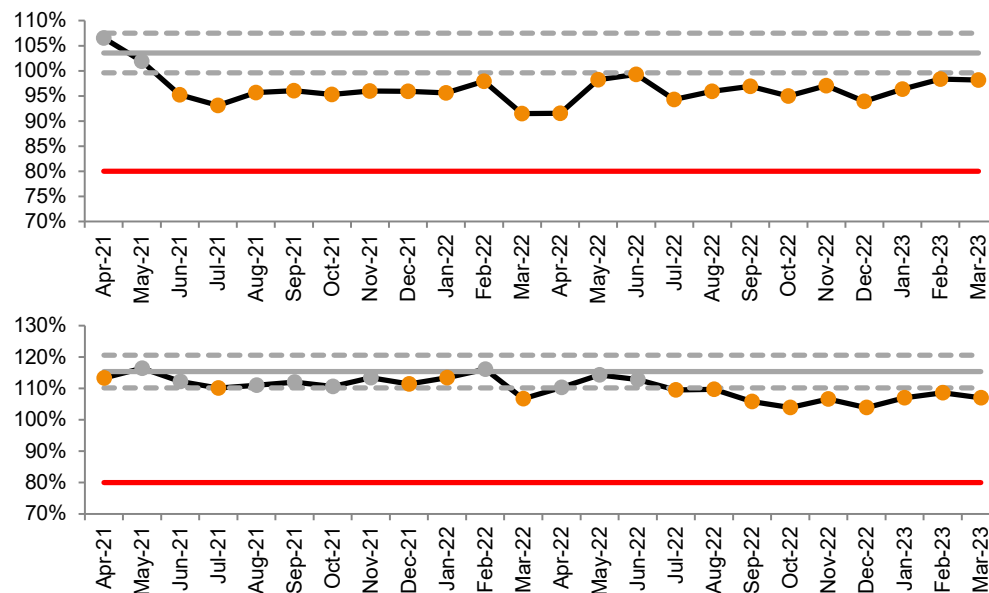
The average fill rate for registered nurses/ midwives during the day has returned to previous levels and based on current variation will consistently be above threshold.

Registered Nurses/
Midwives - Night



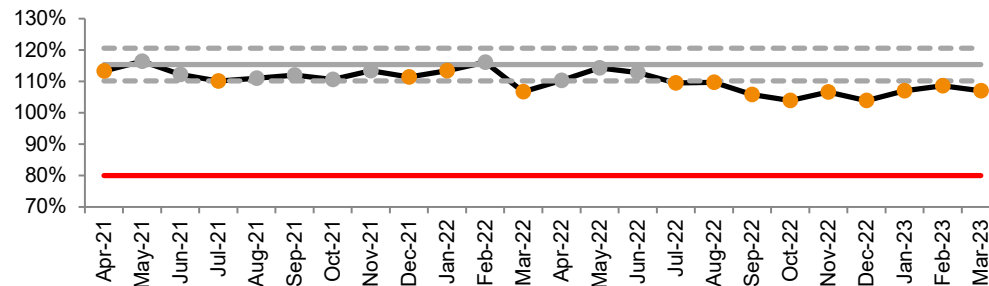
The average fill rate for registered nurses/ midwives at night is showing a return to previous levels, however based on current variation will consistently be above threshold.

Care Staff - Day



The average fill rate for care staff during the day continues to be below previous levels, however based on current variation will consistently be above the threshold.

Care Staff - Night



The average fill rate for care staff at night remains above threshold, however is showing a reduction on previous levels. Based on current variation will consistently be above threshold.

Staffing in March 2023 has remained a challenge, Covid and influenza is still impacting on staff sickness and pressures due to last minute sickness.

The already established vacancies, maternity leave, and effect of acuity is also impacting on staffing. Lots of cross cover between wards, the movement of staff to support crowding in the Emergency Department and the high use of bank and agency staffing continues. The constant movement of staff to cover other areas continues to have an effect on staff morale.

In March 2023, 0 areas fell below the 80% for Registered Nurses/Midwives for the day shifts. This is 2 less than the previous month.

It should be noted that actual and planned staffing does not denote acuity, dependency, the number of women in labour or bed occupancy. The divisions consistently risk assess and flex staffing resources to support staffing. Every option is explored throughout the day and night to support staffing.

SAFE

Latest Month - Average Fill Rate

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night		Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Day		Night	
Month	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	registered nurses/ midwives	care staff
Mar-23	90.4%	98.2%	98.8%	107.0%	29,788	8.67	0	1	0	1

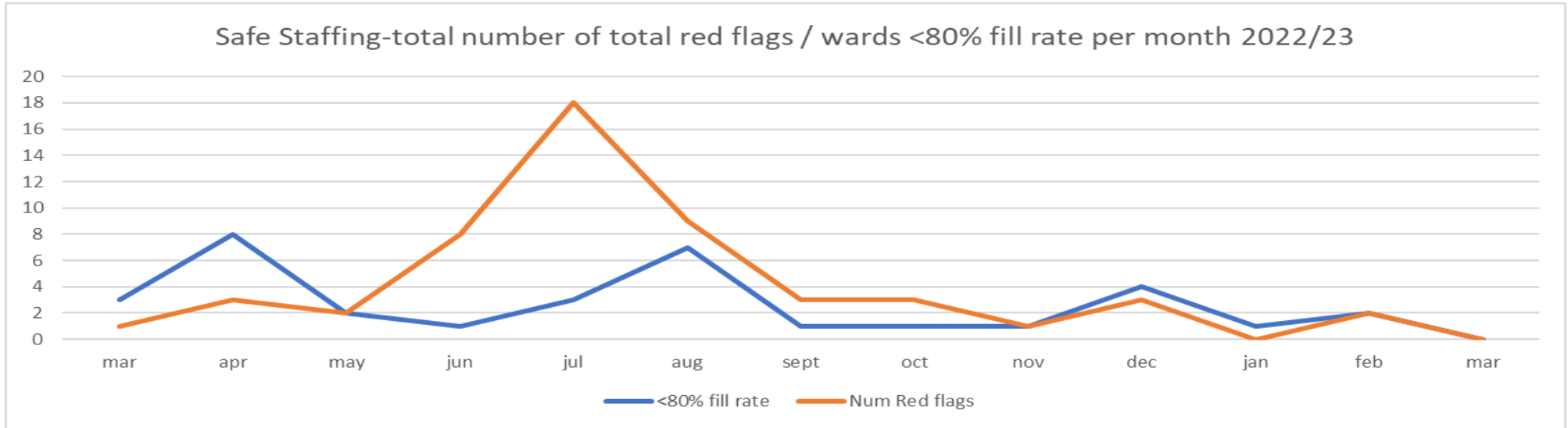
Monthly Trend

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night				Day		Night	
	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Sum of Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)
Mar-22	88.8%	91.5%	96.7%	106.7%	26,267	9.18	3	3	0	1
Apr-22	86.2%	91.5%	95.8%	110.3%	27,446	8.48	8	5	1	0
May-22	88.5%	98.2%	96.7%	114.3%	29,023	8.57	2	0	1	1
Jun-22	89.4%	99.3%	96.7%	112.9%	29,023	8.57	1	1	2	0
Jul-22	87.1%	94.3%	95.5%	109.5%	29,057	8.26	3	1	2	1
Aug-22	86.6%	95.9%	97.3%	109.7%	28,829	8.54	7	1	0	0
Sep-22	89.0%	96.9%	98.1%	105.8%	28,059	8.67	1	0	0	1
Oct-22	88.2%	95.0%	96.5%	103.9%	28,989	8.52	1	1	1	2
Nov-22	90.7%	97.0%	98.9%	106.6%	28,374	8.65	1	1	1	1
Dec-22	88.5%	93.9%	97.7%	103.9%	29,786	8.44	4	5	0	0
Jan-23	97.1%	136.0%	100.0%	102.2%	30,546	8.49	1	0	0	0
Feb-23	90.1%	98.3%	97.6%	108.6%	27,193	8.62	2	1	0	0
Mar-23	90.4%	98.2%	98.8%	107.0%	29,788	8.67	0	1	0	1

National Nursing Red Flags

On reviewing Datix in March 2023 there were 0 red flags in reported. This is 2 less than last month.

The graph below demonstrates the total number of reported **Nursing and Midwifery** Red Flags and numbers of areas <80% fill rate per month in



Anecdotally staff resilience is low, they are tired, and some remain affected by the pandemic against a backdrop of high acuity, usage of a high proportion of agency staff, junior skill mix, and the constant moving of staff to support other areas. Staff are working extremely hard and are doing a remarkable job. Staffing the wards safely and supporting staff remains the highest of priority. Through the senior nursing teams, discussion has taken place particularly in relation to ensuring rest breaks are provided and supported with encouragement to the staff to report inability to take breaks to the matron and or clinical site manager.

Actions taken to mitigate risk

- Safe staffing conference at 10:00 am followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours, utilising the acuity and dependency tool (Safe Care)
- Extra health care assistant shifts are used to support registered nurse gaps if available
- A Legacy Nurse (NHSE funded post) to support newly qualified nurses and improve attrition has been recruited to.

- Recruitment Strategy, this continues as an internal QI project, with regular monthly meetings monitoring progress. Improvements to the ELHT recruitment webpage have been made with notable increase in visits and time spent on the website.
- The first Nursing Recruitment Strategy Workshop has taken place with plans to host more across the nursing workforce.
- Nurse recruitment lead continues to work closely with divisions demonstrating recruitment data dashboard to enable and empower divisions to proactively manage recruitment
- A review of the Nursing Associate workforce has commenced, this will include competencies and development and will highlight opportunities to develop the NA workforce.
- Between January 2021 and March 2022, we will have recruited 122 international nurses.
- For Apr 2022 – Dec 2022 the target of recruiting 71 nurses was achieved.
- The Recruitment Lead Nurse is working closely with ward managers and recruitment to place the international nurses appropriately.
- A 2023 ELHT strategy to recruit 244 (20 per month) International Nurses over 12 months commencing in April has been agreed. The first cohort of 20 arriving in April. The Recruitment Lead Nurse is working closely with ward managers and recruitment to place the international nurses appropriately.
- ELHT has agreed to recruit 8 international midwives. 2 have passed their OSCEs and working as qualified midwives. 2 more arrived in Feb 2023 and are awaiting OSCE results. 1 arrived in March and will sit their OSCE exam soon and 3 more will arrive before December 2023

Family Care Staffing Summary – March 2023

On reviewing Datix in March 2023 there were no National Midwifery Red Flags reported

Maternity (Midwife to Birth Ratio)

Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Staffed to full Establishment	01:28	01:27	01:27	01:27	01:28	01:27	01:28	01:28	01:27	01:27	1:26:98	1:27:31
Excluding mat leave	01:29	01:29	01:28	01:27	01:28	01:27	01:29	01:27	01:27	01:27	01:27	1:27:88
Maternity leave	-	-	-	-	-	-	-	-	-	-	5.16	4.52
With gaps filled through ELHT Midwife staff bank	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage
Per week	14.79	15.8	14.87	23.90	16.1	20.75	30.56	21.74	17.99	25.73	25.73	25.71
Midwifery vacancies (Maternity VRS) -11wte	-	-	-	-	-	-	-	-	-	-	25 wte (14) 11 mat VRs to recruit	26 wte (15) 11 VRs for mat

Maternity- March bank filled hours filled 25.71 wte.

The Birth-rate Plus acuity 'app' is in use since 13th February on Central Birth Suite and Birth Centres. The app, is similar to the adult inpatient safer staffing tool, aiding safe staffing numbers based on mothers and babies' acuity and dependency. The app is working well and there are plans to roll out across other maternity areas once the staff are trained. Training for staff is booked for July

Safe midwifery staffing levels also continue to be reviewed with the appropriate risk assessments throughout the day at each safety huddle (plus additional staffing/ leadership huddles most days in periods of extreme staffing pressures to mitigate throughout maternity services; midwives were redeployed to other areas to support acuity and activity as and when required. Local midwifery red flags noted at each handover.

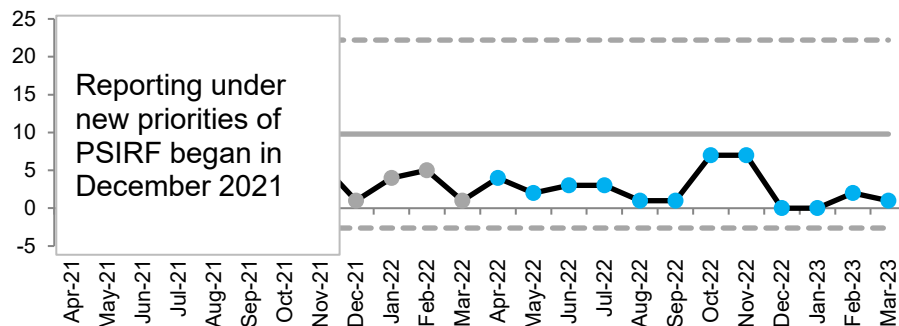
Daily and weekend staffing plans are summarised with a further review of skillset and experience for each midwife/ Maternity support worker prior to redeployed all plans these are all available on share point.

Neonatology – No exceptions/staffing reviews continue to be part of the daily maternity safety huddles. Enhanced bank rate to continue until end of May.

Paediatrics – No exceptions

Gynaecology – No exceptions

Serious Incidents



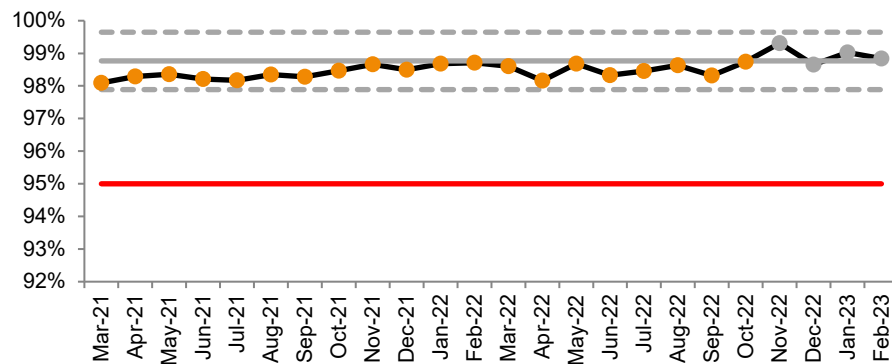
There were no never events reported in March.

One incident meeting a national or local priority and whereby a patient safety incident investigation (PSII) is underway, have been reported onto STEIS in March. The Trust started reporting under these priorities on 1st December 2021.

A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Trust Board and Quality Committee.

PSIRF Category	No. Incidents
Child Death	1

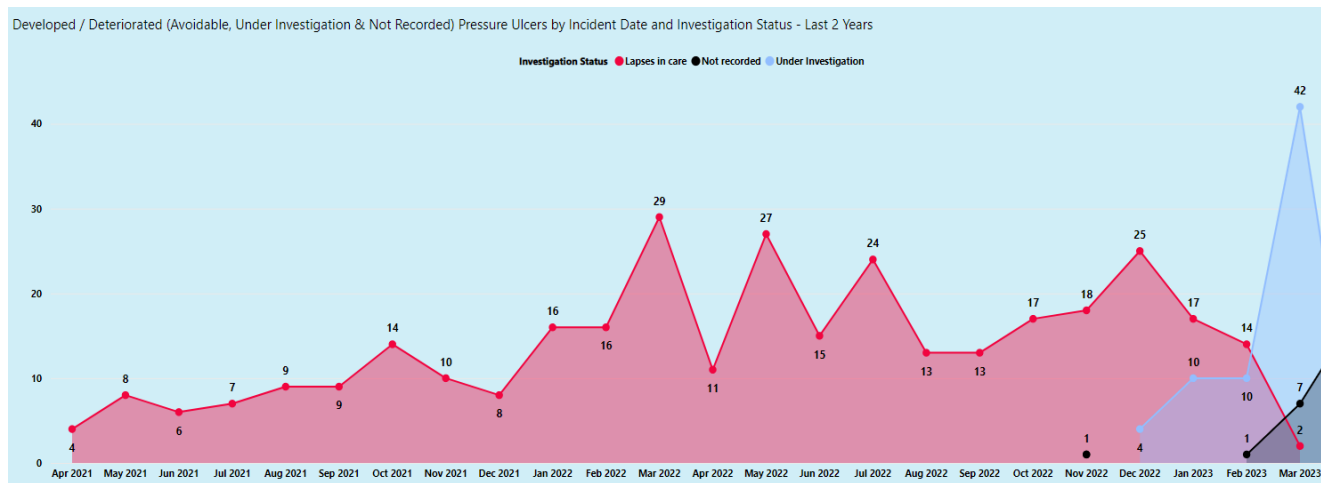
VTE assessment



The Venous Thromboembolism (VTE) assessment trend has returned to baseline levels, however is still above the threshold.

Pressure Ulcers

For March we are reporting the current unvalidated pressure ulcer position, pending investigation, as follows:



Category of pressure ulcer	Total Number Lapses in Care		
	2020/21	2021/2022	2022/2023 (Apr - Mar)
2	32	44	68
3	14	14	4
4	0	3	9
Deep Tissue Damage	9	53	83
Unstageable	15	25	30

Pressure ulcers remain a concern associated with lapses in care. Whilst there has been an increase in category 4 associated with unstageable pressure damage, we have seen a decrease in category 3.

Themes identified are; incomplete risk assessments, lack of adherence to policy, junior skill mix and record keeping

To address this, QI support has been requested to embed the proposed changes.

We continue to work with our North West colleagues to establish a benchmarking position.

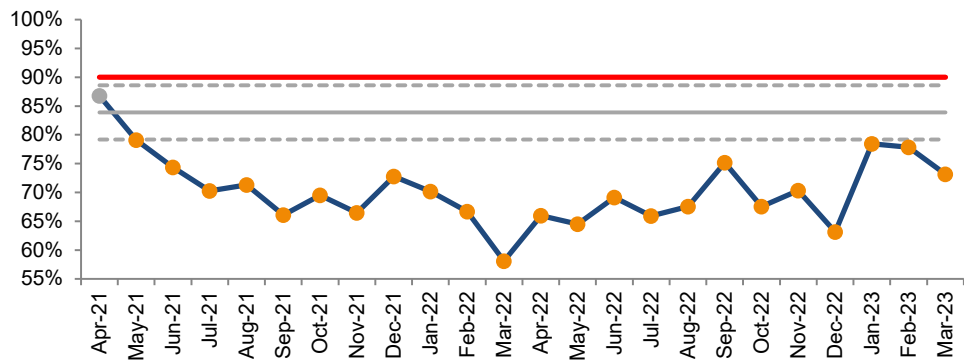
There is a consultation nationally on the reporting and monitoring of pressure damage. It is anticipated that only 4 categories of pressure damage will be used (category 1-4).

An update will be provided to Board once the consultation is complete.

The Friends & Family Test (FFT) question – “Overall how was your experience of our service” is being used to collect feedback via SMS texting and online via links on the Trust’s website.

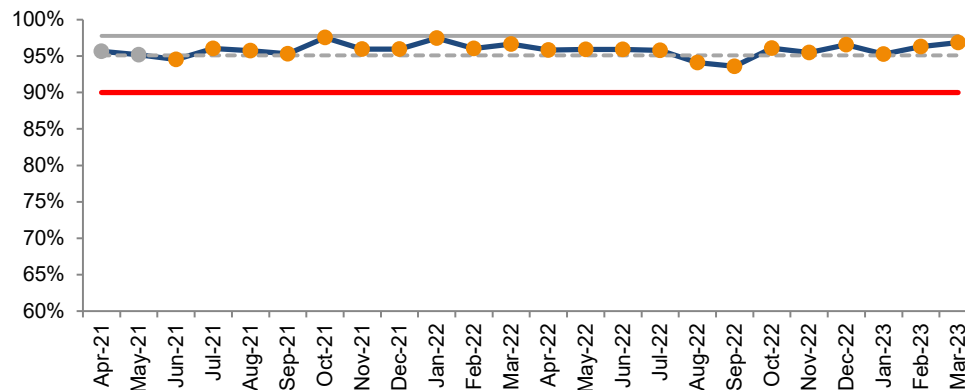
Baseline period for SPC comparison is Apr 18 - Mar 20

Friends & Family A&E



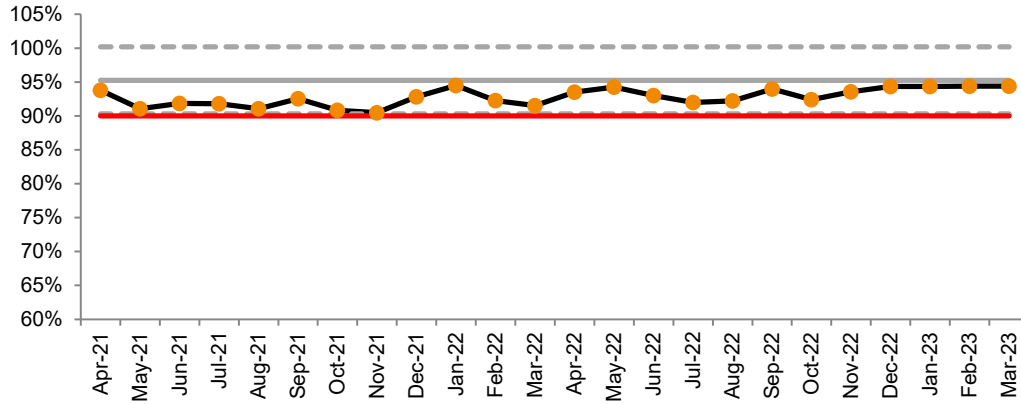
A&E scores are showing a significant deterioration from the baseline (Apr 18 - Mar 20) Based on current variation this indicator is not capable of hitting the target routinely.

Friends & Family Inpatient



Current performance is above target but is showing significant deterioration from the pre-covid baseline, however based on recent performance will consistently be above threshold.

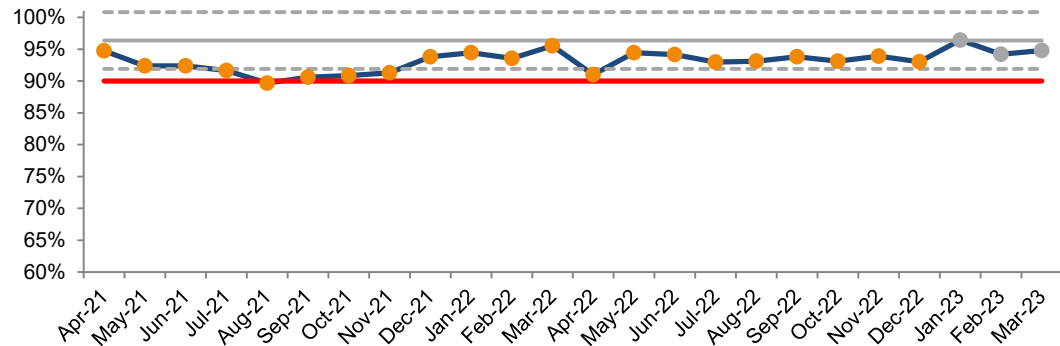
Friends & Family Outpatients



Outpatient scores continue to be above target, however remain below the pre-covid baseline.

Based on current variation this indicator should consistently hit the target.

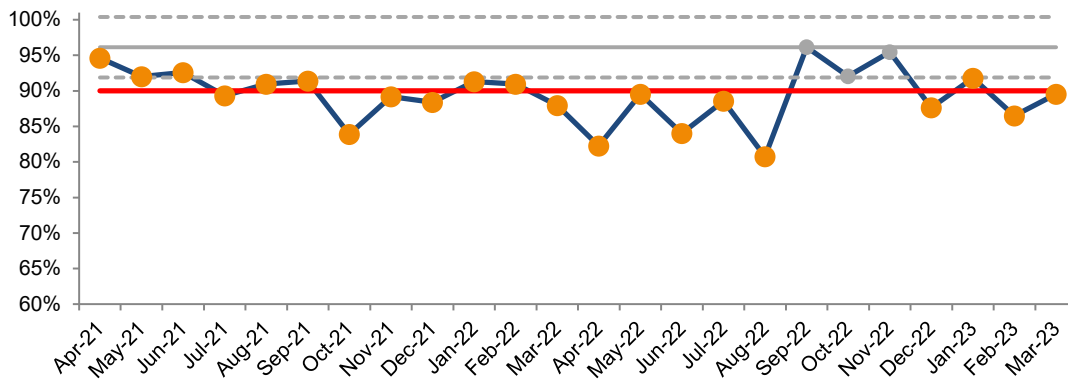
Friends & Family Community



Community scores are above target and are within the normal range when compared with pre-covid levels.

Based on normal variation this indicator should consistently hit the target.

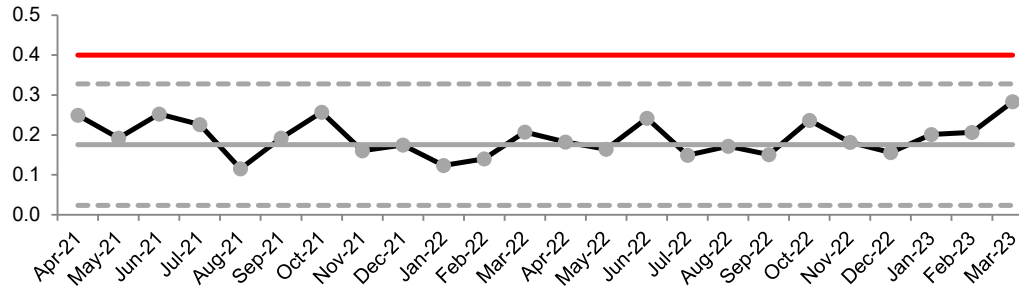
Friends & Family Maternity



Maternity scores are below target this month and are showing deterioration compared to the pre-covid baseline.

Based on normal variation this indicator would consistently hit the target.

Complaints per 1000 contacts



The Trust opened 36 new formal complaints in March.

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.

For March the number of complaints received was 0.28 Per 1,000 patient contacts.

The trend is showing usual variation and based on variation will consistently achieve the target.

The table demonstrates divisional performance from the range of patient experience surveys in March 2023.

The threshold is a positive score of 90% or above for each of the 4 competencies.

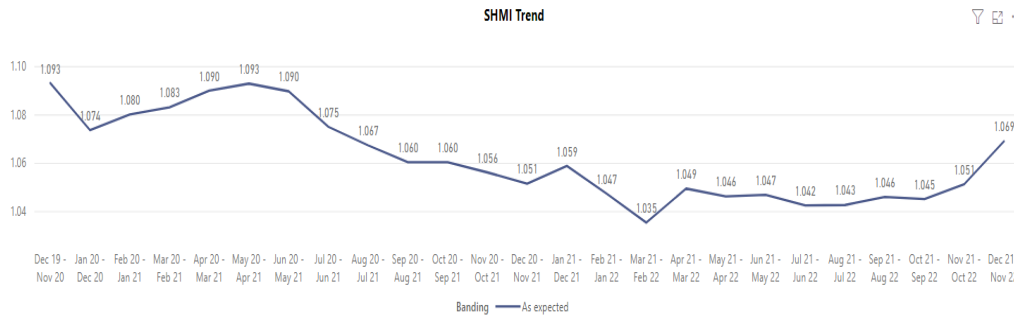
The overall Trust performance from the range of patient experience surveys was above the threshold of 90% for all of the 4 competencies.

Divisions are encouraged to review survey feedback to identify areas for improvement.

Patient Experience

Type	Division	Dignity Average Score	Information Average Score	Involvement Average Score	Quality Average Score	Overall Average Score
Antenatal	Family Care	100	100	100	96.88	98.72
Community	Community and Intermediate Care Services	93.68	92.02	92.7	95.41	93.34
Community	Diagnostic and Clinical Support	100	97.64	100	-	98.58
Community	Family Care	100	100	100	99	99.44
Community	Surgery	99.26	97.93	-	-	98.31
Delivery	Family Care	100	-	100	100	100
ED_UC	Medicine and Emergency Care	85.71	55.83	54.17	70.31	61.04
Inpatients	Community and Intermediate Care Services	88.76	81.78	86.79	87.28	86.18
Inpatients	Diagnostic and Clinical Support	100	72.22	77.78	-	78.89
Inpatients	Family Care	93.09	90.79	92.31	90.91	91.94
Inpatients	Medicine and Emergency Care	87.95	73.55	78.51	81.62	79.39
Inpatients	Surgery	94.49	85.34	89.92	88.11	89.59
OPD	Diagnostic and Clinical Support	98.22	99.18	97.34	96.48	98.3
OPD	Family Care	97.83	93	92.13	91.75	93.44
OPD	Medicine and Emergency Care	97.74	96.55	96.65	97.21	96.98
OPD	Surgery	100	93.04	94.8	99.6	96.6
Other	Surgery	70	91.67	83.33	66.67	79.41
Postnatal	Family Care	100	92.86	100	100	98.15
SDCU	Family Care	93.33	94.64	93.75	92.65	93.7
Total		94.67	90.71	90.44	92.83	91.94

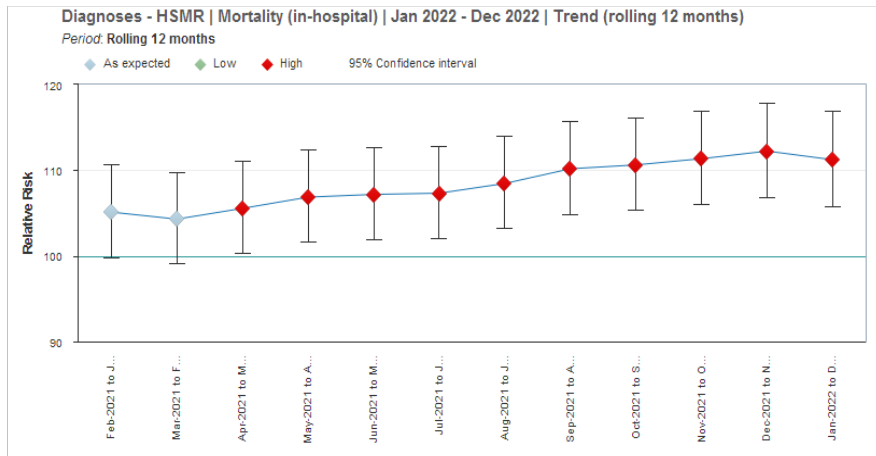
SHMI Published Trend



Dr Foster HSMR rolling 12 month

	HSMR Rebased on latest month Jan 22 – Dec 22
	ALL
TOTAL	111.2
Weekday	109.1
Weekend	117.5
Deaths in Low Risk Diagnosis Groups	Not Available

Dr. Foster HSMR monthly trend



The latest Trust Summary Hospital-level Mortality Indicator (SHMI) value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period Dec 21 to Nov 22 has remained within expected levels at 1.07, as published in April 23.

The latest indicative 12 month rolling Hospital Standardised Mortality Ratio (HSMR), (Jan 22 – Dec 22) has decreased from last month but remains 'above expected levels' at 111.2 against the monthly rebased risk model.

The benchmark model has been adjusted this month to account for data up to Sep 22, meaning risk scores are adjusted for changes seen during the pandemic.

There are currently six HSMR diagnostic groups with a significantly high relative risk score: Pneumonia, Congestive heart failure nonhypertensive, COPD, Aspiration pneumonitis, Urinary tract infections and Secondary malignancies.

Septicemia (except in labour) and Secondary Malignancies are also currently alerting on the nationally monitored SHMI groups.

These are being investigated through the mortality steering group and each have a nominated clinical lead and associated action plan.

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.

Structured Judgement Review Summary

Stage 1	Month of Death																		TOTAL
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr 20 - Mar 21	Apr 21 - Mar 22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Deaths requiring SJR (Stage 1)	47	212	250	262	214	163	14	10	13	14	20	13	29	23	19	25	18	11	209
Allocated for review	47	212	250	262	214	163	14	10	13	14	20	13	29	23	19	25	18	11	209
SJR Complete	46	212	250	262	214	162	14	10	13	14	20	13	28	23	11	7	8	0	161
1 - Very Poor Care	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
2 - Poor Care	8	19	22	34	35	22	4	1	2	3	4	2	9	5	2	0	0	0	32
3 - Adequate Care	14	68	70	70	65	49	3	4	3	6	9	4	9	7	1	1	7	0	54
4 - Good Care	20	106	133	129	103	78	6	5	7	5	6	7	10	11	8	6	1	0	72
5 - Excellent Care	3	18	25	29	10	12	1	0	1	0	1	0	0	0	0	0	0	0	3
Stage 2																			
Deaths requiring SJR (Stage 2)	9	20	22	34	36	23	4	1	2	3	4	2	9	5	2	0	0	0	32
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	4	1	1	0	0	0	0	0	0	0	2	1	0	0	0	3
Allocated for review	6	18	21	30	35	22	4	1	2	3	4	2	9	3	1	0	0	0	29
SJR-2 Complete	6	18	21	30	35	22	4	1	2	3	4	2	9	2	1	0	0	0	28
1 - Very Poor Care	1	1	1	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1
2 - Poor Care	3	6	7	13	13	10	2	1	1	2	1	1	6	2	1	0	0	0	17
3 - Adequate Care	2	10	13	13	21	10	1	0	0	1	2	1	3	0	0	0	0	0	8
4 - Good Care	0	1	0	2	1	1	0	0	1	0	1	0	0	0	0	0	0	0	2
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr 20 - Mar 21	Apr 21 - Mar 22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
stage 1 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stage 1 requiring completion	1	0	0	0	0	1	0	0	0	0	0	0	1	0	8	18	10	11	48
Stage 1 Backlog	1	0	0	0	0	1	0	0	0	0	0	0	1	0	8	18	10	11	48
stage 2 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stage 2 requiring completion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	4	10
Stage 2 Backlog	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3	4	10

The new structured judgement review process was launched at the beginning of December 2017 for deaths meeting specified criteria. A team of reviewers have been trained on how to complete SJR's and are now undertaking the monthly reviews.

The table shows a breakdown of SJR's completed and the scores allocated. Any death allocated a SJR score of 1 or 2 will have a stage 2 SJR completed.

The stage 2 SJR reviewer will determine whether or not any lapses in care may have contributed to the death and if so a SIRI and RCA will be triggered.

The NHS Long Term Plan made a commitment to continue learning from deaths (LeDeR) and to improve the health and wellbeing of people with a learning disability and autism.

The LeDeR programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability and autism and to reduce health inequalities. By finding out more about why people died we can understand what needs to be changed to make a difference to people's lives.

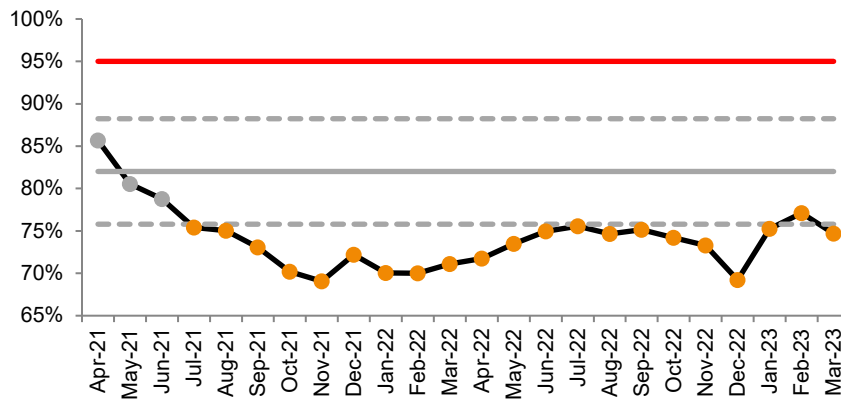
ELHT contribute to this process by notifying NHS England of all the deaths of people with a learning disability or autism. Following the notification of death a structured judgement review is completed and recommendation and actions for learning are shared within the organisation at the Lessons learnt groups and with the LeDeR programme. Thematic cause of death is also reported annually to NHS England's national standards.

This year there have been 34 deaths reported to LeDeR.

Commissioning for Quality and Innovation (CQUIN)

CQUIN schemes have been reintroduced for 2022/23, though for CCGs the CQUIN value will be included in block payments with the intention that no adjustment will be made based on achievement levels. For Specialised Commissioning the CQUIN value is also included in block payments, though Specialised Commissioners have indicated that financial adjustment will be made based on achievement levels. Both positions are subject to change until contracts are finalised, with discussions ongoing at an ICS level.

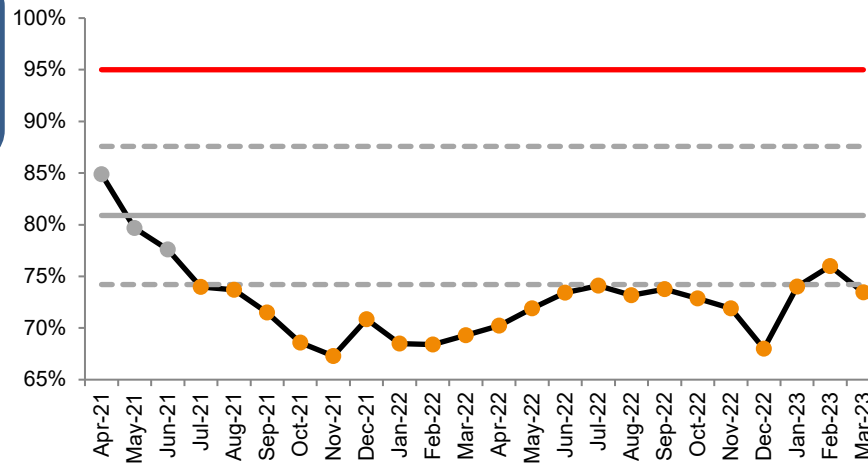
A&E 4 hour standard % performance - Pennine



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 74.68% in March, which is below the 95% threshold.

The trend continues to show a deterioration on previous performance and based on current variation is not capable of hitting the target routinely.

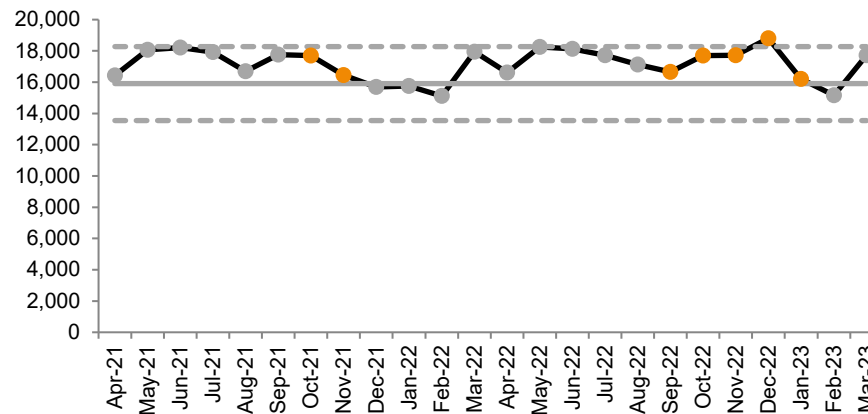
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 73.46% in March.

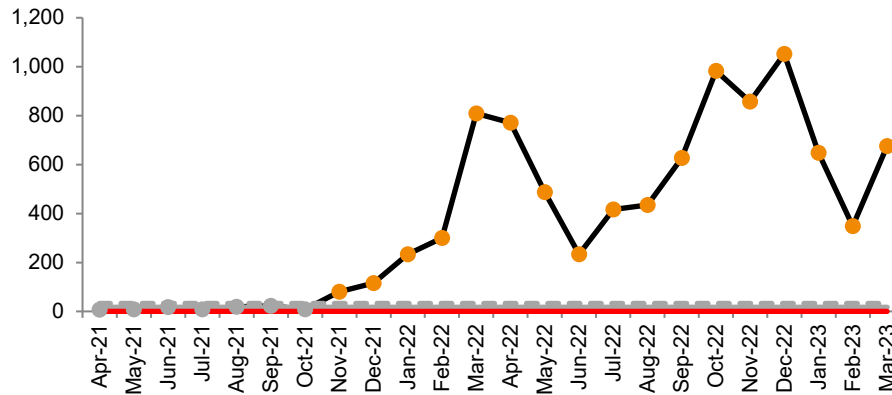
The national performance was 71.5% in March (All types) with 0 of the 110 reporting trusts with type 1 departments achieving the 95% standard.

A&E Attendances - Trust



The number of attendances during March was 17,710, which is within the normal range when compared to baseline.

12 Hr Trolley Waits

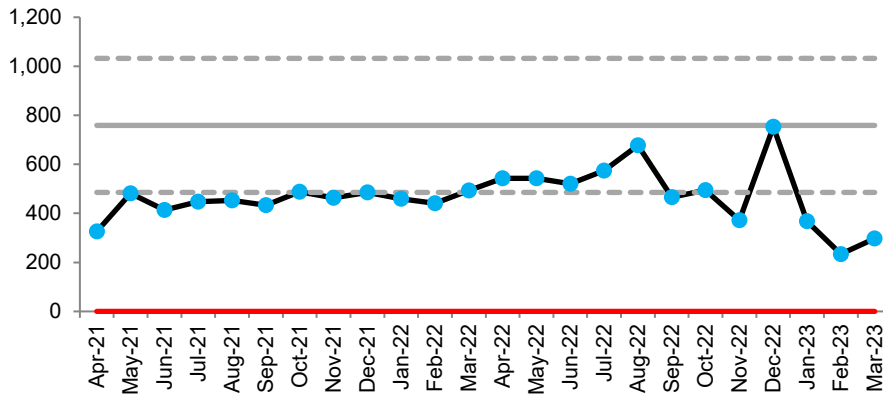


There were 676 reported breaches of the 12 hour trolley wait standard from decision to admit during March, which is higher than the normal range. 37 were mental health breaches and 639 were physical health.

Rapid review timelines are completed in accordance with the NHS England Framework for all breaches and a root cause analysis will be undertaken.

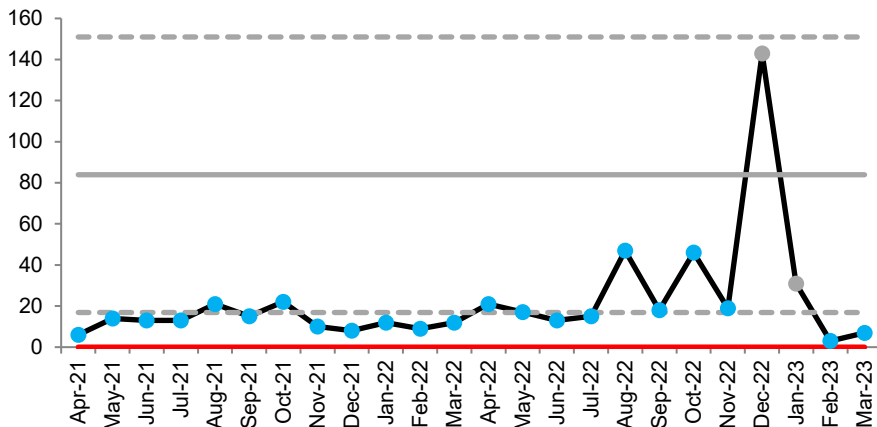
	Mental Health	Physical Health
No. 12 Hr Trolley Waits	37	639
Average Wait from Decision to Admit	40hr 08 min	17hr 43 min
Longest Wait from Decision to Admit	139hr 48 min	42hr 14 min

Ambulance Handovers - >30Minutes



There were 298 ambulance handovers > 30 minutes in March. The trend is still showing significant improvement from the pre-covid baseline levels, but based on current variation is not capable of hitting the target routinely.

Ambulance Handovers - >60 Minutes



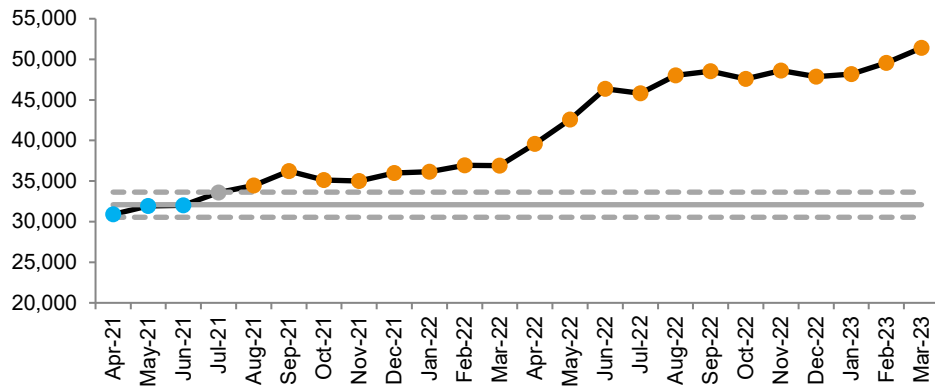
There were 7 ambulance handovers > 60 minutes in March, which continues to demonstrate a significant improvement from the pre-covid baseline. Following validation, all 7 were due to non-compliance with the handover screen.

The average handover time was 20 minutes in March and the longest handover was 3hr 7 minutes, due to HAS non-compliance.

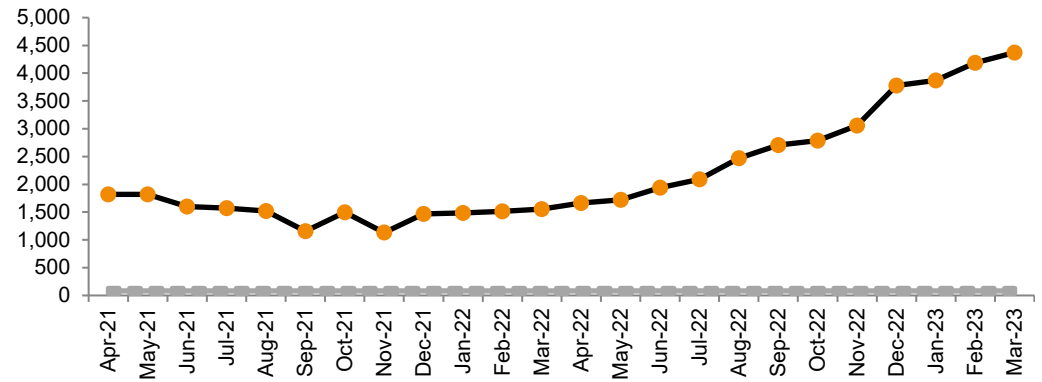
At the end of March, there were 51,405 ongoing pathways, which has increased on last month and is above pre-COVID levels.

The number of pathways over 40wks increased in March with 4372 patients waiting over 40 wks at month end. There were 1140 patients waiting over 52 weeks at the end of March which has increased on last month and is above trajectory. There were no patients waiting over 78 weeks which is an achievement of trajectory. No patients were waiting over 104 weeks.

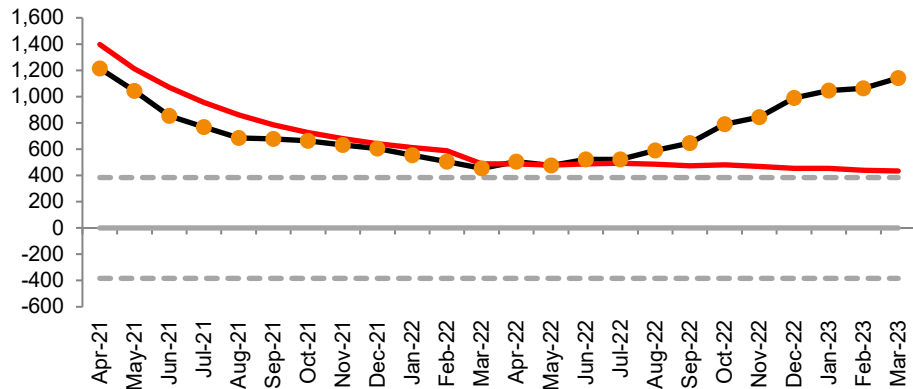
Referral to Treatment (RTT) Total Ongoing



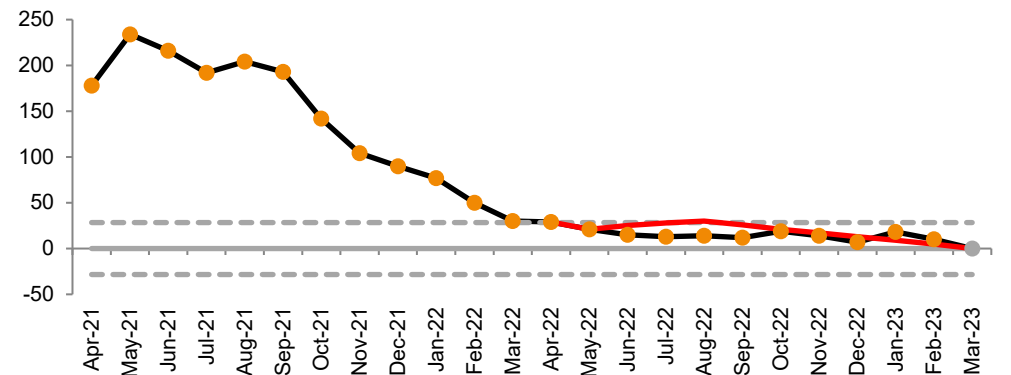
RTT Total Over 40 wks



RTT Total Over 52 wks

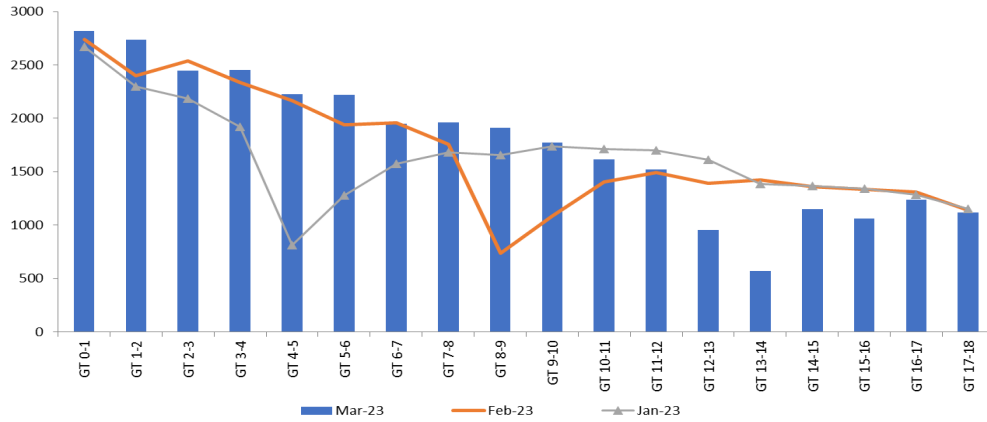


RTT Total Over 78 wks

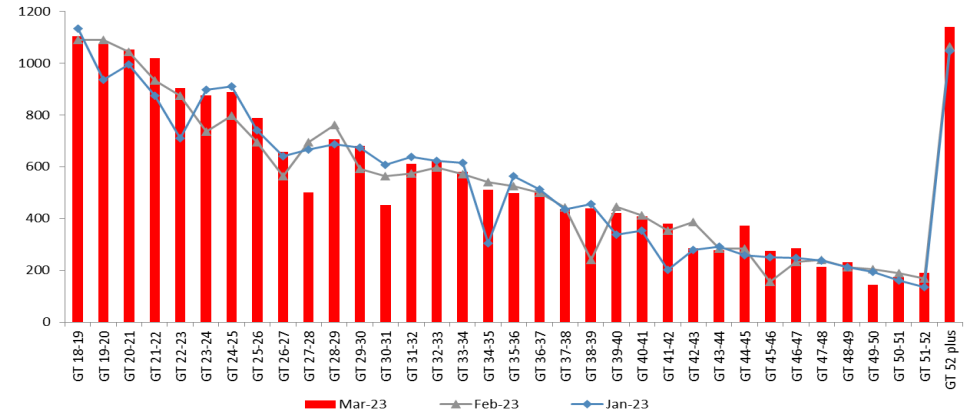


The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

RTT Ongoing 0-18 Weeks

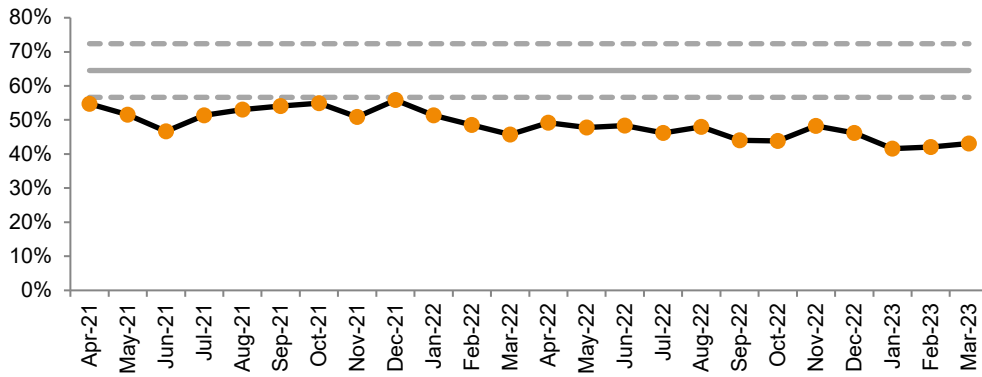


RTT Over 18 weeks

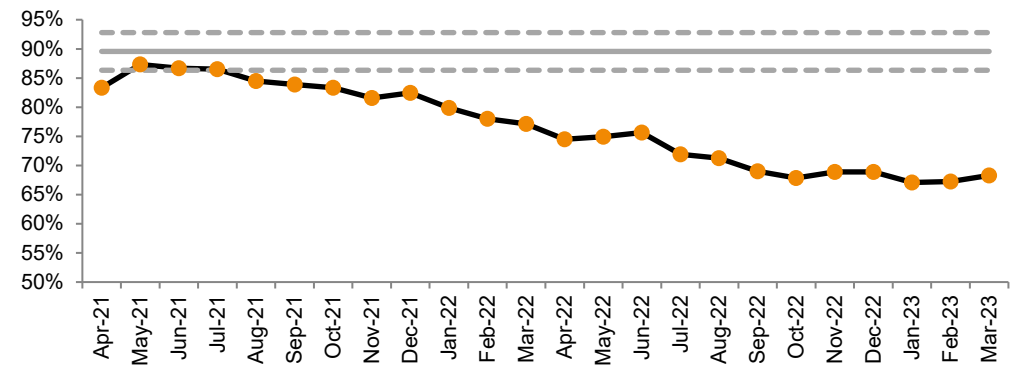


Although no longer a national target, the proportion of admitted and non-admitted patients, admitted within 18 weeks is included for information.

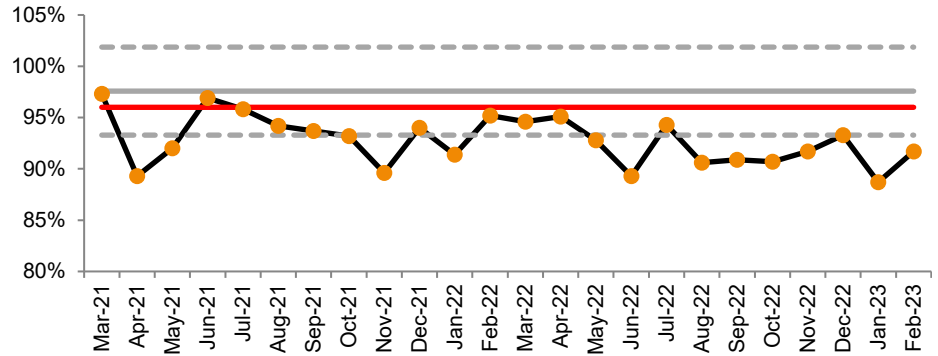
RTT Admitted



RTT Non-Admitted



Cancer 31 day



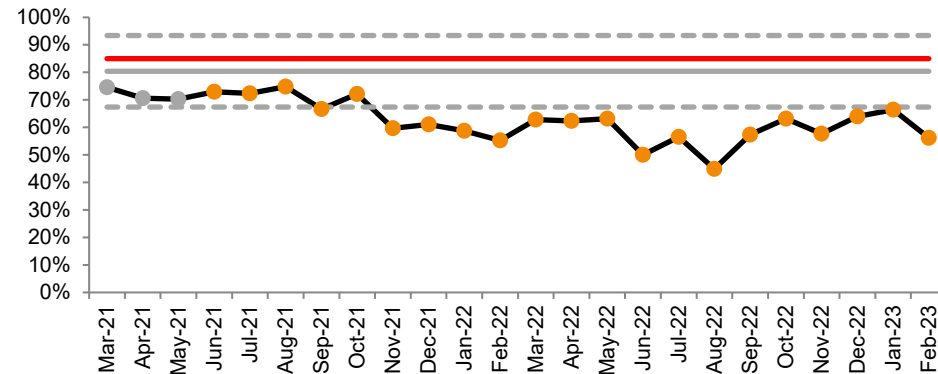
The 31 day standard was not achieved in February at 91.7%, below the 96% threshold.

National position - 88.5% (January)

Q3 was not achieved at 91.9%

The trend is showing deteriorating performance and based on current variation, the indicator is at risk of not meeting the standard.

Cancer 62 Day



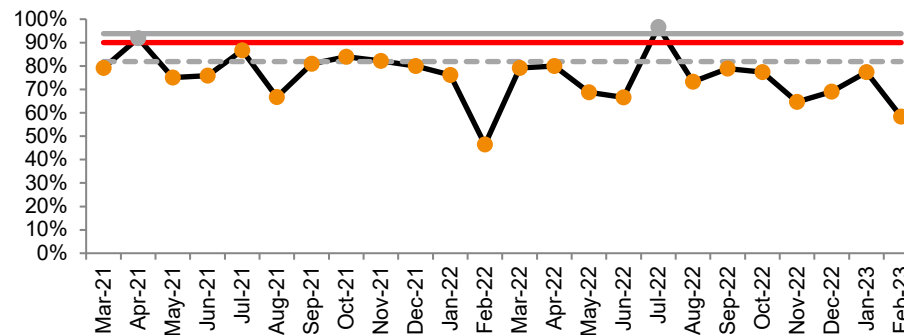
The 62 day cancer standard was not achieved in February at 56.2% below the 85% threshold.

National position - 54.4% (January)

Q3 was not achieved at 65.4%

The trend is showing deteriorating performance and based on the current variation, the indicator remains at risk of not meeting the standard.

Cancer 62 Day Screening



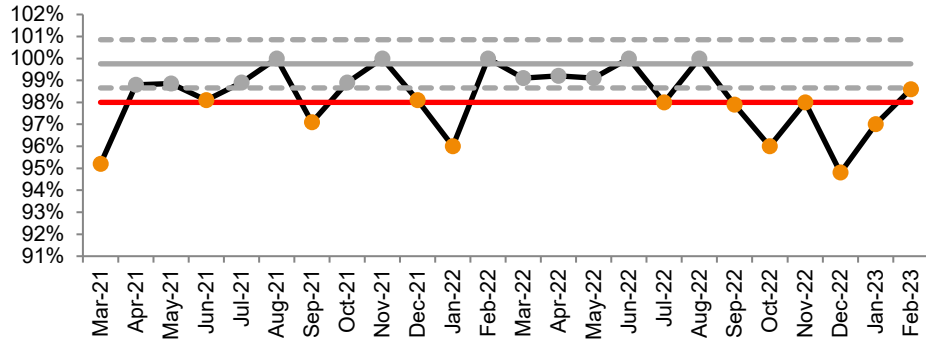
The 62 day screening standard was not achieved in February at 58.3%, below the 90% threshold.

National position - 63.4% (January)

Q3 was not achieved at 72.4%

The trend is showing deteriorating performance and based on the current variation, the indicator remains at risk of not meeting the standard.

Cancer - Subsequent treatment within 31 days (Drug)

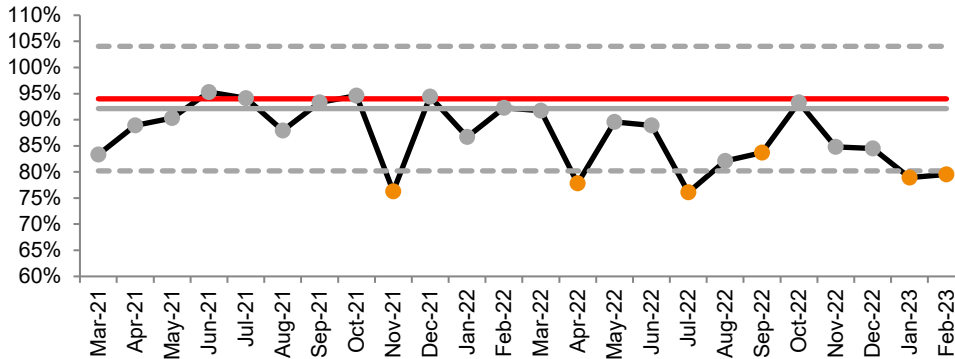


The subsequent treatment - drug standard was above target in February at 98.6%

Q3 was not achieved at 96.3%

The trend is showing a significant deterioration, however based on the normal variation, the indicator should consistently achieve the standard.

Cancer - Subsequent treatment within 31 days (Surgery)

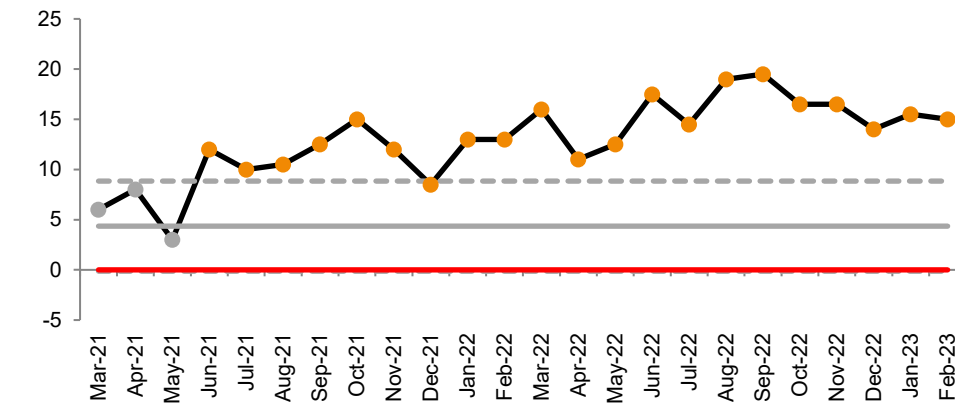


The subsequent treatment - surgery standard was not met in February at 79.5%, below the 94% standard.

Q3 was not achieved at 86.8%

The trend is showing deterioration compared to the pre-covid baseline and based on the current variation, the indicator remains at risk of not meeting the standard.

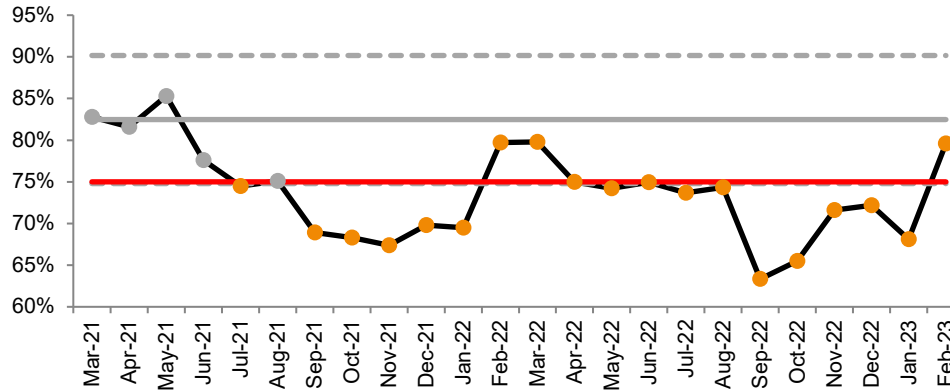
Cancer Patients Treated > Day 104



There were 15 breaches allocated to the Trust, treated after day 104 in February and 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.

The trend is showing a significant increase on the baseline.

Cancer 28 Day faster diagnosis



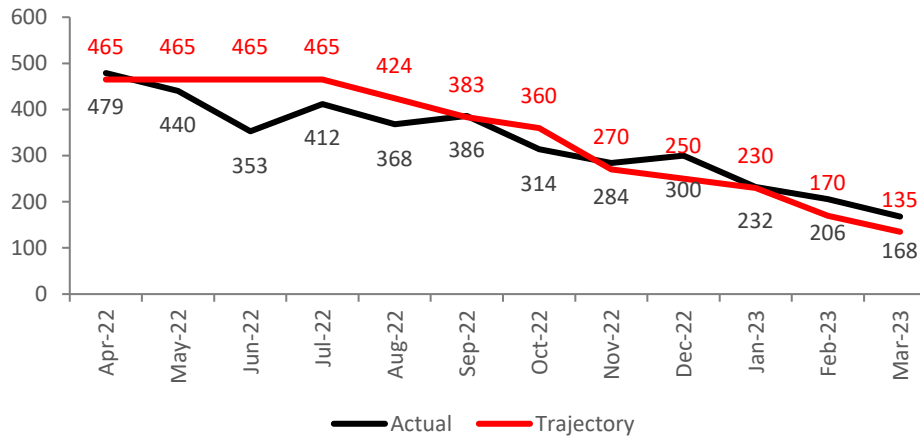
The 28 day faster diagnosis standard achieved the target in February at 79.6%

National position - 67.0% (January)

Q3 was not achieved at 69.5%

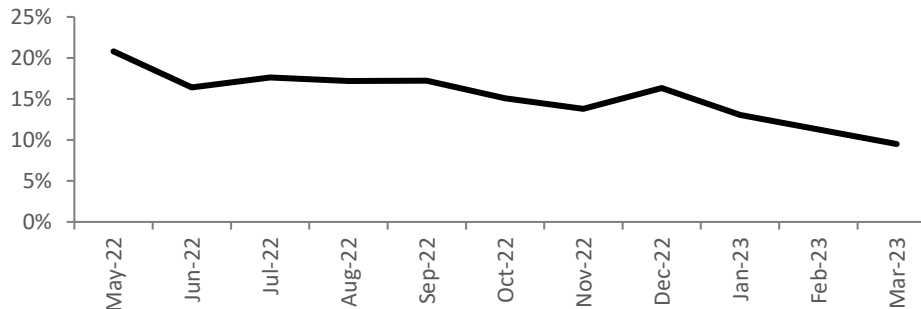
The trend is showing significant deterioration over the last 12 months, compared to the pre-covid baseline.

Cancer >62 day vs trajectory

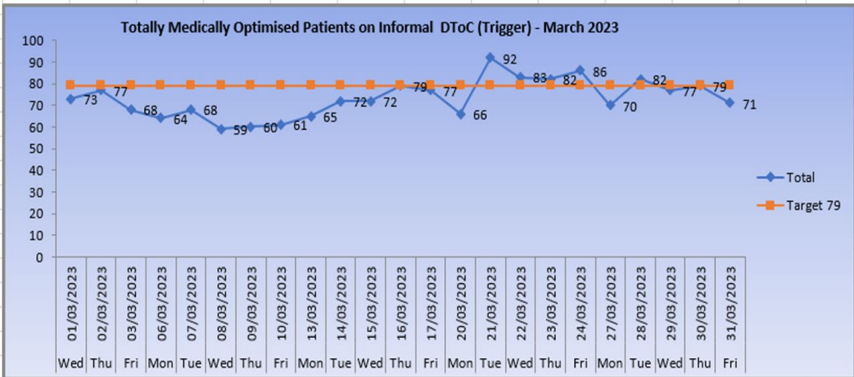


At the end of March the number of patients >62 days was 168 vs 135 trajectory. This was 9.5% of the total wait list.

Cancer % Waiting >62days (Urgent GP Referral)



Delayed Discharges

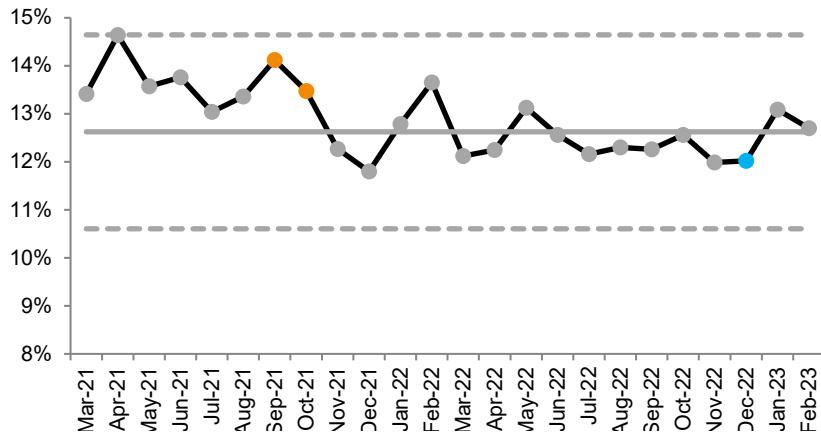


We continue to discharge patients using the rapid discharge principles set out in the Hospital discharge and community support: policy and operating model government guidance, utilising pathways 0-3. Pathways are being used to ensure patients have a discharge plan identified from admission, with pathway 0 and 1 being our strongest and most rapid response.

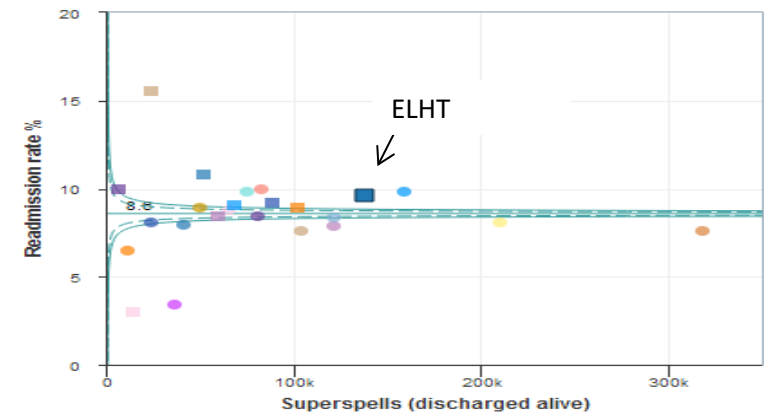
The emergency readmission rate is showing normal variation this month.

Dr Foster benchmarking shows the ELHT readmission rate is higher than the North West average.

Emergency Readmissions



Readmissions within 30 days vs North West - Dr Foster August 2021 - July 2022

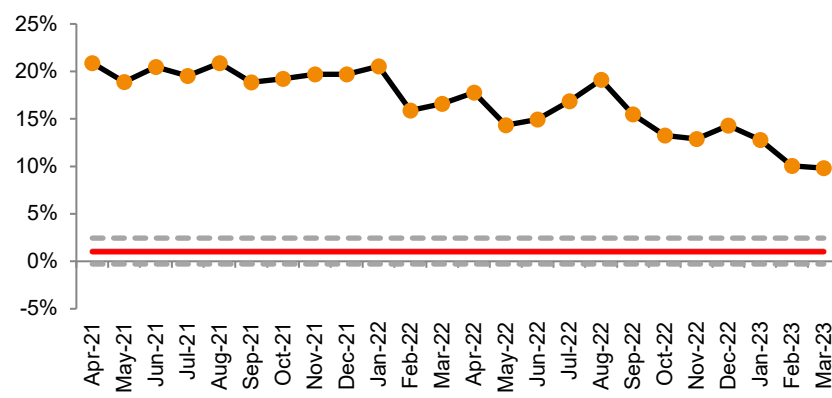


In March, 9.8% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

The trend remains significantly higher than baseline and based on current variation this indicator is at risk of failing the target.

Nationally, the performance is failing the 1% target at 25.1% in February (reported 1 month behind).

Diagnostic Waits



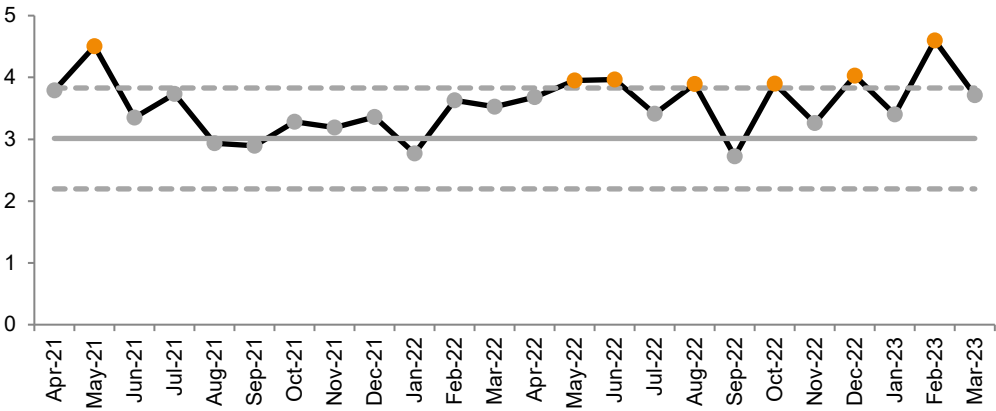
Average length of stay benchmarking

Dr Foster Benchmarking Jan 22 - Dec 22

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	60,773	10,148	50,625	3.4	2.6	-0.8
Emergency	62,851	62,851	0	4.0	4.4	0.4
Maternity/ Birth	12,872	12,872	0	2.3	2.2	-0.1
Transfer	214	214	0	8.2	25.5	17.3

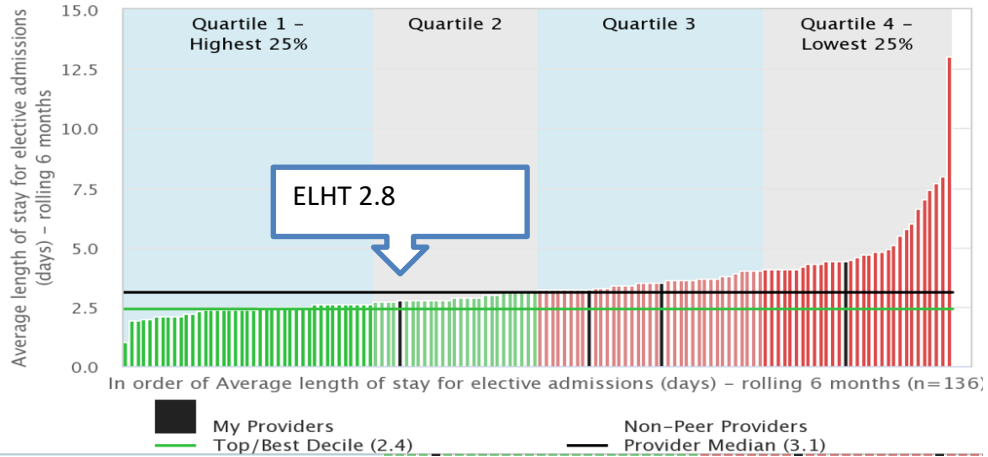
Dr Foster benchmarking shows the Trust length of stay to be above expected for emergency and below expected for elective, when compared to national case mix adjusted.

Average length of stay - elective



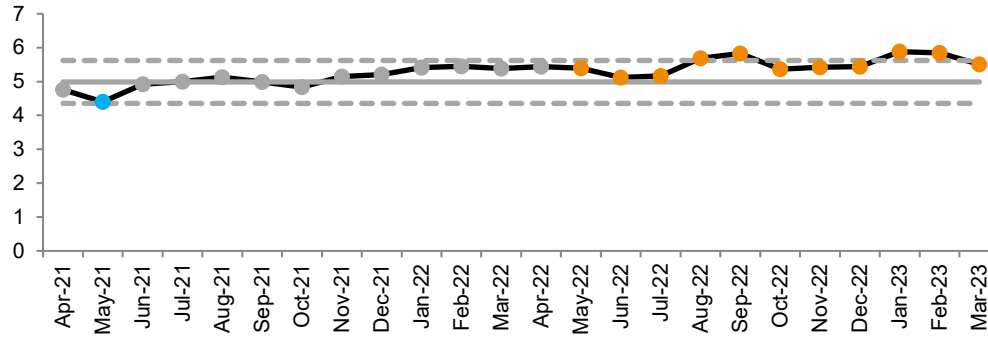
The Trust elective average length of stay is within normal range this month.

Average length of stay for elective admissions (days) - rolling 6 months, National Distribution



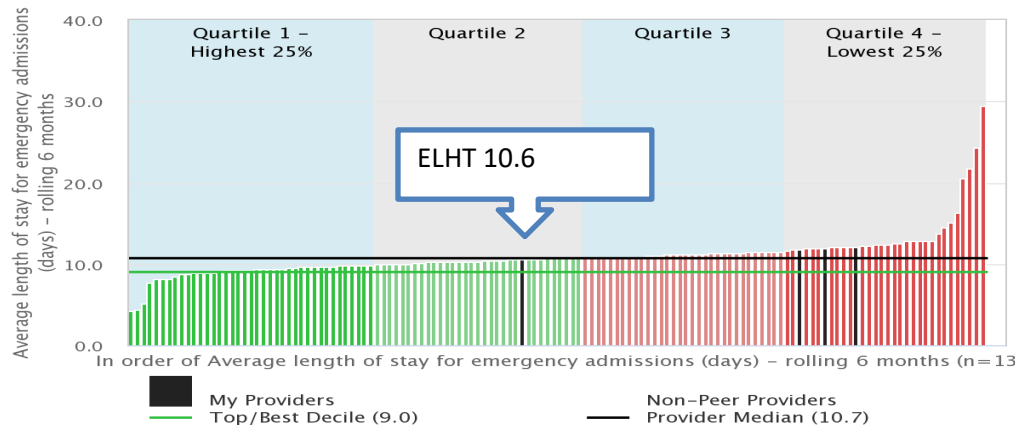
Data up to Dec 22 from the model health system shows ELHT in the second quartile for elective length of stay. Excludes day case.

Average length of stay - non elective



The Trust non-elective average length of stay is showing deteriorating performance this month, when compared to the pre-covid baseline.

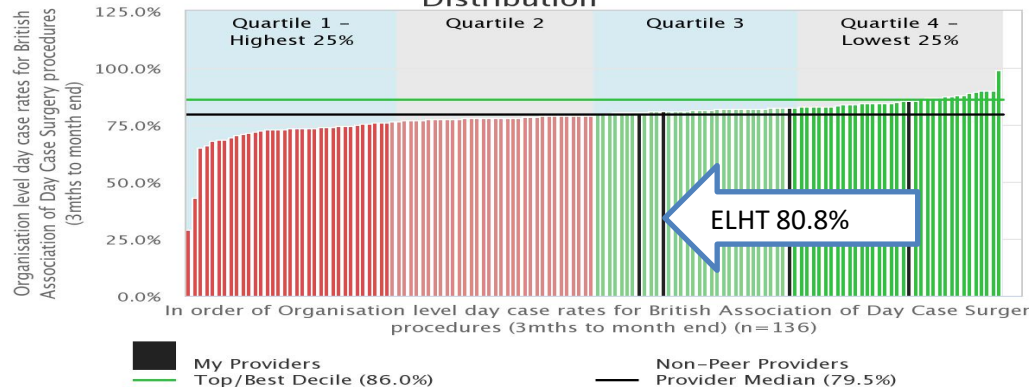
Average length of stay for emergency admissions (days) – rolling 6 months, National Distribution



Model health system data up to Dec 22 shows ELHT in the second quartile for non-elective length of stay. Data excludes length of stays of 0 or 1 day.

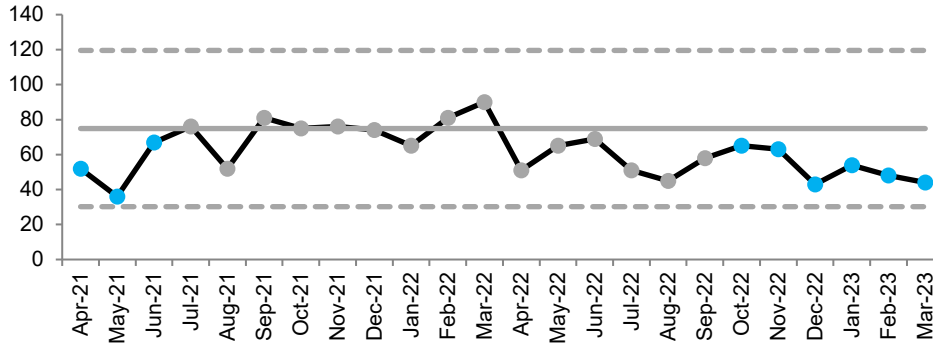
Daycase Rate

Organisation level day case rates for British Association of Day Case Surgery procedures (3mths to month end), National Distribution



Model health system data based on latest 3 months up to Dec 22, shows ELHT in the third quartile for daycase rates at 80.8%. Data is for adults only

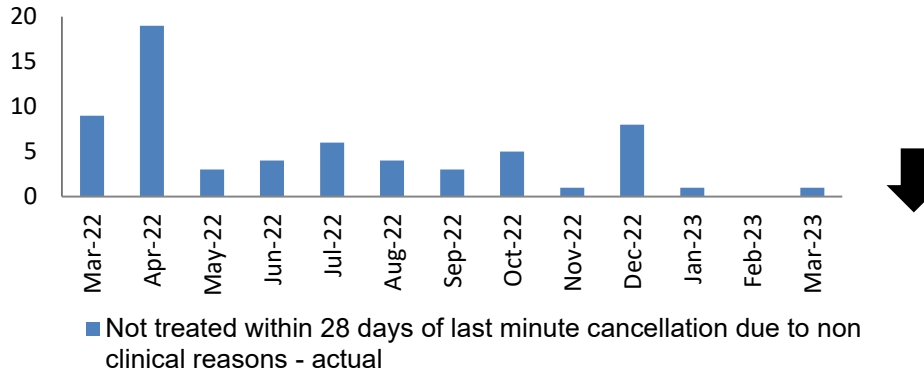
Operations cancelled on day



There were 44 operations cancelled on the day of operation - non clinical reasons, in March.

The trend is showing a reduction on baseline levels.

Operations cancelled on day - breaches of 28 day

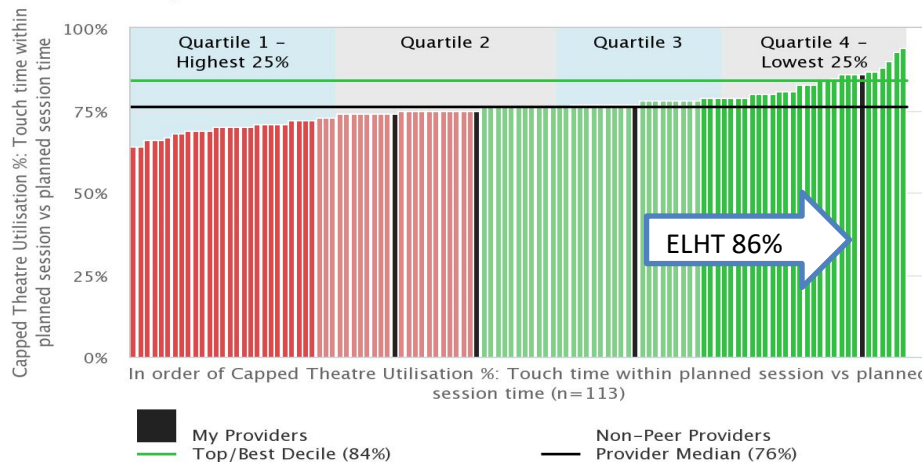


There was 1 'on the day' cancelled operations not rebooked within 28 days in March.

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.

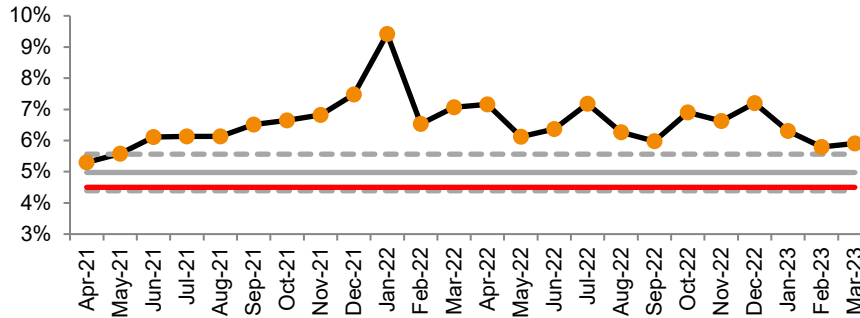
Theatre Utilisation

Capped Theatre Utilisation %: Touch time within planned session vs planned session time, National Distribution



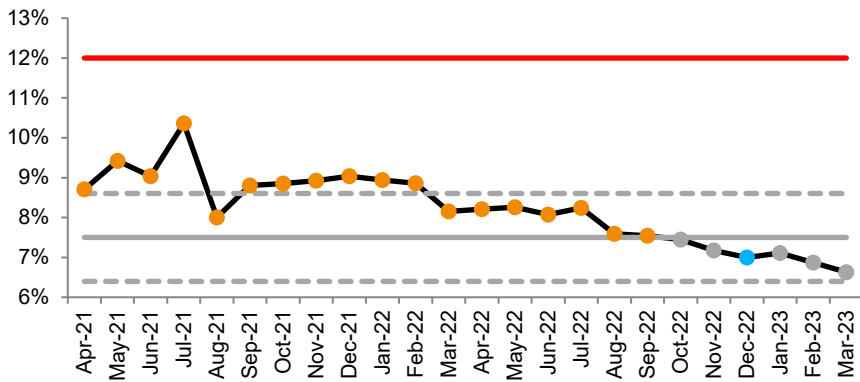
Data taken from 'The model hospital' shows capped theatre utilisation at 86% for the latest period to 26th March 23. This is in the fourth quartile nationally, with 4 being the highest and 1 the lowest.

Sickness



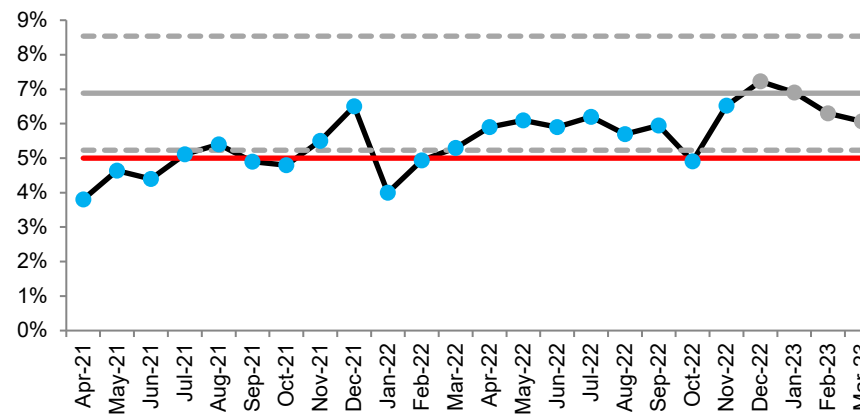
The sickness absence rate was 5.9% for March which is above the threshold of 4.5%. The trend is showing a significant increase and based on the current level of variation, is at risk of being above threshold.

Turnover Rate



The trust turnover rate is at 6.6% in March and remains below threshold. This is within the normal range when compared with baseline. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate

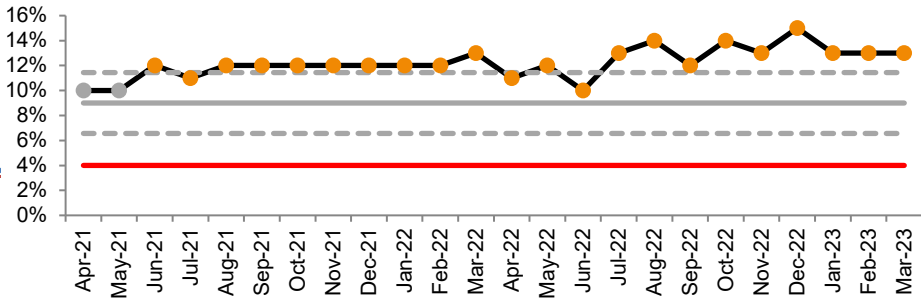


The vacancy rate is 6.1% for March which is above the 5% threshold.

The trend is showing normal variation but based on current variation this indicator is not capable of hitting the target routinely.

A detailed action plan has been developed and a quarterly progress update will be provided to the Trust Board.

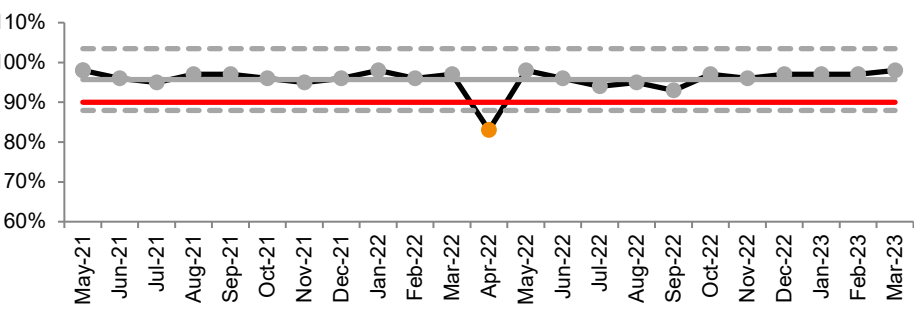
Temporary costs and overtime as % total pay bill



In March 2023 £4.8 million was spent on temporary staff, consisting of £1.3 million on agency staff and £3.5 million on bank staff.

WTE staff worked (9,836 WTE) was 96 WTE more than is funded substantively (9,740 WTE).

Appraisals, Consultant

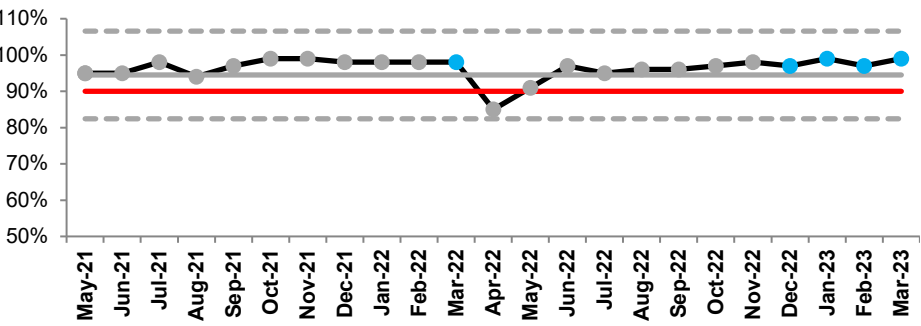


Pay costs are £1.0m less than budgeted establishment in March, allowing for £17.8m relating to the proposed one-off non-consolidated pay award for agenda for change staff and £18.3 million of employer contributions to NHS Pensions for 2022-23 paid by NHSE on behalf of Trust, which have been accounted for in month.

At the end of March 23 there were 574 vacancies

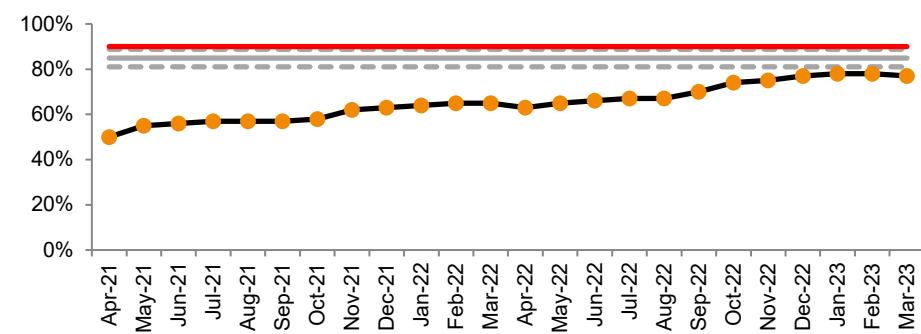
The temporary staffing cost trend shows a significant increase and is not capable of hitting the target.

Appraisals, Other Medical



The appraisal rates for consultants and career grade doctors are reported cumulative year to date to March 23 and reflect the number of reviews completed that were due in this period. They both continue to be above target with 98% overall being completed in the year. The 2% that were not completed had mitigating circumstances such as Maternity Leave, Sabbatical Leave & Sickness Leave and these reasons have been accepted by the Responsible Officer office.

Appraisals Agenda for Change (AFC) Staff



The AFC appraisal rate continues to be reported as a rolling 12 month figure and remains below threshold. Appraisals were suspended until March 21, due to COVID pressures.

The trend is significantly lower than previous levels and based on current variation the indicator is not capable of achieving the target

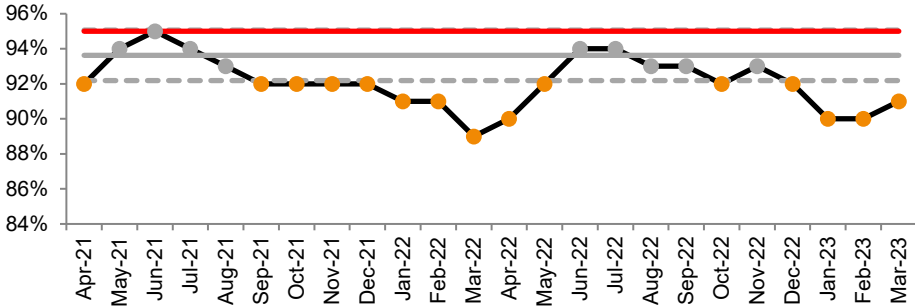
There has been a range of Trust wide actions to support compliance which are on-going. These actions are monitored

Job Plans

Stage	Consultant	SAS Doctor
Not Published	0	0
Draft	8	1
In discussion with 1st stage manager	166	37
Mediation	0	0
Appeal	0	0
1 st stage sign off by consultant	32	1
1 st stage sign off by manager	42	6
2nd stage sign off	43	2
3rd stage sign off	24	9
Signed off	42	29
Locked Down	1	0

As at March 2023, there were 358 Consultants and 85 Specialty Doctor/ Associate Specialist (SAS) doctors registered with a job plan on Allocate. The table shows the numbers in each stage of the job planning process.

Information Governance Toolkit Compliance



Information governance toolkit compliance is 91% in March which is below the 95% threshold. The trend is showing deterioration this month and is at risk of not meeting the target.



The core skills framework consists of twelve mandatory training subjects. Training is via a suite of e-learning modules and knowledge assessments on the learning hub. The threshold has been set at 90% for all areas except Information Governance and Fire Safety which have thresholds of 95%

Core Skills Training % Compliance

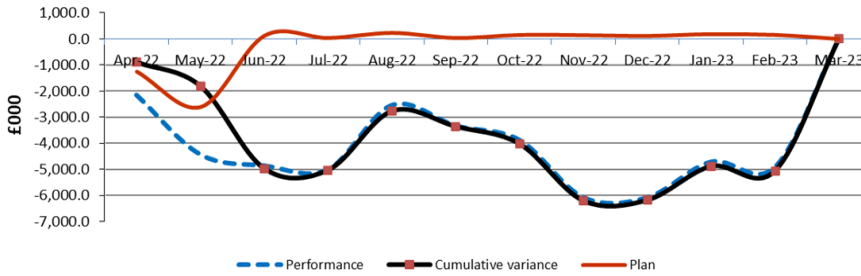
	Target	Compliance at end March
Basic Life Support	90%	90%
Conflict Resolution Training Level 1	90%	96%
Equality, Diversity and Human Rights	90%	95%
Fire Safety	95%	94%
Health, Safety and Welfare Level 1	90%	94%
Infection Prevention L1	90%	96%
Infection Prevention L2	90%	90%
Information Governance	95%	91%
Prevent Healthwrap	90%	95%
Safeguarding Adults L1	90%	92%
Safeguarding Children L1	90%	94%
Safer Handling Theory L1	90%	94%

Information Governance and Fire Safety are currently below threshold at 91% and 94% respectively.

New starters are now being requested to complete as much of their Core Skills e-Learning requirements as possible prior to attending the Trust Induction training programme via the e-Learning for Healthcare platform. Additionally, there will be a limited amount of time for new starters to undertake any incomplete Core Skills e-Learning/training during the one-day Trust Induction training programme.

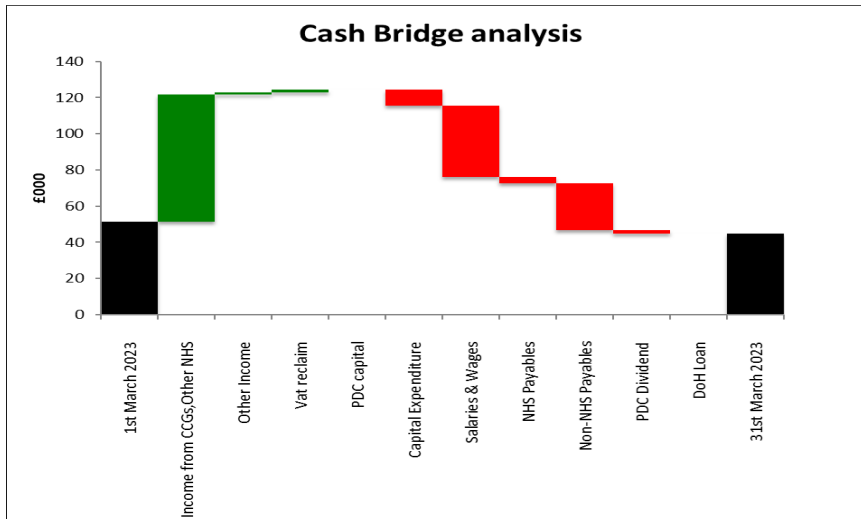
Adjusted financial performance

Adjusted financial performance surplus (deficit)



The Trust is reporting a draft adjusted surplus of £23,000 for the 2022-23 financial year in line with the financial plan.

Cash



The Trust's cash balance is £44.9 million as at 31st March 2023.

The Trust is reporting a draft adjusted surplus of £23,000 for the 2022-23 financial year in line with the breakeven position in the financial plan.

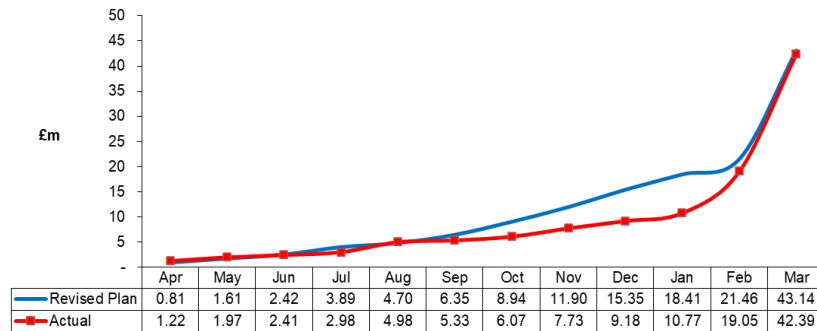
Capital expenditure incurred for the year to date is £42.4m, less than £0.1m under the available capital resource, with £23.3m spent in the month of March.

The cash balance on 31st March 2023 was £44.9m, a reduction of £6.6m compared to the previous month. This is largely due to the £12.5m increase in capital expenditure allowing for a £5.8m increase in capital payables following the receipt of PDC funding the previous month.

The Trust has met its Better Payment Practice Code (BPPC) target to pay 95% of invoices on time for three of the four measures, with performance against the target for the number of non-NHS invoices by volume slightly below this level at 93.6%.

Capital expenditure

Capital expenditure profile



The WRP target of £28.8m was met for the year, of which £11.9m has been achieved recurrently. The position has been supported by £14.3m of non-Divisional schemes, which is largely due to a reduction in Covid and agency expenditure vs 2021-22 and an increased number of vacancies.

Planned capital spend for 2022-23 of £43.1m was £0.8m behind plan, largely due to an underspend on donated assets.

Waste reduction programme

WRP schemes analysis

Division	Green £000s	Amber £000s	Red £000s	Non Rec £000s	Rec £000s	Identified Schemes £000s	Annual Target £000s
Medicine & Emergency Care	875	403	0	1,145	134	1,279	3,290
Community & Intermediate Care	1,180	0	903	1,126	957	2,083	1,129
Surgical & Anaes Services	3,677	0	0	1,131	2,546	3,677	3,677
Family Care	659	129	0	453	335	788	1,882
Primary Care	0	0	0	0	0	0	75
Diagnostic & Clinical Support	2,785	597	35	144	3,274	3,417	2,785
Estates & Facilities	1,009	0	0	531	478	1,009	1,564
Corporate Services	4,096	703	377	4,235	941	5,176	1,050
Education, Research & Innov'N	255	0	0	12	243	255	270
Further 2% Non Recurrent Savings	14,263	1,450	2,250	8,983	8,980	17,963	13,078
Total	28,800	3,283	3,565	17,759	17,888	35,647	28,800

Schemes to the value of £28.8 million have been transacted in the year. Additional identified schemes will be assessed for

TRUST BOARD REPORT

Item **65**

10 May 2023

Purpose: Information

Title	National Staff Survey Summary Report 2022-23
Executive sponsor	Mrs K Quinn, Executive Director of People and Culture
Summary:	This report summarises the findings from the 2022 NHS Staff Survey for East Lancashire Hospitals Trust (ELHT).
Recommendation:	Board members are asked to note the 2022 National Staff Survey Report, the key findings identified, the actions taken so far and the next steps in our continuous drive to improve employee experience and engagement throughout 2023.

Report linkages

Related Trust Goal	<ul style="list-style-type: none"> Deliver safe, high-quality care Secure COVID recovery and resilience Compassionate and inclusive culture Improve health and tackle inequalities in our community Healthy, diverse and highly motivated people Drive sustainability
Related to key risks identified on assurance framework	<p>Failure to develop a compassionate inclusive, wellbeing and improvement focused culture will impede our ability to attract and retain the right workforce.</p> <p>The Trust is unable to deliver on safe, personal and effective care in line with the requirements of the NHS Constitution and relevant legislation, and Patient Charter.</p>

Impact

Legal	Yes	Financial	Yes
Equality	Yes	Confidentiality	No

Previously considered by: - Trust Board (Part 2) 8th March 2023, Quality Committee 26th April 2023

Executive summary

- 1 This report summarises the findings from the 2022 NHS Staff Survey for East Lancashire Hospitals Trust (ELHT). Board members are asked to note the 2022 National Staff Survey Report, the key findings identified, the actions taken so far and the next steps in our continuous drive to improve employee experience and engagement throughout 2023.

Background

- 2 The NHS Staff Survey is an official statistic ran to the highest standards of quality and accuracy. It is one of the world's largest workforce surveys and is considered the key performance indicator of staff experience and engagement in the NHS.
- 3 The refresh of the survey from 2021 was the most significant change for at least a decade. From 2021 the questions in the NHS Staff Survey are aligned to the People Promise. The move to link questions to the NHS People Promise themes means comparison with data prior to 2021 is very limited.

Introduction to the ELHT 2022 NHS Staff Survey results

- 4 For reference the full 2022 ELHT NHS Staff Survey Report can be viewed via appendix 1.
- 5 The Trust undertook a full census in 2022 and a total of 9239 staff were eligible to complete the survey. 4461 staff returned a completed questionnaire, giving a response rate of 48% which is above the average of 44% for Acute and Community Trusts in England, and compares with a response rate of 58% (5265) in the ELHT 2021 survey.
- 6 This is a deterioration of 10% from the previous year's response rate and an indicator that staff engagement through employee voice has deteriorated within the last 12 months. Taking a longer-term analysis over the last five years it can be seen that the response rate has deteriorated for the first time in 2022 for ELHT and this is reflected nationally for our benchmark group.

Figure 1 below details the response rate trend over the last 5 years:

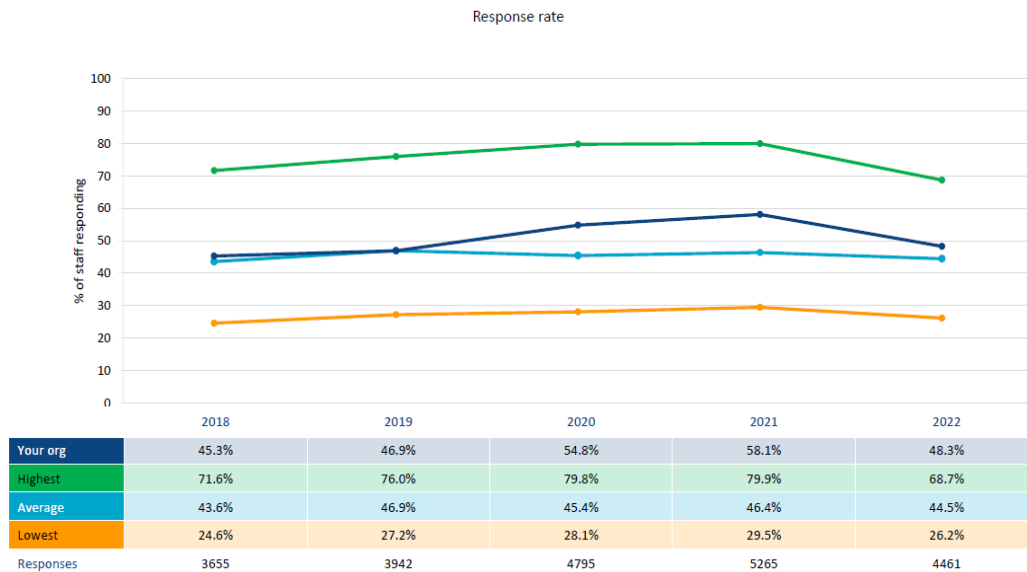


Figure 2 below details the return rate by division and compares with 2021 response rates.

Figure 2: Return rate by division:

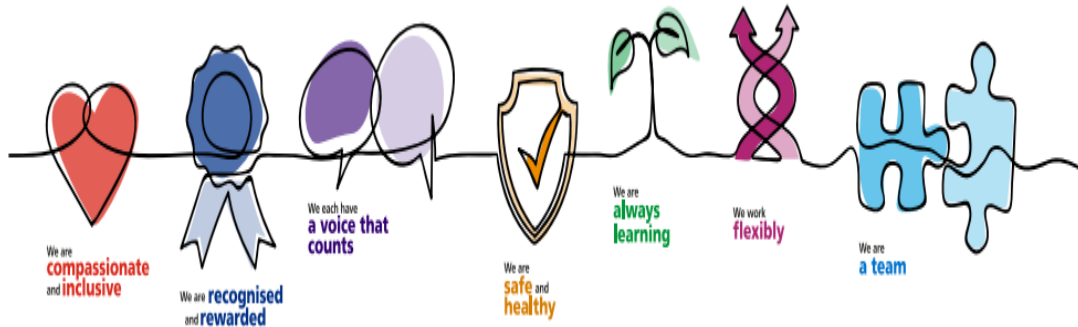
Locality	Response rate 2021	Response rate 2022
Corporate Services	75.7%	70.6%↓
Diagnostics & Clinical Support	64.4%	53.8%↓
Estates and Facilities	64.1%	49.2%↓
Family Care	54.2%	50.3%↓
Medicine & Emergency Care	47.1%	33.4%↓
Community & Intermediate Care Services	51.6%	44.5%↓
Education, Research & Innovation	78.6%	75.3%↓
Surgical and Anaesthetics Services	57.8%	46.6%↓
Trust Overall	58.1%	48.3%↓

Summary of Themes

- The National Staff Survey Benchmark report for East Lancashire Hospitals Trust contains results for themes and questions from the 2022 NHS Staff Survey, and historical results back to 2018 where possible. These results are presented in the context of the best, average and worst results for similar organisations where

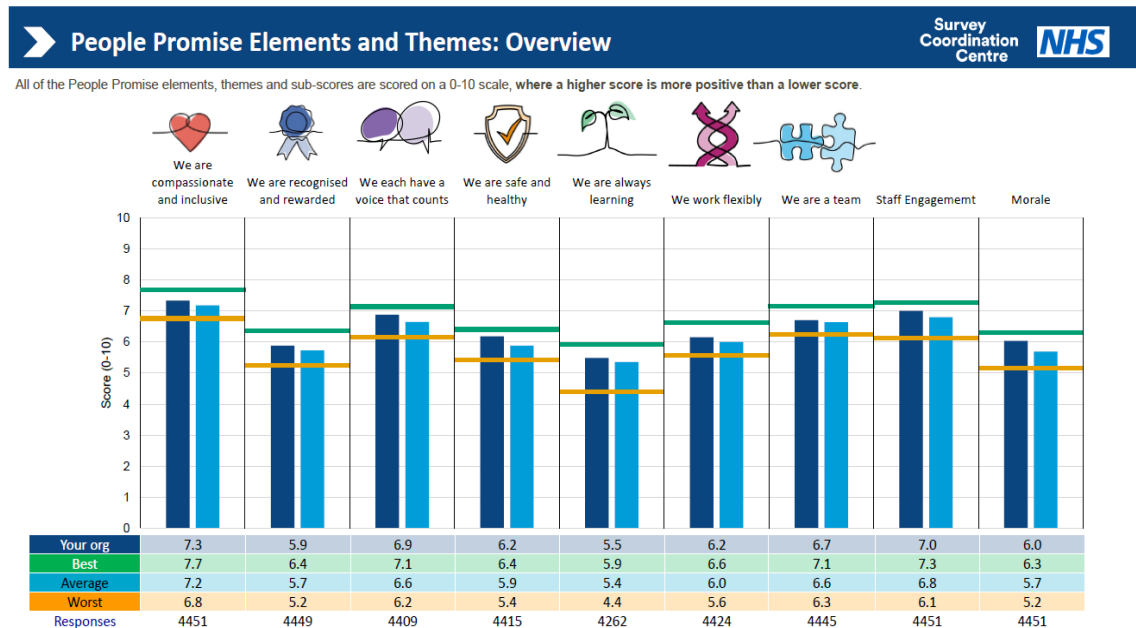
appropriate. Data in this report is weighted to allow for fair comparisons between organisations (see appendix 1 for the full report).

- For the 2022 survey the questions in the NHS Staff Survey are aligned to the People Promise. In support of this, the results of the NHS Staff Survey are now measured against the seven People Promise elements depicted in the graphic below and against two of the themes reported in previous years (Staff Engagement and Morale).



- The nine themes are scored consistently on a 0-10pt scale with 10 being the best possible score. As in previous years the question level data is presented in percentage scores.
- The Trust staff satisfaction responses scored above average for 9 out of 9 themes when compared with all Acute and Community Trusts.

Figure 3 below outlines the theme results:



Statistically significant changes

- 11 Figure 4 below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022. The table details the organisation's theme scores for both years and the number of responses each of these are based on. The final column contains the outcome of the significance testing: indicating if the 2022 score is a statistically significant change higher or lower than last year's score.
- 12 The table below demonstrates 2 themes with statistically significant changes that are higher when tested using a two-tailed t-test with a 95% level of confidence. The themes demonstrating the significantly higher scores compared to last year are: we are safe and healthy & we are always learning. Demonstrating a significant improvement in these themes.

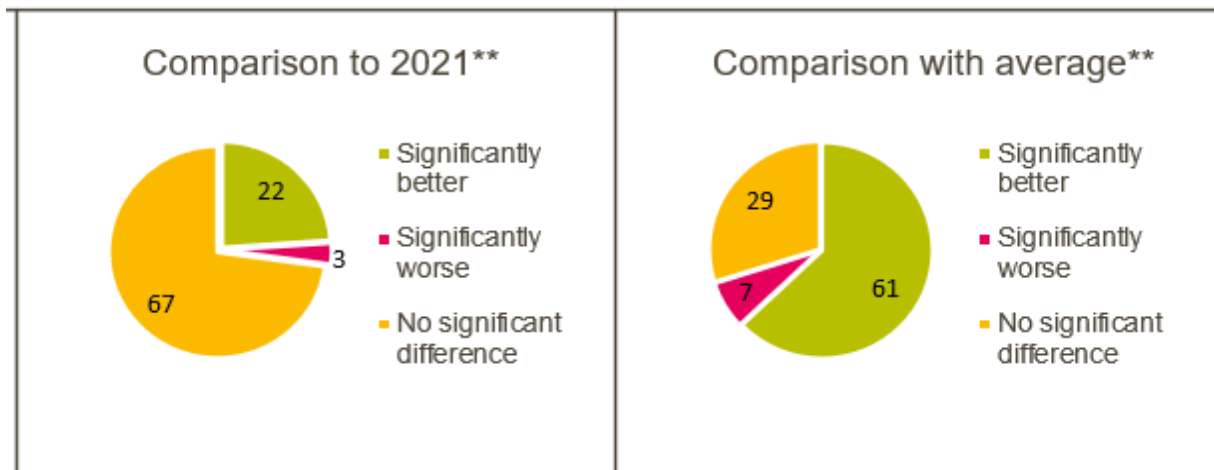
Figure 4: Significance testing – 2021 v 2022 theme results:

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.4	5104	7.3	4451	Not significant
We are recognised and rewarded	6.0	5196	5.9	4449	Not significant
We each have a voice that counts	6.9	5016	6.9	4409	Not significant
We are safe and healthy	6.1	5056	6.2	4415	Significantly higher
We are always learning	5.1	4825	5.5	4262	Significantly higher
We work flexibly	6.1	5158	6.2	4424	Not significant
We are a team	6.7	5114	6.7	4445	Not significant
Themes					
Staff Engagement	7.0	5207	7.0	4451	Not significant
Morale	6.0	5197	6.0	4451	Not significant

Question level comparisons

- 13 A total of 117 questions were asked in the 2022 survey. 112 questions can be compared historically between 2021 and 2022. Our results include every question where the organisation received at least 11 responses (the minimum required).
- 14 The historical comparison pie chart below demonstrates that 22 questions scored significantly better, 67 questions no significant difference and 3 questions significantly worse when compared with ELHTs 2021 questions.
- 15 When compared with the Picker average 61 questions scored significantly better, 29 questions scored no significant difference and 7 questions significantly worse.

Figure 5: Question level historical and Picker average comparison:



Comparison with 2021 (ELHT v ELHT)

16 The 22 questions ELHT scored significantly better compared to 2021 historical comparisons are:

- ✓ q3e Involved in deciding changes that affect work.
- ✓ q3f Able to make improvements happen in my area of work.
- ✓ q4a Satisfied with recognition for good work.
- ✓ q5b Have a choice in deciding how to do my work.
- ✓ q5c Relationships at work are unstrained.
- ✓ q6b Organisation is committed to helping balance work and home life.
- ✓ q6c Achieve a good balance between work and home life.
- ✓ q6d Can approach immediate manager to talk openly about flexible working.
- ✓ q7b Team members often meet to discuss the team's effectiveness.
- ✓ q7f Team has enough freedom in how to do its work.
- ✓ q8d Colleagues show appreciation to one another.
- ✓ q9b Immediate manager gives clear feedback on my work.
- ✓ q11b In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities.
- ✓ q11c In last 12 months, have not felt unwell due to work related stress.
- ✓ q12a Never/rarely find work emotionally exhausting.
- ✓ q12b Never/rarely feel burnt out because of work.
- ✓ q12d Never/rarely exhausted by the thought of another day/shift at work.
- ✓ q12f Never/rarely feel every working hour is tiring.
- ✓ q20 Feel organisation respects individual differences.
- ✓ q21a Received appraisal in the past 12 months.

- ✓ q22c Have opportunities to improve my knowledge and skills.
- ✓ q22e Able to access the right learning and development opportunities when I need to.

17 The 3 questions ELHT scored significantly worse compared to 2021 historical comparison are:

- ✗ q4c Satisfied with level of pay.
- ✗ q23b Organisation acts on concerns raised by patients/service users.
- ✗ q23d If friend/relative needed treatment would be happy with standard of care provided by organisation.

18 However, it should be noted that the 3 questions above are still significantly better than the Picker average benchmark group.

Actions taken since the publication

19 The following actions have been taken following the publication of the national staff survey:

- Our national staff survey findings have been communicated throughout the Trust and externally following the lifting of the national embargo on the 9th March 2023 at 9.30am.
- A dedicated national staff survey share-point page has been created to support access to all report findings, further information, helpful documents and data to support divisions to further interrogate and investigate at a team, department, directorate and divisional level.
- National staff survey feedback workshops have been completed for all Divisions to help managers better understand their data and to identify strengths and challenges facilitated by the Picker Institute and the Well Team on the 10th, 16th and 17th March 2023.
- Big Conversations have been co-ordinated to take place both physically and virtually from April-June 2023 and dates have been agreed with Divisional Leaders and communicated in Trust-wide communications for maximal participation across staff groups.

Next Steps

20 The following actions will be taken following the publication of the national staff survey:

- The findings and perspectives from colleagues will be discussed at the Employee Engagement Sponsor Group chaired by the Chief Executive on the 20 April 2023.

- Our Trust-wide timetable of divisional and network Big Conversations will continue with colleagues throughout April-June to support a participative approach to enhance staff experience and engagement action planning for 2023.
- Divisional leaders will host Big Conversations throughout these months, which we ask all staff to support and participate in. Divisional results will be presented, and senior leaders will listen to suggestions to help them develop robust divisional action plans to improve what matters most to staff.
- Our staff wellbeing & engagement champions will also feedback information, issues and ideas to enhance staff experience, wellbeing and engagement from their teams to support improvements at a team level.
- The Inclusion Lead, Organisational Development Team and Freedom to Speak Up Guardians will triangulate data to better understand the experience of our diverse workforce particularly in relation to the WRES/WDES to ensure we address any inequalities with help by the participation and support of our staff networks.
- Divisional leaders will present their co-produced action plans based on the survey data aligned to the NHS People Plan, People Promise and crucially feedback from the Big Conversations. The agreed divisional and Trust-wide action plans will be discussed and approved at the July 2022 Employee Engagement Sponsor Group. Divisions will report progress made towards achieving their objectives and sharing best practice.

Conclusion

- 21 The 2022 National Staff Survey Report highlights several areas of improvement over the last 12 months along with themes to target for 2023. It is pleasing to see the progress made given the challenges faced across the Trust.
- 22 Together the ELHT family will commit to driving forward our evidence based participative approach to collectively action the areas we need to improve further and celebrate and share good practise of those areas that are excelling in employee engagement and experience within teams and Divisions throughout 2023.

Lee Barnes

Associate Director Staff Wellbeing & Engagement ELHT 18.04.23

TRUST BOARD REPORT

10 May 2023

Item 66

Purpose Information
Action
Monitoring

Title Raising Concerns Report

Executive sponsor Mrs K Quinn, Executive Director of People and Culture

Summary: This is the seventh annual report on raising concerns since the appointment of the Staff Guardian role in September 2015. It details the background on the guardian role, outlines progress to date, numbers of concerns raised, emerging themes, actioned taken to address themes and information from the National Guardian Office.

Recommendation: To approve to note and approve the content of the report, the recommendation from the Audit in relation to Freedom to speak up training becoming mandatory and to commit to completion of the Board Freedom to Speak reflection and planning tool along with training for all NED's, Executive Directors, and Board members.

Report linkages

Related Trust Goal Deliver safe, high-quality care
Compassionate and inclusive culture
Healthy, diverse and highly motivated people

Related to key risks identified on assurance framework

1. The Trust is unable to deliver on safe, personal and effective care in line with the requirements of the NHS Constitution and relevant legislation, and Patient Charter.
2. Failure to develop a compassionate inclusive, wellbeing and improvement focused culture will impede our ability to attract and retain the right workforce.
3. Recruitment, retention and workforce planning/redesign fail to deliver the Trust objectives and strategies (including the Clinical Strategy).

Impact

Legal	No	Financial	No
Equality	Yes	Confidentiality	Yes

Previously considered by: Quality Committee

Background

The importance of listening to staff cannot be overemphasised. When staff raise concerns, they want to know that they are encouraged and supported to do so and can do it safely in a protected environment. Following on from the Sir Robert Francis Review, It is now a requirement of the NHS Standard Contract that Trusts appoint a Freedom To Speak up Guardian with the organisation who is “someone to whom staff can go to, who is 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”.

Introduction

This report has been prepared to advise the Trust Board of progress made since the last annual report since November 2022, number of staff who have raised concerns, emerging themes, actions taken and the latest news from the National Guardian Office.

Progress

- a) The revised Freedom to Speak up – Staff raising concerns policy HR20 version 8 is now implemented. This new version follows the Freedom to Speak Up policy for the NHS.
- b) Over 1280 concerns have been raised through the service since April 2016 – March 2023
- c) A Staff Guardian section is now fully embedded into the Corporate Induction. The service is now promoted across all leadership courses including Consultant Leadership course
- d) We continue to work closely with our Champions who joined us over 12 months ago from staff networks (BAME, LGBTQ+ and Disability) and are seeking to recruit more to expand the support available.
- e) Information has been included in the appraisal process to promote the FTSU service, and the training available is continually promoted.
- f) Electronic feedback forms continued to be trialled to allow for easier accessibility and to increase the numbers completed and returned
- g) Walk arounds planned over next few months to promote the service (leaflets, business cards, post it pads etc).

- h) Links with Wellbeing and Occupational Health teams to promote the service have been embedded
- i) Close working relationships are established with the HRBP's to give feedback on reoccurring themes in relation to HR policies and to address these themes the Early Resolution Policy will provide further support and guidance to staff.
- j) HR template letters continue to include the Staff Guardian contact details to ensure that staff have direct access whilst going through HR processes
- k) Strong links with the mediation service are embedded and Guardians continue to refer cases directly

Audit:

In November 2022 the Guardian Service was audited by Internal Audit (MIAA).

The table below summarises the prioritisation of recommendations in respect of this review.

Critical	High	Medium	Low	Total
0	0	4	0	4

The 4 risks identified were

- that this report is presented to Board twice yearly
- Freedom to Speak up Training should be mandated
- That the Board complete/update the Freedom to Speak you reflection/self-assessment tool
- That r all NED's, Executive Directors and Board members to complete all three levels of the Freedom to Speak up Training.

In response to these recommendations, reporting a new reporting schedule has been agreed and this report will come to Board twice a year. By way of this report, agreement is sought by Board, to include Freedom to Speak Up training in mandatory training. Finally, Kate Quinn, Director of People and Culture will oversee the completion of the Board Freedom to Speak reflection and planning tool along with training for all NED's, Executive Directors, and Board members.

Staff Survey:

With the staff survey there are 4 questions that the Freedom to speak up service is rated against for the freedom to speak up index

		National Average	ELHT 2022
q19a	Would feel secure raising concerns about unsafe clinical practice	70.07	73.8
q19b	Would feel confident that organisation would address concerns about unsafe clinical practice	55.6	61.9
q23e	Feel safe to speak up about anything that concerns me in this organisation	60.8	63.9
q23f	Feel organisation would address any concerns I raised	60.8	64.5

These figures reflect that we are above average in our vision to create an open and honest culture where staff feel able and staff to raise concerns.

Cultural Reviews:

As a service we have undertaken 17 Culture Reviews all having action plans attached to improve areas of concerns and lessons learnt from issues identified. We are asked regularly to undertake Culture Reviews and currently have four requests on hold due to current capacity issues within the team as a result of extended maternity leave which will be resolved by the end of May 23.

Action plans from previous culture reviews that were commissioned due to whistle blows have been shared with the Trust Board as requested.

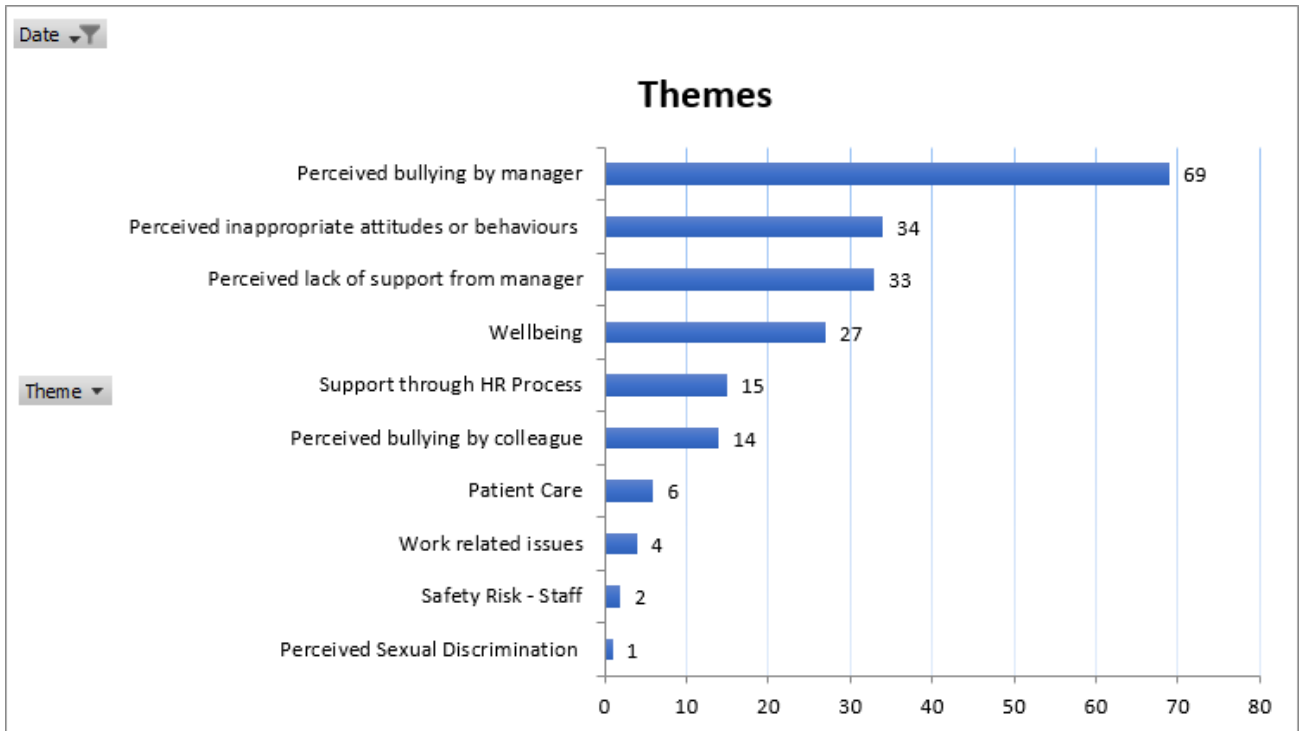
The Annual Report – Number of cases, themes and actions taken to address

For the period April 22 to March 23 there have been 205 concerns raised which is a decrease from the previous year's figure of 262 April 21 to March 22. The total concerns for this period reported to National Office are QTR 1 – 41, QTR 2 – 59, QTR 3 – 49 and QTR 4 – 56. Although we have seen a decrease in concerns raised, the complexity of the concerns is higher than in previous years.

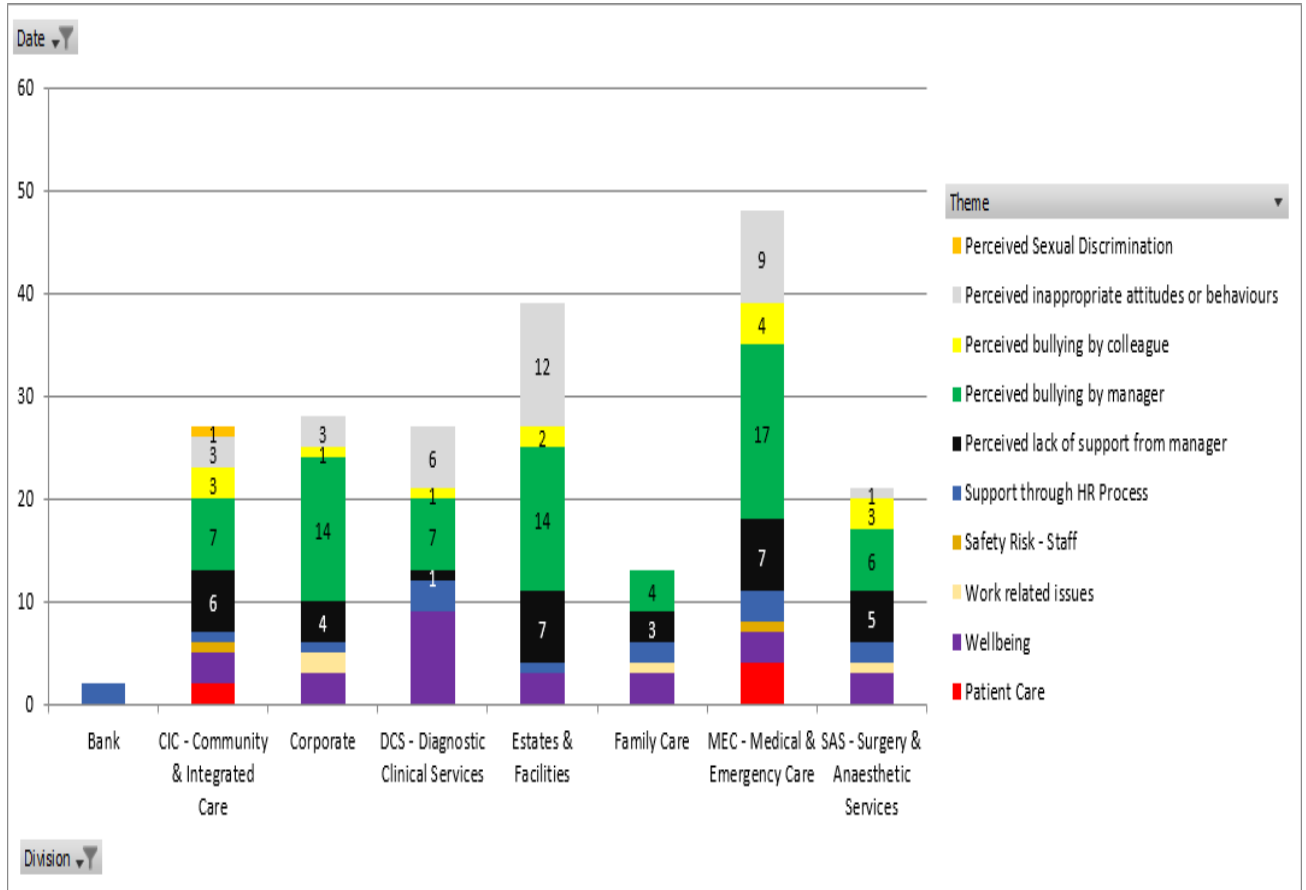
This is seen as an encouraging step forward to building an open and honest culture as this demonstrates evidence that less complex concerns are being raised within teams and departments and being dealt with at source.

Year Range	No of Cases	% increase
Apr 16 - Mar 17	38	0%
Apr 17- Mar 18	140	72.90%
Apr 18 - Mar 19	175	20.00%
Apr 19 - Mar 20	231	24.20%
Apr 20 - Mar 21	254	9.06%
Apr 21 - Mar 22	262	3.05%
Apr 22 – Mar 23	205	-27%

Emerging Themes April 2021 – March 22:



Themes by Division



The highest level of concerns raised have been in relation to perceived bullying by manager, 69 cases. Followed by 34 concerns raised in relation to inappropriate behaviours. This is a significant increase against these similar concerns that were raised last year. This increase falls in line with the introduction of the Behaviours Framework by the Trust which sets out what expected behaviours look like and are acceptable and demonstrates which behaviours are not acceptable and should be challenged. This framework has given colleagues guidance and therefore, given them courage to address unacceptable behaviours and potential bullying.

Due to these increases, we have linked in with People and Culture Team to re-visit the Early Resolution policy. The current review of the Early Resolution Policy will also take into account the experience of colleagues with protected characteristics to determine how effective the

current policy and approach is in supporting people who raise issues related to perceived harassment and / or discrimination.

We have also linked with the Transformation, Organisational Development (OD) and Inclusion Team in respect to several pieces of work to address the issues related to the increase in complaints related to behaviours. The Trust's Behaviour Framework was developed and rolled out with a programme of training which encourages all teams to develop a Team Behaviour Framework which enables contracting at a local level about how the values and behaviours are adopted. Importantly teams are also provided with tools to challenge and feedback when behaviours are not exhibited.

This compliments other work underway such as the pilot of the TED intervention (Team Engagement and Development) which is a diagnostic reflective tool completed by a team, followed by engagement to identify the priorities for action. The team leader facilitates this supported by a TED coach and can identify aspects of effective teams that can be addressed by the team to improve performance. We are adopting TED as our standard approach to team development and all divisions were asked to identify five teams to participate following a review of staff survey results.

Where there are complex and / or sensitive issues at play that need a deeper intervention, the OD team are also involved in bespoke development and the commissioning of external support to teams. This supports work improvement and transformation activity and can often be a specific recommendation from employee relations cases or cultural reviews.

An example of this is a cultural review that has been carried out into Estates and Facilities. An external provider has completed a cultural review of an area within Estates and Facilities and their action plans in place to address the issue within the area in relation to the culture and these plans are ongoing. We have put in place a Support and Oversight Group with executive, senior leadership, FTSU, OD, HR and staff side input. The terms of reference for this may be used as an outline for other such reviews.

Concerns raised under perceived lack of support from managers is 33 which is a decrease on last year which was reported at 37. These concerns can be a variety of different issues from a misunderstanding, a communication issue and sometimes the appearance of a lack

compassion. The Trust's new Leadership Strategy and programmes that have launched will include a focus on the culture of compassion, psychological safety, belonging and inclusion that we are developing at ELHT and stress the importance of the role of managers in listening to concerns to ensure we act to alleviate any suffering or detriments.

Lessons are learnt throughout each of these concerns and tend to be on an individual basis and there is often agreement with the person raising the concern and the manager on how to move forward together with support and engagement.

In the current context there are risks that exacerbate incivility (e.g., staffing shortages, increase in work related stress, pressure on services and finances, external cost of living concerns, industrial action etc.) It is therefore recommended that the Trust reviews the national civility saves lives campaign and toolkits to identify other supportive actions in relation to addressing incivility locally through informal means.

National Guardian Office Update:

The National Guardian office has recently undertaken a review of Ambulance Trusts in England and we are currently undertaking a gap analysis against the recommendations of this review.

There are now 961 Guardians within 575 organisations across England

The Freedom to Speak index 2022 will be produce shortly.

The NGO have released a tool for organisations to use to undertake a gap analysis to assist in reviewing arrangements and development plans and actions for improvement. This can be used along with the self-review tool to identify and improve gaps within the organisations speaking up arrangements.

Next Steps:

All three levels of training from the National Guardian Office have now been rolled out throughout ELHT, "speak up", "listen up" and "follow up". All staff are encouraged to undertake the appropriate training. They are sign posted to the training during their PDR. However, take

up has been extremely disappointing despite promoting this training. To develop, create and embed a culture of open and honesty then every person within ELHT should be aware of how to raise concerns and how concerns are to be dealt with. We are still seeing a high level in concerns coming through the Guardian office, a majority of which, could have been raised directly with line managers and dealt with without the need for Guardian intervention. Training would enable concerns to be dealt with effectively within areas and built better cultures.

To work alongside the Director of People and Culture to ensure that the recommendations made within the audit are actioned and completed.

Continue to promote the service and undertake culture reviews in areas of concern in a timely manner, triangulating with other data, learning from outcomes and improving the culture.

Recommendation

To approve to note and approve the content of the report. Once approved the report will be made available to managers and staff.

To approve the recommendation from the Audit in relation to Freedom to speak up training becoming mandatory

To commit to completion of the Board Freedom to Speak reflection and planning tool along with training for all NED's, Executive Directors, and Board members.

TRUST BOARD REPORT

10 May 2023

Item **67**

Purpose Information

Title	New Hospitals Programme Quarter 4 Board Report
Executive sponsor	Mrs K Atkinson, Executive Director of Service Development and Improvement

Summary: The purpose of this report is to provide an update on the Lancashire and South Cumbria New Hospitals Programme for the Quarter 4 period: January to March 2023.

This quarterly report is presented to the following Boards:

- University Hospitals of Morecambe Bay NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Blackpool Teaching Hospitals NHS Foundation Trust
- Provider Collaborative

The report includes the progress against plan for January to March 2023, in particular providing an update on the potential new site options, progress on equality and health inequality impact assessments and continued engagement work.

It outlines next steps with the national New Hospital Programme business case and capital funding allocation.

Recommendation: It is recommended the Board:

- Note the progress undertaken in Quarter 4.
- Note the activities planned for the next period.

Report linkages

Related strategic aim and corporate objective -

Related to key risks identified on assurance framework -

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

NEW HOSPITALS PROGRAMME Q4 BOARD REPORT

1. Introduction

- 1.1 This report is the 2022/23 Quarter 4 update from the Lancashire and South Cumbria (L&SC) New Hospitals Programme.

2 Background

- 2.1 Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) are working with local NHS partners to progress the case for investment in local hospital facilities. The programme is part of cohort 4 of the Government's commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest building programme in a generation. Further information can be found on the ['Improving NHS infrastructure' website](#).
- 2.2 The L&SC New Hospitals Programme (NHP) offers a once-in-a-generation opportunity to transform some of the oldest buildings and develop new, cutting-edge hospital facilities. This will help us to offer the absolute best in modern healthcare, providing patients with high-quality, next generation hospital facilities and technologies. Hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.

3 National New Hospital Programme

- 3.1 **Programme business case and early / enabling works** – the national programme business case was presented to HM Treasury in February 2023. This will determine the capital range allocation and phasing for the L&SC NHP. The outcome of the national business case will also include the status of the L&SC bid for early works / investment at Furness General Hospital to improve the Critical Care Unit and Emergency Department. An announcement was expected in March 2023 and was not forthcoming. No announcements are now expected until after local council elections in May 2023.

3.2 **National guidance** – as part of cohort 4, L&SC NHP is expected to fully adopt the national NHP guidance, including: standard hospital design (Hospital 2.0); digital; demand and capacity modelling; and the associated underpinning assumptions. Members of the NHP team and wider system colleagues have been proactively supporting the national team on developing some key components of this guidance. This collaborative working was evident at a recent valuable and positive national NHP workshop on **Hospital 2.0**. Topics covered included: hospital design principles with a focus on single rooms; digital transformation; and workforce. When delivered in a standardised way, it is anticipated noteworthy time and cost benefits will be realised.

4 **Progress against plan (for the period January to March 2023)**

4.1 **Potential new sites** – the focus of this quarter has been on finalising the potential new site options for each Trust. This work culminated for this phase of the Programme with an update to the Strategic Oversight Group and Trust's Board of Directors.

4.2 Additional potential new sites have continued to be identified throughout this quarter, and these have been appraised against the agreed technical criteria and reported to the Strategic Oversight Group (SOG) in January 2023. It is important to note the Programme will continue to receive and assess new sites up to public consultation (if required) and business case submission.

4.3 To underpin potential new sites work, the Programme Team have concluded the RIBA stage 1 (Royal Institute of British Architects) bringing greater certainty to the deliverability of each site i.e., could a new hospital facility be accommodated on the site with sufficient supporting infrastructure. This work has incorporated further informative discussions with local authority planning and highways teams, finalisation of the latest designs, and a review of the traffic impact on the local infrastructure.

4.4 **Equality and health inequality impact** – the team are concluding this phase of work, having undertaken an assessment of the impact of the Programme on equality and health inequalities. The recent focus has been on the model of care, digital strategy, and potential new site selection and appraisal. This essential and important work will continue throughout future phases of the Programme to enable both the NHP and wider system to consider the likely impact of new hospital facilities on different groups

of people.

5 Public, patient and workforce communications and engagement

5.1 Lancaster University research report – the NHP team and colleagues from

Lancaster University were delighted to publish a joint research report this quarter. This has been the culmination of a collaborative project, which ran from March to July 2022. The focus was to review engagement with under-represented people within the Lancashire and South Cumbria region. The resulting new joint academic report, 'Engaging underrepresented people in a regional transformation project: co-production of a framework', has now been published on Lancaster University's website and also shared with all New Hospital Programme schemes across the country. For further information, read the [news article about the joint Lancaster University and New Hospitals Programme research report](#).

5.2 Under-represented communities and health inclusion groups – a report by the ICB has been developed on the engagement with under-represented communities and health inclusion groups conducted between December 2022 and February 2023. The aim was to focus on the priority groups highlighted by the NHP, which included some of the most seldom heard and the most hard-to-reach groups within the community. This phase of engagement has established a baseline and foundation for future, targeted engagement with these communities and networks, which will continue through the work of the ICB and provide insight to the NHP on a rolling basis.

5.3 Your Hospitals, Your Say – the report which brings together all the valuable input from the engagement work undertaken to date was published in September 2022. Work is underway to develop a British Sign Language (BSL) version of the Your Hospitals, Your Say report with support from Lancashire Teaching Hospitals NHS Foundation Trust's Blended Learning team. The BSL video will be available in Quarter 1 of 2023/24 on the [Your Hospitals, Your Say section of the NHP website](#).

6 Stakeholder management

6.1 Briefings – briefings and discussions have continued through NHP team-led staff updates / drop-in sessions with Primary Care Networks, ethnicity, disability and LGBTQ inclusion forums and carers forums. This is part of an ongoing, open dialogue with groups across our partner organisations, which provides continued insight and

feedback on the programme. Frequently asked questions are updated as new queries are raised and key themes of conversations are captured and analysed, inputting into the decision-making process and development of proposals.

7 Next period – Q1 2023/24

7.1 Following the announcement of the national business case, the Programme will work with the national NHP team to understand what this means for new hospital facilities in L&SC. Noting that the start of Q1 will coincide with the beginning of the pre-election period, so local announcements on the Programme could be delayed until after the local elections in May 2023.

8 Conclusion

8.1 This paper is a summary of progress on the Lancashire and South Cumbria New Hospitals Programme throughout Quarter 4 2022/23.

9 Recommendations

9.1 The Board is requested to:

- Note the progress undertaken in Quarter 4.
- Note the activities planned for the next period.

Rebecca Malin
Programme Director
April 2023

Jerry Hawker
Programme Senior Responsible Officer

TRUST BOARD REPORT

10 May 2023

Item **68**

Purpose Information
Action
Monitoring

Title Maternity and Neonatal Services Progress Update

Executive sponsor Mr P Murphy, Executive Director of Nursing (Board Level Maternity / Neonatal Safety Champion)

Summary:

The purpose of this report is to provide:

1. An overview of the safety and quality programmes of work within the maternity and neonatal services resulting from the National Maternity Safety Ambition, specifically relating to the ten CNST maternity safety actions included in year four of the NHS Resolution Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme. (Appendix 1 -CNST year 4 criteria)
2. Updates regarding ELHT maternity services response to the NHS England/Improvement (NHS E/I) – Ockenden review of maternity services/Three-year plan

Recommendation:

The Trust Board are asked to.

- Approve the CNST submission.
- To note the update report and recommendations, the progress against the plan to deliver the Ockenden immediate and essential actions, the maternity workforce planning position and any barriers that may impact the sustainability plans for delivery aligned with maternity and neonatology safety ambitions.

Report linkages

Related Trust Goal	<p>Deliver safe, high-quality care.</p> <p>Compassionate and inclusive culture</p> <p>Improve health and tackle inequalities in our community.</p> <p>Drive sustainability</p>
Related to key risks identified on assurance framework.	<ol style="list-style-type: none"> 1. The Trust fails to meet the required statutory requirements and compliance associated with health and safety legislation and is therefore subject to formal legal action via regulatory bodies such as Health and Safety Executive. 2. The Trust cannot fulfil the requirements of the NHS Constitution, relevant legislation, Patient Charter and the recommendations of the Lancashire and South Cumbria ICS Health Equalities Commission in relation to reducing health inequalities. 3. Failure to develop a compassionate inclusive, wellbeing and improvement focused culture will impede our ability to attract and retain the right workforce. 4. Recruitment, retention, and workforce planning/redesign fail to deliver the Trust objectives and strategies (including the Clinical Strategy).

Impact

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

Previously considered by:

1. INTRODUCTION

The purpose of this report is to provide:

1. An overview of the safety and quality programmes of work within ELHT maternity and neonatal services resulting from the National Maternity Safety Ambition, with a direct focus on the Secretary of State's ambition to halve the number of stillbirths, neonatal and maternal deaths, and brain injuries by 2025. This will include reduction of the pre-term birth rate from 8%-6% by 2025.
2. A monthly progress summary with any exceptions to be evidenced at trust boards with clear plans specifically relating to the ten CNST maternity safety actions included in year four of the NHS Resolution Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme (*MIS*)
3. Regular Updates regarding ELHT maternity services response to the NHS England/Improvement (NHS E/I) – Ockenden review of maternity services.
4. ELHT Response to the three-year delivery plan March 2023, as directed from the East Kent report in October 2022.

A bi-monthly assurance and or exception report will be provided to ELHT Board of Directors for ongoing oversight and monitoring of maternity and neonatal services. This will also include a bi-monthly floor-to-board Maternity and Neonatology agendas from directorate meetings to be discussed at Trust Wide Quality Committee.

2. MATERNITY INCENTIVE SCHEME

2.1 Update as of May 2023

As of May 2023, the CNST – MIS for Year 4 has been submitted on the 2nd of February 2023 with 9/10 Safety Actions submitted with Full compliance. ELHT submitted non-compliance with Safety action one – PMRT reporting. Year 5 reporting guidance is yet to be received into all Trusts.

Once Year 5 guidance is released, a summary of progress regarding the attainment of all ten safety actions will be detailed within this report throughout the reporting period.

2.2 Safety Actions at Risk

Any barriers or exceptions relating to any safety actions at risk will be provided to Trust Board throughout the CNST reporting period 2023/24. Assurances with ongoing progress will be reflected in trust boards reports as discussed.

Progress with Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?

Please see below the improvements made to support the fail/safe validation processes and progress tracker for Trust Board reflecting PMRT compliance against the CNST standards, this currently reflects all eligible cases between February to present.

Improvements to the assurance processes identified via the recent mapping exercises with distributed leadership are now in place, these include revision of the current Standing operating procedure (SOP) to clearly demonstrate the revised failsafe processes, Immediate template revision to mirror a rapid review, introduction/ embedding of a dedicated PMRT inbox and standardisation of how the PMRT cases are documented.

Governance administrator role to support fail/safe processes for close monitoring of the validation timelines avoiding direct clinician reliance. Monitoring and assurances of timelines are a weekly agenda item at Quality and safety meetings with direct reporting through the maternity governance board by the consultant lead for PMRT. ELHT has met the quarterly standard required since CNST year 4 submission date.

Table 2 Perinatal Mortality Review Tool progress tracker

Safety Action 1 (Standard A)	Compliance	Rag
i. All eligible perinatal deaths must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within one month of the death.	100% 6/6	
ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT will have been started within two months of each death	100% 6/6	
Safety Action 1 (Standard B)	Compliance	Rag
i. At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool within four months of each death and the report published within six months of each death	63.6% 7/11	
Safety Action 1 (Standard C)	Compliance	Rag
i. For at least 95% of all deaths of babies who died in your Trust, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any questions and/or concerns they have about their care and that of their baby have been sought.	100% 6/6	
Safety Action 1 (Standard D)	Compliance	Rag
Quarterly reports will have been submitted to the Trust Board that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety and Board level safety champions.	Submission w/c 25 th April	

2.3 MIS - Items to note.

Safety Action 5 – Midwifery Workforce

The business case including the findings and plan to cover identified shortfalls from the Birth-rate plus final report is currently in draft, with a plan to be complete for submission by mid-June 2023, the final plan will be available for trust board in July 2023.

Safety Action 9 – Board Assurance

The Maternity and Neonatal Safety Champions newsletter (volume 1) has been circulated which aims to update all staff on topics such as feedback/actions taken from monthly walk rounds, both staff and service user feedback and key service / transformation programme updates.

Executive and Safety Champions Walk rounds of all Maternity and Neonatal areas are scheduled throughout 2023, Walk rounds have taken place this year so far within Antenatal Ward, Induction & Triage, Postnatal Ward & Transitional Care, and Central Birth Suite & Close Observation Unit.

3. OCKENDEN UPDATES

A regional site visit took place on Thursday 16th March led by the Regional Chief Midwife and a LMNS Insight Visit on Tuesday 28th April these visits were led by the Divisional Director of Maternity and Nursing alongside the Clinical directors for maternity and Neonatology.

Regional Site Visit

The regional site visit is an annual visit to the Trust, with an opportunity to highlight good practice, celebrations, progress on the maternity transformation programmes and raise any pending concerns or issues arising.

ELHT provided key updates including the increase in direct midwifery workforce funding allocated, recruitment position with new posts as directed in the RCM manifesto (December 2020) to increase specialist posts and the next steps following ELHT birth rate plus final report (September 2022) aligned with CNST Safety action five. Newly funded posts include the appointment of a consultant midwife, a matron for antenatal outpatients/ specialist services and several midwifery specialist posts required to deliver on NHS workstreams, one being the tobacco dependency roll out programme for all pregnant women.

ELHT maternity services received a small number of Should Do's following publication of their Maternity CQC report in January 2023. One example being to devise a Birth Centre bespoke clinical strategy. This collaborative work has begun with a sequence of successful engagements events where ELHT maternity divisional team took part in consultations with the Birth Centre teams to introduce and pilot a new on call staffing model. The primary aim of this workforce review was to support the current service model and help evaluate the next steps leading towards delivery of midwifery Continuity of carer (MCOC) model.

The Trust received positive feedback from the Regional Chief Midwife on current progress in the deliverables of maternity transformation programmes adding that the culture and team working is clearly demonstrated as collaborative with excellent team working.

ELHT Maternity services will continue to report progress directly into the Local Maternity and Neonatology system (LMNS) throughout the year in view of services not within the remit of the Maternity Services Support Programme (MSSP) this programme has a direct focus with trusts who sit within the Requires Improvement or Inadequate CQC reporting position.

LMNS Insight Visit

The Trust reported full compliance (Green Status) with the 46 asks of the first 7 Immediate and Essential Actions (IEAs) of the Ockenden report, as previously identified actions have been completed including evidence of ringfenced budgets for maternity training, and completion of the Birth-rate plus exercise to demonstrate an effective system of clinical midwifery workforce planning to the required standard.

The Trust gave examples of successful sustainability measures for the asks previously noted as compliant such as monitoring of the National Maternity Services Data Set, effective planning of re-audits registered on the ELHT forward planner, audit compliance with all elements of CNST-MIS such as Safety Action 6 Saving Babies Lives v2 and continued forums with examples of co-production with service users through the Maternity Communication Strategy Group.

The Trust gave updates relating to the recommendations from the previous Insight Visit (April 2022) as below:

Recommendation	Progress	
<p>1. Compensatory rest arrangements for consultants following on call.</p>	<p>Obstetric consultant meeting took place September 2022, minutes available to review compensatory rest allowance and interim process the consultant body with an agreement in principle that if any consultant is required to work beyond 2am they will receive compensatory rest the next day and their clinical activity will be covered. A business case is yet to be drafted aligned with the Ockenden 2 requirements to include all the workforce requirements for additional compensatory rest including all multi-professionals.</p> <p>This requires an SOP to reflect the principal agreement as a holding policy awaiting workforce funding to meet all requirements of the full Ockenden report.</p>	
<p>2. Consider how patients who have a cognitive impairment, visual impairment or English is not their first language have</p>	<p>Midwifery lead and Mat/Neo Project Manager are engaged in Choice and Personalisation Workstream with regional colleagues looking at standardised improvements and actions with regards to translation and equal access. The region is currently reviewing data of the most frequently used languages by service users to liaise with Clever Med for further translation opportunities such as Urdu.</p>	

<p>equal access and input into their records</p>	<p>Locally a task and finish group has commenced with midwifery leaders, directorate managers, service improvement, and key Trust level colleagues to review the current services available and to establish the current experience from a service user point of view. This group has a live action tracker in place looking at key workstreams such as promoting the DA Languages services, training the workforce, reviewing governance structures with specific reference to equal access.</p> <p>The Trust has an Accessible Information Standards group which manages Trust processes for equal access to records and information which this task & finish group will link into.</p>	
<p>3. The Trust has employed a PMO to coordinate the maternity transformation programme, the regional maternity team consider this best practice. Consider how it shares best practice models with other trusts and the LMS</p>	<p>Project Manager has presented and shared programme management best practice use of SharePoint with the Trust Quality Committee attendees, Deputy Chief Midwifery Officer Sascha Wells-Munro, Cheshire and Merseyside Senior Leaders Group, and Head of Midwifery has shared and planned for presentation LMNS.</p> <p>The current project manager is not employed directly to cover the MTP but is a division-wide resource. It became apparent that Maternity & Neonatal Transformation Management is a full-time role and ELHT have submitted a bid to ask for a full time PMO through CNST in view of Safety Action 1 non-compliance this year</p>	
<p>4. Ensure that all staff regardless of grade can inform and participate in QI initiatives to ensure QI capacity and capability building</p>	<p>A Maternity and Neonatal Improvement Support Officer has been appointed as in post as of 11th April 2023. The role alongside the project manager will support capability and capacity for identifying areas of improvement, implementing improvement through QI methodology and communicating this across the service.</p> <p>Ongoing improvements include those related to drivers of Mat/Neo SIP for optimisation measures such as early breastmilk, improvement themes from the ATAIN reviews, QI work to maintain and enhance the standards and requirements of the UNICEF gold standard for breastfeeding, co-production improvements relating to communication and information such as the website reviews, and improvements based on culture and workforce as informed by culture and staff surveys.</p>	
<p>5. Ensure that the service user voice is representative of the population served</p>	<p>ELHT maternity services have the Maternity Communication Strategy Group which is ongoing with a service user feedback tracker in place. This enables continued discussions and collaboration to reach service users ensuring representation of the population.</p> <p>The attendance for this group has been extended to include external colleagues with specific reach to community groups such as Home Start East Lancashire and BwD Re:Fresh. The Trust will also enhance the outreach to service users within the population through the prevention lead midwife commencing in post.</p>	

	<p>ELHT maternity services need to strengthen the above further with richer feedback through the MVP from the population served and the maternity champions, achieved by adding an MVP co-chair into the structure as advised by the Toolkit within the Perinatal Quality Surveillance Model, and strengthening our outreach to the population for feedback such as focus groups and dedicated time and resource for co-production projects. This needs a 12-month schedule of out-reach groups and administration to support this and MVP minutes.</p>	
<p>6. Undertake a capacity and demand exercise and consider re-establishing a 5 day per week service for elective caesarean sections.</p>	<p>The ELCS process has been mapped to look to move to a 4-day model which would allow for five sections each day, twenty slots per week. This was included into a business case which has been discussed within divisional triad and taken to Trust level - this was not funded by Board at this time due to the Trust financial position for 22/23.</p> <p>Therefore, the current model remains at 3 days with between 15-18 slots per week. Additional utilisation takes place weekly via risk assessment by the consultant lead for labour ward to ensure all elective procedures have slots in the recommended times aligned with guidance and service user discussions.</p> <p>There are ongoing forums with a working group to continue to mitigate capacity issues including capacity sessions running on a Friday, and further process mapping to look at the scheduling of ELCS on the journey of improvement aligned with the rising c-section rate. A risk assessment is in place to demonstrate the controls in place to manage the safety of elective caesarean section lists,</p>	

4. THREE YEAR PLAN FOR MATERNITY & NEONATAL SERVICES

This plan published by NHS England on the 30th of March 2023 sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. Taking into consideration the findings of the Ockenden and East Kent reports and aligning to the existing Maternity and Neonatal Safety Ambition, the key priorities have been outlined as:

- Listening to women and families with compassion which promotes safer care.
- Supporting our workforce to develop their skills and capacity to provide high-quality care.
- Developing and sustaining a culture of safety to benefit everyone.
- Meeting and improving standards and structures that underpin our national ambition.

Our response will be driven through a programme management plan, inclusive of an annual schedule of monitoring and reporting, a communication strategy outlining how updates and co-production will be delivered with both staff and service users, a tracker for funding, allocation, and benefits realisation, and a visual local dashboard aligned to the regional and national data sets.

Local monitoring and reporting will include a set structure of individual task & finish groups identified through CNST Safety Action and Ockenden Immediate and Essential Actions, monitoring of all governance aspects via the Obstetrics and Neonatal Governance Board identifying any themes and trends to commission the Service Improvement Board as required. Reporting of key updates and exceptions regarding individual projects and initiatives aligned to the overall programme plans will take place at the Maternity and Neonatal Service Improvement Board, reporting into the Divisional Service Improvement Board and/ or Divisional Management Board as required.

Alongside this reporting within the division the schedule will include reporting dates to the Trust via Quality Committee and Public Trust Board as well as externally to identified forums such as the LMNS Quality Assurance Panel.

5. CONCLUSION

On Behalf of ELHT maternity and neonatology services this bimonthly assurance report to trust board will provide progress updates of the ten CNST maternity safety actions once the Year 5 guidance is received, implementation of the immediate and essential actions outlined within the full Ockenden report soon to be interwoven into the three-year delivery plan as recommended from the East Kent report findings published in March 2023.

In addition, progress following the National Quadrumvirate training attended by ELHT Maternity/Neonatal team in phase one (November 2022- April 2023) will be reported through trust boards with the objectives aligned within the three-year plan.

TRUST BOARD REPORT

Item **69**

10 May 2023

Purpose Information

Title Finance and Performance Committee Summary Report

Executive sponsor Mr S Barnes, Committee Chair

Summary: The report sets out the summary of the papers considered, and discussions held at the Finance and Performance Committee meetings held on 27 February and 29 March 2023.

Recommendation: The Board is asked to note the report.

Report linkages

Related Trust Goal -

Related to key risks identified on assurance framework -

Impact

Legal No Financial No

Equality No Confidentiality No

Previously considered by: NA

Meeting: Finance and Performance Committee

Date of Meeting: 27 February 2023

Committee Chair: Stephen Barnes, Non-Executive Director

ITEMS APPROVED

- The minutes of the previous meeting held on 30 January 2023 were approved as a true record of the meeting.

ASSURANCE RECEIVED

1. Finance Reporting

The Committee were informed that the national team had agreed on a £30 million control total deficit for Lancashire and South Cumbria (LSC) for the 2022/23 financial year. It was explained that the Trust's share of the deficit equated to £5.1 million. Members were informed that the Trust would be able to meet its share of the deficit, however there would be considerable risk in meeting the financial targets for the new financial year.

Members were advised that should any of the provider Trusts fail to achieve their share of the deficit, there would be a collective responsibility to ensure that the target value was met which could result in the Trust needing to identify and release further savings.

The Committee were updated on the month 10 position, noting that at the end of month 10, a £5 million deficit was being reported. Members were advised that the Trust would meet its recovery programme targets and that it currently had a healthy cash balance of £35 million.

Members noted the biggest risk to the Trust's capital programme was that just under 30% of capital funding had been utilised after 10 months. Members were advised that this was similar to previous years and significant activity was expected to take place in the final months of the financial year.

An update was provided on the Better Payment Practice Code (BPPC) showing that the Trust performance had achieved 96.9% to date.

The Committee recognised:

- the work being undertaken by colleagues both within the Trust and across the LSC system.
- the risks that sit within this area and the discussions taking place to mitigate these.
- the risks to the Trust's capital spend programme.
- the improvements made to the Trust's performance for the BPPC.

2. National Planning Guidance

Members were informed that the Trust was still receiving the national planning guidance and discussions were ongoing, particularly around elective recovery and how it would be managed. Members were reminded about key changes to the planning guidance for 2023/24, including contracts being split by Commissioners. Members noted that within the contract, there would be three main elements to negotiate through contract negotiations. These covered elective activity, variable non-elective recovery fund contracts, and fixed block contracts.

Members were informed that there would be a 109% activity target, based against the 2019/20 activity levels. Furthermore, collectively across the system, 104% was being achieved. Members were informed about the key risks to the plan, noting the significant stretch target of 109% activity, alongside any impacts from ongoing industrial action, the impact of the Electronic Patient Record (EPR) system implementation, and lifecycle improvement work taking place in the Trust.

The Committee was advised that the first draft plan had been submitted to the Integrated Care Board (ICB), however work continued on the plan and discussions were taking place with the ICB to confirm submission dates for approval prior to presentation to the ELHT Trust Board.

The Committee noted that 50 beds were being taken out of operation due to fire mitigation works and the activity target would be challenging to achieve. Furthermore, a request had been submitted to alter the Trust's baseline due to the significant schemes of work taking place in the Trust over the next 12 months.

The Committee were presented with the draft financial plan, noting this had been submitted to the ICB on Thursday 23 February 2023 and showed an opening deficit for the Trust of £64 million. Members noted that a 3% cost improvement programme (CIP) saving had been agreed for each provider and that several iterations of the LSC ICB contract offer had been received.

Members were informed that financial guidance was still being received and that two sessions were taking place to discuss the financial plan with the other LSC Trusts to receive a better understanding of their position and assumptions. It was noted that the Trust's forecast income against planned income showed a reduction of £24 million, whilst forecast expenditure against planned expenditure showed an increase of £34.1 million.

The Committee requested an update on the impact of the removal of 50 beds and mitigation actions to be provided at the next meeting.

3. Improvement Update

Members received a presentation on the improvement work being undertaken in the Trust. It was noted that the improvement work within Histopathology for Cancer performance was coming to fruition with the average turnaround time for specimens reducing by 14 days. Furthermore, the backlog of specimens to process had now reduced to zero.

Members were advised that within Outpatients, in particular patient initiated follow ups (PIFU) within Chronic Pain, there had been a reduction in the holding list from 250 patients to 58. Members were advised that within Endocrinology, there were nine areas of special cause improvement. It was noted that if the holding lists were able to be reduced, there would be the potential for significant financial savings due to the need to run additional clinics in order to meet patient needs.

A discussion was held about how to formally recognise the work being undertaken by staff, with consideration given to holding an improvement awards event.

4. Integrated Performance Report (IPR)

The Committee were informed that for the month of February 2023, up to the date of the meeting, performance had reached 76.3% against the 4-hour target within Accident and Emergency. Furthermore, there had been an improvement for the 12-hour patient experience, with only 5.1% of patients having waited longer, compared with 13.6% in December 2022.

Members were informed that the Trust had moved from Tier 1 to Tier 2 for Cancer performance, and had spent several weeks out of the bottom 20 performing Trusts for Cancer services.

Members were advised that there were 34 patients that had waited for 78-weeks or more and these cases were being micromanaged to ensure they received treatment.

5. Covid-19 and Restoration Update

The Committee were informed that the Trust's activity was 101% compared to 2019 levels, and had a theatre utilisation rate of 85%. It was noted that a step change would be required in order to reach the 109% activity target for the coming financial year.

6. Quarterly Workforce Update

Members were informed that filling vacancies continues to be a challenge, however there had been an agreement for significant international recruitment to be undertaken, and work continues to create a compassionate and inclusive culture at the Trust. An update was provided on the

Trust's retention, noting that exit surveys were now available to be completed online and were producing good data from the people who were completing them.

Members received an update on the work taking place across the system to reduce agency spend and rates and create a collaborative staff bank. It was noted that this work had the potential for significant savings once in operation.

It was noted that staff sickness had reduced and was now below 5%.

7. PLICS and Model Hospital Update

Members were informed that the new Patient Level Information and Costing System (PLICS) had now been installed in the Trust and received a demonstration of the system. Members noted that although reports present in the system date back to 2019/20, any changes implemented to the 2022/23 reports would not be reflected due to the previous system only being available as legacy reports.

It was shown how the system can display the full patient journey and how the summary dashboard has the capability to display information at specialty level and compare costs against income.

Members were updated on the next steps including comparing against national averages and benchmarking.

8. Private Finance Initiative (PFI) Update

Members were updated on the work progressing at Royal Blackburn Teaching Hospital (RBTH) and Burnley General Teaching Hospital (BGTH) sites with the relevant PFI partners. Members were advised that the handover for the front door work at BGTH had been delayed and the expected date would now be during March 2023.

9. Corporate Risk Register (Committee Specific Items)

The Committee were informed that following the Mersey Internal Audit Agency (MIAA) audit in January 2022, there had been substantial improvement to the risk register over the past 12 months. Members noted there had been a 48% reduction in the number of open risks, a 56% reduction in the number of overdue risks, and 99% of all tolerated risks were now in date. Members were advised that work had commenced with the Good Governance Institute to enact work for the remaining outstanding action from the MIAA audit relating to training.

Members were informed that there were 18 risks on the Corporate Risk Register (CRR) with the only change from the previous reporting cycle being an improvement in the effectiveness of controls with regards the mental health risk. This was due to the work that had commenced with Lancashire and South Cumbria NHS Foundation Trust (LSCFT).

The Committee were informed that the next time the report would be presented, it would be aligned to the Board Assurance Framework (BAF) format in order to allow for quick verification and comprehensive action against each of the risks.

10. Board Assurance Framework

The Committee were informed that the revised BAF had been reviewed by the Executive Directors and that the Board Session for the annual review would be held in the coming months dependant on availability.

Members were advised that the BAF risks would be revisited to ensure they are captured in a strategic format, with the intention that the document would be kept “live”.

Members were informed that the BAF risk scores had not changed from the previous iteration.

ITEMS TO ESCALATE TO THE AUDIT COMMITTEE AND TO THE TRUST BOARD

ITEMS FOR ESCALATION

- | | |
|--|---|
| 1. The Trust’s financial position. | To Audit Committee and to the Trust Board |
| 2. An update on the Private Finance Initiative programme of works. | To Audit Committee |

ITEMS RECEIVED FOR INFORMATION

Any Other Business

- The Director of Corporate Governance informed members that Non-Executive Directors would be receiving an invitation from the Corporate Governance team to attend an upcoming session with the Audit Committee where the Standing Financial Instructions and Standing Orders would be revised as part of the annual review process.

MEETING: Finance and Performance Committee

DATE OF MEETING: 27 March 2023

CHAIR OF MEETING: Stephen Barnes, Non-Executive Director

ITEMS APPROVED

- The minutes of the previous meeting held on 27 February 2023 were approved as a true record of the meeting.
- National Planning Guidance: Directors approved the submission of the planning document under the delegated authority from the Trust Board and agreed that any further changes would be shared by email.
- Lancashire and South Cumbria Procurement Strategy: The Committee approved the proposed strategy.

ASSURANCE RECEIVED

1. Action Matrix

Members received a brief update on the Better Care Fund (BCF), with members being advised that a working group had been created to ensure one route for all funding systems which would eliminate duplication and provide oversight in relation to decision making.

Members received an update on the effect of removing 50 beds across the Trust due to fire remediation works. It was noted that work is taking place to see if 30 additional beds could be located within the current estate, however there was no additional funding for a Portacabin and the Blackburn site was at capacity.

2. Finance Reporting

The Committee were informed that the previous meeting, the Trust was forecasting a £5 million deficit, however this had now been revised to a forecast break-even position. In addition, the previously reported £30 million system control deficit had improved and was now reported to be £27 million.

It was noted that as month 11, the Trust was still in a deficit position, however there was confidence that the breakeven position would be achieved. Discussion was held regarding increased costs relation to pharmaceutical products. It was explained that increased costs had occurred due to supply issues following Brexit, and increasing numbers of drug shortages, in addition to the impact of inflation.

Members were informed that the majority of capital spend generally took place in the final months of the financial year, and the Electro Bio-Medical Engineering (EBME) team were working to ensure all medical kit to be purchased with capital money would be received by the end of the financial year.

Members received an update on the Better Payment Practice Code (BPPC), noting that although the Trust had struggled with the percentage of non-NHS invoices paid, there was confidence this target would be met by the end of the year.

3. National Planning Guidance

Members were informed that final plans were due to be submitted by 31 March, however it was likely that further drafts would be submitted before the final plan was accepted.

Members were informed that the Trust had resubmitted its activity plan, committing the to the target to see at least 76% of patients within 4 hours in Urgent and Emergency Care. It was explained that the 92% bed occupancy target was not being committed to due to the reduction of beds across the Trust as a result of fire mitigation works.

The Committee were advised that the Trust had committed to achieving the faster Cancer diagnosis standard by March 2024, and to achieving zero long waiting patients over 65 weeks by March 2024. It was noted that the Trust had a target of 109% activity compared to 2019/20 activity levels.

Key risks to achieving the targets in the plan included the impact of ongoing industrial action, the impact of the Cerner Electronic Patient Record (EPR) implementation, and the impact of the theatre lifecycle work, including other associated estate mitigations.

Members were informed that the Trust had not planned for ongoing industrial action, and during the previous strike action, a number of patients appointments were cancelled. It was noted that the upcoming Junior Doctor strike would be for a longer period and would also have the added impact of the Easter holidays.

Members were informed that further financial detail was to be added to the plan, and the submission taking place by 31 March would have further financial iterations published weekly. Members were advised that the ICS had proposed a draft position of a £300 million deficit, however this had not been accepted by the national team.

The Committee were informed that it would be unlikely that the Trust would have any significant workforce growth in the new financial year and that the Workforce Control Group is reviewing all vacancies. Members were referred to the Trust's £32 million savings programme, with an explanation that this would still result in a deficit overall.

A discussion was held regarding the allocation of funding from the ICB, with members being informed that a full balance sheet review was to be undertaken and clarity would be sought on why any allocations or decisions had been made.

Members noted that the draft income and expenditure plan showed a £47 million deficit due to a reduction in income and increase in expenditure. It was explained that this was inclusive of a £32 million waste reduction programme, of which £27.3 million of schemes had been identified. Members noted that the draft capital plan was £27.1 million and primarily consisted of 3 big schemes. These were the Reinforced Autoclaved Aerated Concrete (RAAC) roof replacement, the Emergency Flow scheme, and implementing the EPR.

Members were referred to the draft WRP, noting that some work schemes were already in progress. Members were informed that work was taking place to create a three-year plan, however there would be a number of non-recurrent costs involved. It was suggested that business cases that had been approved but not yet started could be either paused indefinitely or cancelled.

Directors approved the submission of the planning document under the delegated authority from the Trust Board and agreed that any further changes would be shared by email.

4. Improvement Update

This item was covered as part of the National Planning Guidance item.

5. Integrated Performance Report (IPR)

The Committee were provided with an update on current performance, with members being informed that Accident and Emergency performance against the 4-hour target was recorded at 76%. It was noted that the Trust had experienced several busy periods which had impacted on 12-hour breaches and ambulance handovers.

Members were advised that there were 6 patients that had waited for 78-weeks or more and these cases were being micromanaged to ensure they were seen by the end of March 2023.

Members were informed that theatre utilisation was performing well with 86% utilisation. Furthermore, there had been a significant improvement against the Cancer trajectory with the backlog being ahead of plan.

6. Covid-19 and Restoration Update

This item was covered as part of the Integrated Performance Report

7. Lancashire and South Cumbria Procurement Strategy

The Committee were updated on the Lancashire and South Cumbria Procurement Strategy. Members were informed that across the system, there were currently three procurement teams covering the Lancashire Procurement Cluster (LPC), University Hospitals of Morecambe Bay NHS Foundation Trust, and Lancashire and South Cumbria NHS Foundation Trust. Members noted that there were complimentary skills across the services and if they were able to be brought together, it would place Lancashire and South Cumbria in a preeminent position regionally and nationally.

Members were informed that current performance and governance arrangements would continue with the LPC Board featuring Trust representation.

It was noted that the biggest challenge to the proposal would collaboration arrangements and current contracts creating significant barriers for alignment.

The Committee supported and approved the proposed strategy, noting the intention for this to be expanded to wider system partners including the ICB and local authorities in the future.

8. Blackburn with Darwen 0-19 Healthier Children Tender

The Committee were updated on the tender process taking place for the Blackburn with Darwen 0–19-year-old healthier children service. It was noted that the tender exercise covered three lots, with the option to bid for all three lots, however providers would only be awarded a maximum of two. The lots covered the 0-19 Integrated Public Health Nursing Service, Specialist Infant Feeding Service, and Community and Voluntary Support.

Members were informed that work would continue on the Trust's bid, and that the submission date was 13 April 2023.

The Committee were advised that due to the timing of the tender, it was proposed that final bid details would be shared with the Committee, and further details would be shared with the Executive Team in the coming week.

9. Private Finance Initiative (PFI) Update

Members were advised that the Fire and Remediation Board had been established with the first meeting taking place on Friday 17 March. Members were informed that Lancashire Fire and Rescue had confirmed that a 12-month extension to the enforcement notice would be offered, however this had not yet been formally received. There was discussion regarding the key risks for the fire prevention programme of works, including the potential that despite the 12-month extension, it could take longer to complete.

The Committee was informed that work on the Infusion Suite had now been completed and the area opened for use earlier in the month. It was noted that there had been delays with handing over the new Spiritual Care Centre and Catering dispensary at Burnley General Teaching Hospital (BGTH) and this was now being progressed with Equans.

ITEMS TO ESCALATE TO THE AUDIT COMMITTEE AND TRUST BOARD

ITEMS FOR ESCALATION

No items were escalated to either the Audit Committee or Trust Board but the Committee remained concerned for the financial challenges for the coming financial year which continue to be discussed at Committee and Trust Board level.

ITEMS RECEIVED FOR INFORMATION

Any Other Business

There was no further business

TRUST BOARD REPORT

Item **72**

10 May 2023

Purpose Information

Title Quality Committee Summary Report

Executive sponsor Miss N Malik, Committee Chair

Summary: The report sets out the summary of the papers considered, and discussions held at the Quality Committee meetings held on 22 February and 29 March 2023.

Recommendation: The Board is asked to note the report.

Report linkages

Related Trust Goal -

Related to key risks identified on assurance framework -

Impact

Legal No Financial No

Equality No Confidentiality No

Previously considered by: NA

MEETING: Quality Committee

DATE OF MEETING: 29.03.2023

CHAIR OF MEETING: Naseem Malik, Non-Executive Director

ITEMS APPROVED

- The minutes of the previous meeting held on the 22 February 2023 were approved as a true and accurate record.

ASSURANCE RECEIVED

1. Patient / Staff Safety

No immediate issues of patient or staff safety were raised, but an update was provided to the Committee on the actions being taken by the Trust following the most recent round of industrial action taken by junior clinician colleagues. It was noted that the situation had been managed well, with no incidences of patient harm or staff wellbeing being compromised, but members were informed that a total of 790 day case / elective inpatient activities had needed to be rescheduled. The Committee noted that the working arrangements put in place over the strike presented a number of opportunities for learning and to consider what could be done differently to cover longstanding vacancies and develop Trust staff in new and innovative ways.

Members were informed that the next round of industrial action planned for April 2023 would likely have a more significant impact due to it coinciding with the Easter break when more colleagues would be on leave.

2. Cancer Update

Members were updated on recent achievements regarding the Trust's cancer performance, including a significant reduction in its patient backlog from 610 in November 2021 to 172 in March 2023. It was noted that several other positive developments had taken place in each cancer specialty area, with several longstanding vacancies being filled and improved engagement from clinical colleagues. The Committee was informed that there were several challenges expected over the coming months, including increasing numbers of referrals and the additional pressures on the Trust's capacity caused by mutual aid arrangements across the system.

3. Pressure Ulcer Update

The Committee received an update on the Trust's ongoing efforts to manage an increase in pressure ulcer incidents seen over the previous 12-month period. It was noted that there had also been an increase in recorded lapses in care and that this was due in large part to the extreme pressures placed on the Trust's urgent and emergency care pathways over recent months. Members were also informed that other work was taking place to address issues with skin assessments, timely prescribing of equipment and issues with staff training and competencies.

The Committee:

1. Agreed for a further update to be provided to the Committee in September 2023 to allow the measures put in place to be embedded properly and to give a clearer picture of any improvements made.

4. Quarterly Mortality Report

An update was provided to members on the Trust's mortality performance. The Committee noted that the Trust's Hospital Standardised Mortality Ratio performance was outside of expected ranges and that work was taking place with colleagues from Dr Foster to address ongoing issues with their reporting mechanisms.

The Committee:

1. Agreed for further mortality updates to be provided on a quarterly basis going forward.

5. Patient Safety Incident Assurance Report

A summary of highlights from the Trust's Patient Safety Incident Response Framework was presented to the Committee. It was noted that a small number of outstanding incidents under the previous Serious Incidents Framework had now been successfully closed and that the Lessons Learned Group had now been in place for over 12 months.

6. Nursing Assessment and Performance Framework (NAPF) Update – Annual Report

The Committee received the annual report for the Trust's NAPF process. Members noted that 26 separate areas had now received 'Silver' accreditation under the NAPF scheme and that there had been significant improvements made to mattress management across the Trust.

7. Infection Prevention and Control Report

Members were informed that, following an extensive analysis of COVID-19 infection rates across Trust sites, the decision had been taken earlier in the month to relax mandatory mask wearing requirements in non-clinical areas.

8. Integrated Performance Report

The Committee received a summary of key performance metrics for February 2023. It was noted that the Trust had been ranked 36th out of 116 organisations nationally for its four-hour accident and emergency performance and 13th out of 38 regionally, and that there had been an average of 567 attendances per day. It was confirmed that the Trust was still performing well with regard to ambulance handover times and that any taking longer than 60 minutes were being actively addressed with colleagues from the North West Ambulance Service.

Members were informed that due to the significant improvements made to the Trust's cancer backlog, it had now been stepped down from tier one to tier two performance monitoring.

9. Trust Wide Quality Governance Update

A summary of the discussions from the most recent meeting of the Trust Wide Quality Governance Update was provided to members. It was highlighted that good completion rates for the newly implemented Patient Safety National Training were already being achieved, with 12 months remaining for it to hit the required figures, and that good progress was being made with a wider review of overdue policies and Standard Operating Procedures.

ITEMS TO ESCALATE TO THE AUDIT COMMITTEE AND TRUST BOARD

ITEMS FOR ESCALATION

None

ITEMS RECEIVED FOR INFORMATION

None

MEETING: Quality Committee

DATE OF MEETING: 22.02.2023

CHAIR OF MEETING: Naseem Malik, Non-Executive Director

ITEMS APPROVED

- The minutes of the previous meeting held on the 25 January 2023 were approved as a true and accurate record.

ASSURANCE RECEIVED

1. Patient / Staff Safety

The Committee was informed that a Never Event incident had been declared the previous week, involving a patient undergoing shoulder surgery who had had pain medication injected into the incorrect arm, resulting in them having temporary paralysis in both of their upper limbs. It was confirmed that no harm had come to the patient and that the rest of their procedure had gone ahead without further incident. It was also confirmed that this Never Event was being thoroughly investigated and that a further update would be provided to the Committee once this process had been completed.

Members received an update on the measures being put in place to prepare the Trust for the 72-hour industrial action planned by junior doctors in March 2023. It was noted that divisional colleagues were already working to finalise staff rotas and that it was likely that more senior colleagues would have to 'step down' to fill in any gaps.

2. Reporting: Corporate Risk Register (CRR)

Members were informed that there 18 active risks on the Trust's CRR and that this was expected to increase to 19 following discussions at the most recent meeting of the Executive Risk Assurance Group (ERAG). It was highlighted that there had been a substantial reduction of 56% in the number of overdue risks since the previous update provided to the Committee.

Members noted that the effectiveness of the controls assigned to risk ID 9557 (Aggregated risk – patient, staff and reputational harm as a result of the Trust not being registered as a mental health service provider) had been changed from inadequate to limited following the registration of the Trust with the Care Quality Commission (CQC) for the provision of treatment for patients admitted under the Mental Health Act.

It was reported that the Trust's new RADAR incident reporting system was expected to be in place later in the year and would lead to substantial improvements in the Trust's risk management capabilities.

3. Risk Reporting: Risk Assurance Meeting Update

A brief summary of the discussions that had taken place at the most recent meeting of the RAM was provided to the Committee. Members were informed that the terms of reference for the RAM were currently being reviewed and would be presented at a future meeting of the ERAG for approval.

4. Board Assurance Framework (BAF)

The Committee was informed that the BAF had been reviewed and revised by Executive Directors since its previous iteration. It was also explained that the full annual review process of the BAF would be taking place over the coming weeks in preparation for a revised version to be presented the Trust Board in May 2023 for ratification. Members noted that this would include a review of the Trust's risk appetite statement and that there would be more triangulation with the ICB system wide assurance framework going forward.

5. Integrated Performance Report

Members received a summary of key performance metrics for January 2023. They were informed that the Trust's Summary Hospital-level Morality Indicator (SHMI) performance remained with expected ranges at 1.05 but advised that its Hospital Standardised Mortality Ratio (HSMR) performance was currently higher than it should be at 112.4 due to a multitude of factors. It was explained that, despite this rise in the Trust's HSMR, its crude mortality rate and number of deaths in January 2023 had been lower than they had been over the same period in 2022 and 2021.

The Committee was informed that the Trust had breached its threshold for clostridium difficile infections for the year, as it had reached a total of 55 in January 2023. It was pointed out that similar rises had been seen at other organisations across the country.

Members also received an overview of the Trust's urgent and emergency care performance figures. It was noted that the Trust's performance in relation to ambulance handovers remained strong and that its overall performance for the four-hour accident and emergency waiting time stood at 76.88%. The Committee was also informed that a significant amount of work was taking place to reduce the Trust's elective care backlog, with a particular focus on any patients waiting 78 weeks or more for an appointment.

Concerns were raised in the meeting regarding recent rises in the numbers of pressure ulcers being reported in the Trust and was confirmed that work was already underway to address these as a priority.

The Committee:

1. Agreed for a further update on the measures being implemented by the Trust to address the recent rise in pressure ulcers to be provided at the following meeting in March.

6. Patient Safety Incident Response Framework Report

A summary of highlights from the Trust's Patient Safety Incident Response Framework was presented to the Committee. It was highlighted that there had been no breaches of Duty of Candour over the previous 12-month period and that a total of 26 Patient Safety Investigations had now been completed under the Patient Safety Incident Response Framework (PSIRF). It was reported that there had been 20 cases of moderate harm reported in January 2023 but members noted that this was out of a total of 2,501 incidents reported over the same period.

7. Infection Prevention and Control Report

The Committee was informed that robust COVID-19 testing measures remained in place throughout the Trust and that the testing kits being used were proving to be effective in detecting any new variants of the virus. Members noted that an outbreak of klebsiella pneumoniae on the Trust's Neonatal Intensive Care unit was currently being investigated and managed.

8. Clinical Harms Review Management (Holding Lists) Update

Members were informed that a Clinical Harms Review (CHR) process had been launched in December 2022 to address the significant backlog of patients on the Trust's holding and waiting lists. It was explained that these patients had been placed into three separate cohorts, according to their circumstances and needs. It was also highlighted that there had been no incidences of harm detected in the 105 CHRs carried out thus far.

The Committee:

1. Agreed for further updates to be provided as the CHR process continued to be rolled out and embedded across the Trust.

9. Quarterly Report on Safe Working Hours: Doctors and Dentists in Training

A summary of the highlights from the Guardian of Safe Working Hours covering the period 3 August 2022 to 1 November 2022 was provided to the Committee. It was confirmed that robust exception reporting had continued during the period covered by the report, with a total of 60 submissions from August to November 2022. Members were also informed that there had been a stronger focus on the health and wellbeing of clinicians over recent years following several incidents where junior colleagues working in the region come to harm due to fatigue and other reasons.

10. CQC Update (System Review and Well-led Preparations)

Members were informed that CQC colleagues had stood down all planned engagement meetings for the foreseeable future and that no timelines had yet been given for a potential well-led inspection of the Trust.

11. Trust Wide Quality Governance Update

A summary of the discussions from the most recent meeting of the Trust Wide Quality Governance Update was provided to members. It was highlighted that colleagues from the CQC had recently carried out an inspection of the Trust's maternity services and that their findings had been very positive. The Committee reminded that the Trust had now applied to register for the provision of care for patients admitted under the Mental Health Act. It was explained that this would be in place from April 2023 onwards and would allow the Trust to manage and treat patients with

mental health issues more effectively.

ITEMS TO ESCALATE TO THE AUDIT COMMITTEE AND TRUST BOARD

ITEMS FOR ESCALATION

It was agreed for an update on Staff Safety and Welfare to be provided to the Trust Board at a later date.

ITEMS RECEIVED FOR INFORMATION

None

TRUST BOARD REPORT

Item 71

10 May 2023

Purpose Information

Title

Trust Board (Closed Session) Summary Report

Executive sponsor

Mr S Sarwar, Chairman

Summary: The report details the agenda items discussed in closed session of the Board meetings held on 8 March 2023.

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 Trust Goal -

Related to key risks identified on assurance framework -

Impact

Legal No Financial No

Equality No Confidentiality No

Previously considered by: NA

MEETING: Trust Board – Closed Session

DATE OF MEETING: 8.3.2023

CHAIR OF MEETING: Shazad Sarwar, Chairman

ITEMS APPROVED

- The minutes of the previous meeting held on the 11 January 2023 were approved as a true and accurate record.

ITEMS DISCUSSED

At the meeting of the Trust Board on 8 March 2023, the following matters were discussed in private:

- a) Summary from February Board Strategy Session
- b) Round Table Discussion – National ICB / PCB and Pennine Lancashire Update
- c) National Planning Guidance 2023-24
- d) Financial Recovery Plan Update
- e) National Staff Survey Results
- f) Pathology Network Delegated Authority
- g) Fire Safety
- h) Electronic Patient Record Progress Update
- i) Nosocomial Infections Update
- j) Industrial Action Update

ITEMS RECEIVED FOR INFORMATION

None

TRUST BOARD REPORT

Item 72

10 May 2023

Purpose Information

Title Remuneration Committee Summary Report

Executive sponsor Mr S Sarwar, Chairman

Summary: The list of matters discussed at the Remuneration Committee meetings held on 8 March 2023 are presented for Board members' information.

Report linkages

Related Trust Goal -

Related to key risks identified on assurance framework -

Impact

Legal No Financial Yes

Equality No Confidentiality Yes

MEETING: Remuneration Committee

DATE OF MEETING: 8.3.2023

CHAIR OF MEETING: Shazad Sarwar, Chairman

ITEMS APPROVED

- The minutes of the previous meeting held on the 11 January 2023 were approved as a true and accurate record.

ITEMS DISCUSSED

At the meeting of the Remuneration Committee on 8 March 2023, the following matters were discussed in private:

- a) Executive Director of Service Development and Improvement Appointment
- b) Executive Salary and Car Allowance Report

ITEMS RECEIVED FOR INFORMATION

None