EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

Safe

Personal

Effective

TRUST BOARD MEETING (OPEN SESSION)

11 NOVEMBER 2020, 12.30

VIA MS TEAMS

AGENDA

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

	OPENING MATTERS			
TB/2020/077	**Chairman's Welcome**	Chairman	v	
TB/2020/078	**Apologies** To note apologies.	Chairman	v	
TB/2020/079	**Declaration of Interest** To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2020/080	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 9 September 2020.	Chairman	d✔	Approval
TB/2020/081	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2020/082	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✔	Information
TB/2020/083	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2020/084	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d	Information
	QUALITY AND SAFETY			
TB/2020/085	**Patient/Staff Story** To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2020/086	**Corporate Risk Register** To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Executive Medical Director	d✔	Assurance/ Approval
TB/2020/087	**Board Assurance Framework** To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Executive Medical Director	d✔	Assurance/ Approval
TB/2020/088	**Serious Incidents Requiring Investigation Report** To receive information in relation to incidents in month or that may come to public attention in month and be assured about the associated learning.	Executive Medical Director	d✔	Information/ Assurance

TB/2020/089	**Nosocomial Infection Report**	Executive Medical Director	d	Assurance/ Information
	ACCOUNTABILITY AND PERFORMANCE			
TB/2020/090	**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: • Introduction (Chief Executive) • Safe (Executive Medical Director and Executive Director of Nursing) • Caring (Executive Director of Nursing) • Effective (Executive Medical Director) • Responsive (Director of Operations) • Well-Led (Executive Director of HR and OD and Executive Director of Finance)	Executive Directors	d✔	Information/ Assurance
TB/2020/091	**Healthcare Worker Flu Vaccination Programme**	Executive Director of HR and OD	d✔	Information/ Assurance
	STRATEGY			
TB/2020/092	**BAME Assembly Update**	Executive Director of HR and OD	d✔	Information/ Assurance
	GOVERNANCE			
TB/2020/093	**Emergency Preparedness and Resilience Update**	Executive Director of Service Development	d✔	Information/ Assurance
TB/2020/094	**Audit Committee Information Report** To note the matters considered by the Committee in discharging its duties	Committee Chair	d✔	Information
TB/2020/095	**Finance and Performance Committee Information Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✔	Information
TB/2020/096	**Quality Committee Information Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✔	Information

TB/2020/097	**Remuneration Committee Information Report** To note the matters considered by the Committee in discharging its duties	Chairman	d✔	Information
TB/2020/098	**Trust Board Part Two Information Report** To note the matters considered by the Committee in discharging its duties	Chairman	d✔	Information
	FOR INFORMATION			
TB/2020/099	**Any Other Business** To discuss any urgent items of business.	Chairman	v	
TB/2020/100	**Open Forum** To consider questions from the public.	Chairman	v	
TB/2020/101	**Board Performance and Reflection** To consider the performance of the Trust Board, including asking: 1. Have we, as the Board, via the agenda and our discussions fulfilled our objective of supporting our: a. Communities b. Staff c. Stakeholders 2. Have we, as the Board fulfilled our statutory obligations	Chairman	v	
TB/2020/102	**Date and Time of Next Meeting** Wednesday 13 January 2021, 1.00pm, via MS Teams	Chairman	v	

TRUST BOARD REPORT

Item **80**

11 November 2020

Purpose Action

Title	Minutes of the Previous Meeting
Author	Miss K Ingham, Corporate Governance Manager/ Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The minutes of the previous Trust Board meeting held on 9 September 2020 are presented for approval or amendment as appropriate.

Report linkages

Related strategic aim and corporate objective	As detailed in these minutes
Related to key risks identified on assurance framework	As detailed in these minutes

Impact

Legal	Yes	Financial	No

Maintenance of accurate corporate records

Equality	No	Confidentiality	No

Previously considered by: NA

EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 12.30PM, 9 SEPTEMBER 2020
MINUTES

PRESENT

Professor E Fairhurst	Chairman	Chairman
Mr K McGee	Chief Executive/Accountable Officer	
Mrs T Anderson	Non-Executive Director	
Professor G Baldwin	Non-Executive Director	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
Mr H Catherall	Associate Non-Executive Director	Non-voting
Mr M Hodgson	Executive Director of Service Development/ Deputy Chief Executive	
Mrs C Hughes	Executive Director of Communications and Engagement	Non-voting
Miss N Malik	Non-Executive Director	
Mr K Moynes	Executive Director of HR and OD	Non-voting
Mrs F Patel	Associate Non-Executive Director	
Mr K Rehman	Associate Non-Executive Director	Non-voting
Mr R Smyth	Non-Executive Director	
Mr M Wedgeworth	Associate Non-Executive Director	Non-voting

IN ATTENDANCE

Rev D Anderson	Chaplain	For item 058
Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr B Butterfield		Observer
Mrs EL Cooke	Senior Communications Manager	Observer
Mrs E Davies	Deputy Director of HR and OD	
Professor D Harrison	Director of Public Health Medicine, Blackburn with Darwen Borough Council	
Miss K Ingham	Corporate Governance Manager/ Assistant Company Secretary	Minutes
Mr T McDonald	Director of Integrated Care and Partnerships	

Mrs J Molyneaux	Deputy Director of Nursing
Ms J McNicholas	Deputy Medical Director
Mrs C Randall	Deputy Head of Safeguarding, NHSE/I (seconded to ELHT) For item 058

APOLOGIES

Mr S Fogg	Non-Executive Director
Mrs S Gilligan	Director of Operations
Mr J Husain	Executive Medical Director
Mrs K Quinn	Operational Director of HR and OD
Mrs C Pearson	Executive Director of Nursing

TB/2020/050   **CHAIRMAN'S WELCOME**

Due to the technical difficulties affecting some members of the Trust Board it was agreed that Mrs Anderson would chair the meeting until Professor Fairhurst was able to join.

Mrs Anderson welcomed the Directors and members of the public to the meeting.

Once Professor Fairhurst was able to join the meeting she stated that the NHS had been through an astonishing period over the course of the last six months and wanted to put on record her thanks, both personally, and on behalf of the Board to everyone who has worked within the Trust, including volunteers, during the period of the pandemic. Similarly, she went on to recognise the support for the Trust by the Pennine and East Lancashire community.

Professor Fairhurst went on to welcome Mr Ben Butterfield who was observing the meeting as part of the Gatenby Sanderson Non-Executive Director Development Programme. Directors were informed that Mr Butterworth would be with the Trust for six months on a placement. During that time, he would be observing various meetings of the corporate functions of the Trust.

TB/2020/051   **APOLOGIES**

Apologies were received as recorded above.

TB/2020/052   **DECLARATIONS OF INTEREST REPORT**

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/2020/053   MINUTES OF THE PREVIOUS MEETING

Directors having had the opportunity to review the minutes of the previous meeting approved them as a true and accurate record, pending an update to the minutes relating to the attendance of Mrs Molyneaux and Mrs Anderson.

RESOLVED: The minutes of the meeting held on 11 March 2020 were approved as a true and accurate record pending the aforementioned correction.

TB/2020/054   MATTERS ARISING

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

TB/2020/055   ACTION MATRIX

Directors noted the revised format of the action matrix, particularly the information relating to completed actions. 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: The position of the action matrix was noted.

TB/2020/056   CHAIRMAN'S REPORT

Professor Fairhurst reported that she had undertaken a number of activities, albeit virtually. She informed Directors that she had been a presenter at a series of Non-Executive Directors webinars organised by the Good Governance Institute, in addition to being a member of the NHS Providers group on Digital Boards. She went on to report that she had been working with Alan Martyn to develop a Chairs' Forum for the development of the Vital Signs programme. In addition she had attended the Provider Board meetings, the Integrated Care System (ICS) Board, as the representative for the Pennine Lancashire Integrated Care Partnership (ICP) and had also been involved in the interviews for candidates wishing to join the NHS England/Improvement Aspirant Chairs Programme.

RESOLVED: Directors received and noted the update provided.

TB/2020/057   CHIEF EXECUTIVE'S REPORT

Mr McGee referred Directors to the previously circulated report and highlighted a number of matters for information across national, regional and Trust specific areas.

He provided a summary of the national items and paid particular attention to the Phase Three Response to the Covid-19 planning guidance and the associated People Plan. He reported that the guidance focused on the restoration of activity and reduction in waiting lists/backlogs caused by the need to halt all non-Covid /emergency services. He went on to confirm that the Trust is working closely with other members of the ICS to ensure that restoration is equitable across the area and there are no instances of health inequalities widening.

In terms of the regional update, Mr McGee provided an overview of the 'NHS 111 First' scheme for ensuring access to emergency care whilst maintaining the appropriate social distancing measures and ensuring that emergency departments are not overwhelmed. Directors noted that the Trust would be the second in the region to implement the system and it was due for commencement in October 2020.

Mr McGee highlighted the work that had taken place since his last report to the Board, particularly the work undertaken with the Prince's Trust and the subsequent employment of 12 individuals who had taken part in the programme.

Directors were informed that the Trust had achieved the highest vaccination rate in the country for the 2019 flu vaccination campaign.

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

Confirmation of the Trust's implementation of the 'NHS 111 First' scheme in October 2020 and an update to be provided at the next meeting.

TB/2020/058   PATIENT/STAFF STORY

Mrs Molyneaux introduced Mrs Randall, Reverend Anderson and Jasper, the therapy dog and provided an overview of the story they would share with the Board. Directors noted that the focus of the story would be on the experience of staff during the initial phase of the Covid-19 pandemic response.

Mrs Randall reported that under normal circumstances she held the post of Deputy Head of Safeguarding at NHS England/Improvement Regional Team (North) but had been seconded to the Trust in the spring to assist with its response to the pandemic. She confirmed that she had worked closely with the Trust's Chaplaincy team throughout the pandemic and she and Reverend Anderson would be sharing a small number of stories which showed the support provided to patients, staff and families during the most difficult times. She highlighted the pride that she and the Trust had in the Chaplaincy team and of course the Trust's therapy dog,

Jasper who had been able to bring comfort to many people, often in the most distressing circumstances.

Reverend Anderson reported that due to the strict restrictions on visiting and attendance at the hospital throughout the pandemic there was a clear need to develop new policies, procedures and guidelines to ensure that patients continued to be cared for and have some form of contact with their families, albeit remotely, through the use of technology rather than in person. He went on to report that the local Fire and Rescue Service donated 25 iPads to the Trust to enable much needed contact for families with their loved ones who were receiving care and to have a link to the healthcare teams when required.

Directors noted that where appropriate, the Trust staff were on hand to provide comfort and to calm the fears of patients who were in their final moments of life. This care continued after patients had died, as the Trust had set up a dedicated 7 day per week bereavement helpline for families to ask questions and help with their grieving. It is hoped that once the pandemic is over, the Trust will hold a memorial service for families and staff to attend and finally meat and gain some closure.

Reverend Anderson went on to provide an overview of the support provided to staff throughout the pandemic, including the development of the Oasis Centres across the Trust. The centres were designed with the Trust's Wellbeing team and allow staff to take time out from the difficult situations that they find themselves in. They are also spaces where staff can come together in small, socially distanced groups to be together after traumatic experiences or to take part in a pet therapy session with Jasper.

Directors were informed that in addition to the Trust based therapy sessions, Reverend Anderson also undertakes visits with Jasper, to the Trust's community services sites to provide the same services.

Directors thanked Mrs Randall and Reverend Anderson for sharing their experiences and those of staff during these difficult times.

RESOLVED: **Directors received the Staff Story and noted its contents.**

TB/2020/059 **CORPORATE RISK REGISTER (CRR)**

Mr McGee referred Directors to the previously circulated report and highlighted the revisions made to the report since its last presentation to Board. Directors noted the revision to the finance risk (Risk ID 7010) which aligned the risk to a specific financial year, as opposed to an ongoing overarching financial risk, as had been the case in previous years.

In response to Mr Barnes's question about the way in which the Trust will manage the risks associated with the restoration of services, Mr McGee confirmed that this risk would be included in the next iteration of the report and it had not featured in the current version due to the timing of the report writing and presentation to the Board.

RESOLVED: **Directors approved the proposed revisions to the register.**

The next iteration of the document would include the risks relating to restoration.

TB/2020/060 **BOARD ASSURANCE FRAMEWORK (BAF)**

Mrs Bosnjak-Szekeres referred Directors to the previously circulated report and confirmed that during the initial phase of the Covid-19 pandemic there had been an agreement by the Board to suspend the usual BAF. Instead a Covid-19 specific BAF had been developed which links into the overarching BAF risks. This had been updated and presented to Directors throughout the pandemic via the Trust Board Sub-Committee structure.

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

TB/2020/061 **SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRI) REPORT**

Mr McGee confirmed that, due to a timing issue and the way that the pre-Board Committees had been scheduled, there was no SIRI report to the Trust Board this month. He confirmed that there would be a report to the Board at the November meeting.

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

TB/2020/038 **INTEGRATED PERFORMANCE REPORT**

Mr Hodgson introduced the report to Directors and highlighted the prevalence of Covid-19 in some of the local communities served by the Trust. He went on to confirm that, to date, the Trust had not seen a significant number of Covid-19 positive patients requiring high intensity critical care, however this could not be ruled out in any future waves.

Directors noted that the Trust was seeing a return to the expected levels of activity in relation to the emergency care pathway and that the Trust had made a good start towards the restoration of services, despite there being some way to go to return services to pre-Covid levels.

He highlighted the improved staff sickness statistics when compared with the same reporting period in 2019.

a)   Safe

Mrs Molyneaux confirmed that during the early stage of the Covid-19 pandemic there had been agreement from the Regulators that the submission of the safe staffing data would be paused from March to June 2020. She went on to provide an overview of the staffing position for the month of July 2020. Directors noted that there had been one ward area where staffing fell below 80% for the month.   Mrs Molyneaux confirmed that the reason for this was unavailability of the care co-ordinator post, which was not a role providing hands on nursing care. Directors were informed that it was anticipated that the staffing pressures seen in previous reports, prior to that pause in data collection, would return as reporting re-commenced.

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

b)   Caring

Mrs Molyneaux reported that the Trust's Nursing Assessment and Performance Framework (NAPF) Programme has recommenced in recent weeks and confirmed that a number of mini-NAPF inspections had been undertaken. She confirmed that many of the wards inspected had been rated as green, however the rating system for the mini-NAPF's was slightly different to the main NAPF inspections. Directors noted that there would be a higher number of ward areas presenting at Safe, Personal and Effective Care (SPEC) Panels in the coming months in order to address the backlog caused by Covid-19.

In response to Mr McGee's question, Mrs Molyneaux confirmed the plans for the NAPF programme to be back to full capacity by the end of September 2020.

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

c)   Effective

Ms McNicholas confirmed that there was nothing further to report to the Board under this item.

RESOLVED: **Directors noted the information provided within the Effective section of the Integrated Performance Report.**

d)   Responsive

Mr McDonald highlighted the good work that had been done within the Trust to improve the performance against the delayed transfers of care (DTOC) indicator (1.6 bed days for July).

Directors noted that there had been a significant improvement in the four-hour emergency care standard for the month of July 2020 when compared to the same period in 2019 (93.4% for July 2020).

Mr McDonald confirmed that the longest wait in the Emergency Department was 45 hours and the patient had been waiting for mental health services.

He went on to report that around 32% of the patients contacted to arrange appointments had been unwilling to come into the hospital for treatment due to their concerns around Covid-19. Directors were informed that work was continuing to return the Trust to pre-Covid capacity levels whilst responding to the ongoing pandemic. In doing this, patients were being assessed according to their needs and those with the highest need were being treated as a priority.

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

An update on the Trust position in relation to Covid-19 will be provided at the next meeting as part of the Integrated Performance Report and Chief Executive's Report.

e)   Well-Led

Mrs Davies confirmed Mr Hodgson's point about the reduction in sickness absence and provided an overview of the support being offered to staff who were required to shield. Directors noted that there were currently 84 staff members who were shielding.

Whilst overall sickness absence had reduced, there had been an increase in the number of staff citing mental health issues as the reason for absence from work. This had been anticipated under the current circumstances.

Directors were informed that there had been in excess of 5,000 risk assessments carried out for staff, and in order to ensure that the risk assessment process remained live, staff would be re-assessed as and when their circumstances changed.

Mrs Davies went on to report that the appraisal and core skills training (CST) programmes which had been paused at the beginning of the pandemic had been restarted on 1 August 2020 and improvement trajectories had been put in place within the Divisions to meet the compliance target of 91%.

In response to Mr Catherall's query about the CST compliance within the Medicine and Emergency Care (MEC) Division, Mrs Davies reported that this matter was being addressed through the MEC Divisional Management Board and Information Governance Steering Group.

Mr McGee commented on the importance of undertaking appropriate Covid-19 risk assessments to ensure that there was sufficient capacity and capability available within the Trust to maintain service provision. Mrs Davies agreed and confirmed that the Wellbeing and Occupational Health teams were ensuring that each and every opportunity was taken to undertake risk assessments and determine any areas of need.

Mrs Brown provided an overview of the financial performance for the reporting month of July 2020 and confirmed that the Trust continued to be able to pay the majority of suppliers within seven days of invoice. She went on to report that the capital position remained in line with the Trust's capital plan and would support future Covid-19 requirements.

Mrs Brown informed Directors that the funding regime had not yet been published, as a result, assurance could not be provided at the moment around the financial outlook for 2020/21, but the Finance team were working to mitigate any future risks,

Professor Fairhurst commented that it was important to recognise the partial assurance gained by the finance update provided.

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

TB/2020/062   **PEOPLE STRATEGY AND IMPLEMENTATION PLAN**

Mr Moynes introduced Mrs Davies and explained that she would be presenting the People Strategy and Implementation Plan to the Board.

Mrs Davies confirmed that the original People Strategy had been presented to the Trust Board for approval in January 2020; however with the Trust being required to respond to the Covid-19 pandemic, the priorities of the Trust and HR service had effectively been reset. She provided an overview of the actions taken during the pandemic by the HR and OD teams to assist with the response to Covid-19, including the recruitment of around 440 new staff between March and July 2020, recruitment of a further 463 staff to the various staff banks and the improvement in the time to hire timelines that had been seen.

Directors noted that, despite the pressures under which staff have been in recent months, the engagement of staff remained high, with NHSE/I contacting the Trust to request a case study around the work that has been carried out to support staff.

Mrs Davies highlighted the work that had been undertaken both at Trust level and also at system level with regard to supporting the mental health of staff throughout the pandemic. Mrs Davies confirmed that around 28% of staff had sought help. She confirmed that the Trust had also improved its performance against both the Workforce Race Equality Standard (WRES)

and Workforce Disability Equality Standard (WDES), yet there was more work to be done to ensure further improvements were seen. Directors noted that there had been a number of staff networks developed to ensure that the workforce within the Trust was representative of the population it serves.

In response to Mr Hodgson's question, Mrs Davies confirmed that a series of metrics had been set to ensure that progress was made and improvements sustained, which would be monitored through the HR Divisional Management Board meetings and reported to the Board through the quarterly workforce reports to the Finance and Performance Committee.

Mr Wedgeworth asked whether there were plans in place to work with Local Authority partners or other partner organisations across the ICP/ICS on workforce matters.

Mrs Davies confirmed that the relationships across the patch were good and that a memorandum of understanding (MOU) had been signed by all participating organisations to work together, but at this point there had been no need to seek additional support from ICP/ICS partners.

Directors were asked to note the content of the report and approve the priorities set out. It was agreed that a further update would be provided to the Trust Board in March 2021.

RESOLVED: **Directors received the report, noted its contents and approved the priorities set out.**

It was agreed that a further update would be provided to the Trust Board in March 2021.

TB/2020/063   **DOCTORS APPRAISAL AND REVALIDATION ANNUAL REPORT**

Ms McNicholas referred Directors to the previously circulated report and confirmed that it was presented to the Board for review and approval prior to submission to the Regulator. She provided an overview of the document and the requirements for completion. Directors noted that there were around 600 doctors working within the Trust, for whom the Trust was the designated body for undertaking their appraisals and revalidation.

Directors noted the actions within the report, particularly the one which related to the need to review the resourcing and support for the process. Ms McNicholas confirmed that the actions identified from the previous year's report had all been completed

Professor Fairhurst commented that this was an area where there had been marked improvement and that good levels of assurance had been gained.

Directors approved the document for submission to the Regulator.

RESOLVED: **Directors received the report, noted its contents and approved it for signature and submission.**

TB/2020/064 **EMERGENCY PREPAREDNESS AND RESILIENCE (EPRR) UPDATE**

Mr McDonald referred Directors to the previously circulated document and confirmed that the report covered the following three specific areas: the EPRR compliance process for 2020/21, overview of the Trust's response to the Covid-19 pandemic and information relating to the Trust's EU 'No Deal' Exit Operational Planning Group.

Mr McDonald confirmed that NHS England/Improvement (NHSE/I) had confirmed that all NHS organisational plans had been tested above and beyond the requirements since the start of the pandemic and that only a statement of compliance was required. However, due to the timings of the Board meetings and the submission date, Directors were asked to delegate authority to Mr Hodgson, Deputy Chief Executive and Mr McDonald, Director of Integrated Care and Partnerships for the approval and submission of the statement in line with the required timescales (October 2020) with a copy being presented to the November Trust Board meeting for information.

Directors approved the aforementioned proposal.

RESOLVED: **Directors received the report and noted its contents,**

Directors agreed to delegate authority to the Deputy Chief Executive and the Director of Integrated Care and Partnerships for the approval and submission of the EPRR Statement and it being presented to the next meeting of the Board for information.

TB/2020/065 **ANNUAL REVIEW OF STANDING FINANCIAL INSTRUCTIONS (SFIs) AND STANDING ORDERS (SOs)**

Mrs Bosnjak-Szekeres sought the agreement of the Board to delegate authority to the Trust's Audit Committee to review and approve the revised SFIs and SOs on behalf of the Trust Board. Following a brief discussion on the matter the Directors approved this request.

RESOLVED: **Directors agreed to delegate authority to the Audit Committee for the review and approval of the Standing Financial Instructions and Standing Orders.**

TB/2020/066   **ANNUAL AUDIT LETTER**

Mrs Brown referred Directors to the previously circulated report and confirmed that the letter related to the audit of the Trust's annual accounts and financial statements for the 2019/20 financial year. She confirmed that the documentation produced by the Trust had been given a clean bill of health by the external auditors. However, due to the restrictions in place around Covid-19 the external auditors had been unable to come on-site to undertake stock checks and therefore there was a two-year impact on the accounts. The impact for the 2019/20 accounts related to the closing stock figures and the impact on the 2020/21 accounts related to the opening stock figures.

Directors noted that written confirmation had been received from NHSE/I that there were no adverse consequences for the Trust as a result of this matter.

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

TB/2020/067   **AUDIT COMMITTEE INFORMATION REPORT**

The report was presented to the Board for information.

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

TB/2020/068   **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/2020/069   **QUALITY COMMITTEE INFORMATION REPORT**

Mrs Anderson presented the report to the Board for information and confirmed that she had been involved in one of the recent Virtual Quality Walkrounds. These were being trialled by the Trust's Quality and Safety Team and the one that she had taken part in had gone well.

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

TB/2020/070   **TRUST CHARITABLE FUNDS COMMITTEE INFORMATION REPORT**

The report was presented to the Board for information.

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

TB/2020/071   REMUNERATION COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2020/072   TRUST BOARD (CLOSED SESSION) INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2020/073   ANY OTHER BUSINESS

a)   Annual General Meeting

Professor Fairhurst reminded Directors that the Trust's Annual General Meeting would be taking place on 16 September 2020 and would be held virtually to ensure that it was open to members of the public.

b)   Non-Executive Director Committee Membership and Other Roles

Professor Fairhurst reported that, as there had been a number of new Non-Executive Directors join the Trust in the last few months there had been a review of the Committee memberships and other roles which are fulfilled by the Non-Executive Directors. She went on to confirm that the revised committee membership list would be circulated to Directors shortly.

RESOLVED: The revised Committee membership list will be circulated to Directors.

TB/2020/074   OPEN FORUM

There had been no comments or questions from members of the public submitted before or during the meeting.

TB/2020/048   BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst sought the views of the Board members in relation to the meeting.

Mr Hodgson commented that through the Staff Story and People Strategy there had been a clear and demonstrable focus on the work that was taking place to support staff.

Mr McGee agreed and commented that the Staff Story was very powerful and asked whether there was a way that it could be incorporated in the Annual General Meeting later in the month.

Professor Baldwin suggested that the performance items had provided a good level of assurance to the Board. He went on to ask whether there was any more that could be done

to promote the good news from the Trust, in terms of the support of staff and also the performance metrics. Mrs Hughes confirmed that there was an annual overview published by the Trust, including performance data and it was agreed that some of the information from the Quality Account, which would be published in the future, would also be included in the annual overview document.

RESOLVED: **Directors noted the feedback provided.**

TB/2020/049   **DATE AND TIME OF NEXT MEETING**

The next Trust Board meeting will take place on Wednesday 11 November 2020, 12.30pm, Via MS Teams.

TRUST BOARD REPORT

11 November 2020   **Purpose**   Information

Title	Action Matrix
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	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

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2020/033: Chief Executive's Report	A Trust specific strategy relating to the national Greener NHS Campaign will be presented to the Board at a later date.	Director of Operations/ Executive Director of Service Development	TBC	Agenda Item: Date to be confirmed
TB/2020/057: Chief Executive's Report	Confirmation of the Trust's implementation of the 'NHS 111 First' scheme in October 2020 and an update to be provided.	Director of Operations	November 2020	Verbal Update to be provided at November Trust Board meeting.
TB/2020/059: Corporate Risk Register	The next iteration of the document would include the risks relating to restoration.	Executive Medical Director/ Director of Operations	November 2020	Update: This information is contained within the Corporate Risk Register presented to the Board.
TB/2020/038: Integrated Performance Report	An update on the Trust position in relation to Covid-19 will be provided at the next meeting	Executive Medical Director/ Director of Operations	November 2020	Update: An update on the Trust's response to Covid-19 will be provided as part of the Integrated Performance Report and Chief Executive's Report.
TB/2020/064: Emergency Preparedness and Resilience (EPRR) Update	Directors agreed to delegate authority to the Deputy Chief Executive and the Director of Integrated Care and Partnerships for the approval and submission of the EPRR	Executive Director of Service Development/ Director of Integrated Care and Partnerships	November 2020	Update: The Executive Director of Service Development and Director of Integrated Care and Partnerships approved the submission of the EPRR

Item Number	Action	Assigned To	Deadline	Status
	Statement and it being presented to the next meeting of the Board for information.			Statement and it is presented to the Board for information (Item 093)
TB/2020/065: Annual Review of Standing Financial Instructions (SFI's) and Standing Orders (SO's)	Directors agreed to delegate authority to the Audit Committee for the review and approval of the Standing Financial Instructions and Standing Orders.	Audit Committee	November 2020	Update: Audit Committee reviewed the SFI's and SO's at their meeting on 6 October and approved the two documents pending minor amendments and clarifications.
TB/2020/073: Any Other Business	**Non-Executive Director Committee Membership and Other Roles**: The revised Committee membership list will be circulated to Directors.	Corporate Governance Manager	November 2020	**Complete**: the committee membership document was circulate to Directors after the last Trust Board meeting.

TRUST BOARD REPORT　　　　　　**Item**　　　　**84**

11 November 2020　　　　　　　**Purpose** Information

Title	Chief Executive's Report
Author	Mrs E-L Cooke, Head of Communications and Engagement
Executive sponsor	Mr K McGee, Chief Executive

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

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

CEO Report
November 2020

This report is divided into five sections. Section one details major national headlines, section two reports news from across Pennine Lancashire, and section three notes Trust news and initiatives which are aligned to the Trust's values. The fourth section shows the external communications and engagement interactions with the final section summarising the Chief

One - National Headlines

Top news reports gathered from NHS England, NHS Improvement, NHS Providers and other reputable news sources.

New national restrictions announced by Prime Minister

The Prime announced the implementation of a second 'lockdown' in order to get the virus under control at a local level. He noted that daily hospital COVID admissions are now higher than when the first national lockdown was announced and that doctors and nurses in many areas of England are now treating more COVID-19 patients than at the peak of the first wave.

The decision has been taken to further protect cancer treatment, heart surgery and other life-saving procedures. Nightingale Hospitals are on stand-by to offer support when needed.

Education establishments will remain open, as will essential shops. People are encouraged to work from home, where they can, and only to leave their households exercise and outdoor recreation.

Non-essential shops, leisure and entertainment venues and the personal care sector will all be closed. Hospitality must close except for takeaway and delivery services. Places of worship can open for individual prayer, funerals and formal childcare but sadly not for services. However, Remembrance Sunday events can go ahead, provided they are held outside, and observe social distancing.

These restrictions will remain in place until 2 December.

New guidance for clinically extremely vulnerable

Clinically extremely vulnerable people in England have received [further guidance on keeping safe](#) as the country introduces new national restrictions.

The new advice details further precautions those in this group can take on top of the tougher national measures being introduced, as cases continue to rise across the country. Everyone not considered to be clinically extremely vulnerable will be expected to follow the new restrictions, such as staying at home unless shopping for food or exercising and not meeting up with people outside of the household.

Independent review into gender identity services

Dr Hilary Cass OBE, former President of the Royal College of Paediatrics and Child Health, is to lead an independent review into gender identity services for children and young people.

The review will be wide-ranging in scope looking into several aspects of gender identity services, with a focus on how care can be improved for children and young people including key aspects of care such as how and when they are referred to specialist services, and clinical decisions around how doctors and healthcare professionals support and care for patients with gender dysphoria.

It will also set out workforce recommendations for specialist healthcare professionals and examine the recent rise in the number of children seeking treatment. [The terms of reference for the independent review have also been published](#).

Surge in people checking their type 2 diabetes risk

Previously reported in this briefing, figures for the Healthier You Diabetes Prevention Programme show that 291,325 people have used the [Diabetes UK Know Your Risk tool since](#) the end of July – a 637% increase compared to two months previously.

It's great to see so many people becoming more aware of their personal risk level. This is particularly pertinent as we now know that people with underlying conditions such as diabetes, coupled with being overweight or obese, are at increased risk of more severe outcomes if they contract coronavirus.

There has never been a better time to lose weight, exercise more and eat more healthily. The campaign will continue to encourage more people to sign up to the support available. It is free and could be life-changing.

Specialist centres to be opened to help 'long Covid' sufferers

Increasing medical evidence and patient testimony is showing that a small but significant minority of people who contract Covid cannot shake off the effects of the virus months after initially falling ill. Some estimates suggest that 10% of Covid patients may still be experiencing symptoms more than three weeks after infection, and perhaps 60,000 people could be suffering from long Covid symptoms after more than three months.

It is anticipated that £10 million is to be invested this year in additional local funding to help kick start and designate long Covid clinics in every area across England. These will complement existing primary, community and rehabilitation care and be a core element of a five-part package.

Already in place is the 'Your Covid Recovery'– an online rehab service to provide personalised support to patients. Over 100,000 people have used the online hub since it launched in July, which gives people general information and advice on living with long Covid.

Phase 2 of the digital platform is in development and will see people able to access a tailored rehabilitation plan.

Help Us Help You campaign launched

New research has found that nearly half (48 per cent) of the public would delay or not seek medical help at all if they suspected they had cancer. A fifth (22 per cent) would not want to be a burden on the health service, while a similar number said that fear of getting coronavirus or passing it onto others was a major reason for not getting help.

COVID-19 has been hugely challenging for everyone and while it's easy to understand why people are fearful about seeking medical advice and want to avoid being a burden, it's important that people seek help when they need it. The message is very clear that the NHS is open and can see patients safely.

The Help Us Help You campaign will continue to press this message and urge people to speak to their GP if they are worried about a symptom that could be cancer, as well as encouraging patients to keep their appointment and attend for treatment.

Mental health support strengthened for staff

NHS staff will get rapid access to expanded mental health services that are being rolled out across the country as part of efforts to deal with the second wave of coronavirus.

NHS England and NHS Improvement are to invest an extra £15 million to strengthen staff mental health support. Frontline workers are the backbone of the NHS, from porters and cleaners to nurses, doctors and therapists, and this funding will ensure they are properly supported while they continue to care for the thousands of patients who rely on the NHS.

Staff referred by themselves or colleagues will be rapidly assessed and treated by local expert mental health specialists. Those with the most severe needs will be referred to a specialist centre of excellence.

National report charts challenges of managing COVID-19 transmission in hospitals

The Healthcare Safety Investigation Branch (HSIB) has published a report which charts a four-month patient safety investigation. The investigation was launched following concern that patients were contracting COVID-19 after being admitted to hospital. The [report](#) references data presented to SAGE in mid-May and suggests around 20% of patients were reporting symptoms seven days after admission.

The HSIB report draws on the experiences of Trusts, staff and patients with a welcome focus on learning, to try to reduce the risk of COVID-19 transmission on hospital wards.

Responding to COVID-19: a more flexible NHS workforce

Innovation and new ways of working have been at the heart of the COVID-19 response says a new report from NHS Providers.

[Workforce flexibility in the NHS: utilising COVID innovations](#) focuses on the ways that Trusts and frontline staff have adopted new approaches in responding to the pressures of the pandemic. This report captures the workforce changes which have had the greatest impact and makes recommendations on key areas to ensure the NHS is able to cope in the long run, as the service faces a second wave, while simultaneously managing backlogs and dealing with seasonal pressures.

Two - Pennine Lancashire Headlines

Important updates and information reflecting work being carried out across Healthier Lancashire and South Cumbria and Healthier Pennine Lancashire.

Think NHS 111 first

[NHS 111 First](#) is part of a national integrated programme to improve outcomes and experience of urgent and emergency care. To keep patients safe and allow them to maintain social distancing the public are being asked to call NHS 111 before they go to the Emergency Department.

ELHT is a 'fast follower', behind Blackpool Teaching Hospitals, and implemented the service in October. Early indications are that the roll out of the service is proving successful. Having access to Blackpool Teaching Hospitals lessons learnt has enabled early intervention in potential problem areas.

Pennine Lancashire virtual COVID-19 ward

A Virtual COVID-19 Ward has been established in response to the very significant challenges that the virus has presented in Pennine Lancashire.

The service is delivered in partnership by East Lancashire Hospitals NHS Trust, Lancashire and South Cumbria NHS Foundation Trust and East Lancashire Medical Services. It is an enhanced package of monitoring for patients at risk of future deterioration or admission and is provided within the patient's own home (or usual residence). It also facilitates the systematic monitoring of oxygen levels.

Caseloads to the services have been steadily increasing over the first two weeks of operation, with positive responses from both primary and secondary care organisations.

Health Infrastructure Plan

University Hospitals of Morecambe Bay NHS Foundation Hospital Trust (UHMBT) and Lancashire Teaching Hospitals NHS Foundation Trust (LTHTr) are moving forward as part of the second phase of Government's flagship Health Infrastructure Plan (HIP).

LTHTr and UHMBT have agreed to work collaboratively to maximise seed funding and healthcare opportunities to develop infrastructure plans which will range in scale across the region.

This initial funding comes to around £10m and is a substantial investment to enable a business case to be created to access significant 'final funds' which will include a new build hospital upgrade. The transformation will also provide residents and other service users with access to up-to-date facilities.

Whilst unconfirmed, the final funding is likely to be in excess of £1bn, to transform the health and wellbeing of everyone in the area, not just within hospitals.

Primary and community care buildings must also be fit to meet current and future demands, reflecting the commitment made in the NHS Long Term Plan to boost out of hospital care.

New mental health app launched

A new app and website for mental health professionals will help make Mental Health Act (MHA) assessments quicker, simpler and more secure.

The app connects approved mental health professionals (AMHPs) with Mental Health Action Section 12 (s.12) approved doctors, who have special experience in the diagnosis or treatment of mental health conditions and are involved in making medical recommendations for compulsory admissions to hospital. Doctors can set up their own profile with information such as availability, specialisms and languages spoken, making it quicker for AMHPs to find a suitable match.

The project has had support from the NHS Innovation Accelerator, which accelerates uptake of high-impact innovations for patient, population and NHS staff benefit.

Business leader to head SEED healthcare alliance in Lancashire and South Cumbria

The former managing director of BAE Systems Corporate Services, Steve Fogg, has been appointed as chair of the SEED alliance - a multi-sector collaborative set up to contribute to 'health and wealth' in Lancashire and South Cumbria.

SEED comprises the four universities - University of Central Lancashire (UCLan), Edge Hill University, Lancaster University and the University of Cumbria - working with the Lancashire and South Cumbria Integrated Care System (ICS). SEED was set up to address the social, economic and environmental determinants of health, supporting the health and care system; creating better research and innovation; attracting more inward investment and the best people; and improving productivity, skills, jobs and the economy.

Mums-to-be to benefit from single maternity record system

Pregnant women who receive maternity care from one of the four hospital Trusts in Lancashire and South Cumbria are set to benefit from a single maternity portal innovation, helping to make care safer for them and their babies.

More than 18,000 women give birth across the [Lancashire and South Cumbria](#) maternity system each year, and the new single maternity record will enable their pregnancy notes to be shared between hospitals and health services.

Transforming pathology services across Lancashire and South Cumbria

Four NHS acute Trusts are working in partnership to transform pathology services to ensure all our pathology services remains at the forefront of diagnostics to the benefit of all staff, clinicians, GPs and patients.

The Lancashire and South Cumbria Pathology Collaboration is developing models for pathology services. One of the models includes a new Pathology Hub, however it is important that each hospital site will continue to have emergency pathology services within the hospital site.

A robust and transparent process was put in place for choosing a location for a Pathology Hub, in the case that this is the chosen model. Leyland, near Centurion Way, has been endorsed as the preferred clinical option. A Pathology Hub will provide a purpose-built environment bringing together highly qualified clinical and scientific staff from across the network who will drive adoption of new technology, maximise future investment and increase our ability to continue providing a high quality pathology service.

The next steps are for this to form part of the Outline Business Case that will require endorsement by March 2021 from all four Trust Boards prior to submission to NHS England and NHS Improvement. Staff will continue to be involved and partners and stakeholders informed as this exciting project develops.

Three - ELHT Headlines

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

Use of the Trust Seal

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

- On **10 September 2020** the seal was applied to the Project Agreement between the Trust and Consort Healthcare Ltd regarding the changes to Haslingden Road. The contract was signed by Mr Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive and Mrs Michelle Brown, Executive Director of Finance.

Funding boost for Emergency Department expansion

ELHT received confirmation of £6M funding to further improve the Emergency Department. Work has begun to expand capacity in both Emergency and Urgent Care, to support the Trust's winter plans. This investment will have a significant impact on the ability to improve services for local people and the working environment of our doctors and nurses.

This phased programme of work will provide thirteen additional 'majors' cubicles, the first five of which will be ready for use in December. A two-storey extension to the building will allow for a further eight cubicles on the ground floor, with staff facilities on the top storey. This is expected to be completed by early 2021.

Reopening of Minor Injuries Unit

The Minor Injuries Unit at Accrington Victoria Community Hospital re-opened on Monday 5 October.

The service was suspended on 25 March in response to the COVID-19 pandemic. This allowed the Trust to redeploy staffing resources to their two main acute sites at Royal Blackburn and Burnley General Teaching Hospitals.

'Speak Up' month

During the month of October the Trust took the opportunity to raise awareness of Freedom to Speak Up and the work which is going on in the organisation to make speaking up business as

usual. 2020 has been an extraordinary year, and all NHS workers, whatever their role, have been under increased pressure from the COVID-19 crisis.

The Trust's Staff Guardian shared the Alphabet of Speak Up – from Anonymity to Zero Tolerance and spoke with staff regarding the issues, the values, the challenges – everything which goes into what Freedom to Speak Up means in health care.

Garden of Memories virtually opened

The Trust held a virtual opening ceremony for a new 'Garden of Memories' on the Royal Blackburn Teaching Hospital site.

The Garden has been developed as a safe place for reflection, mindfulness, 'time-out', conversation and remembrance for patients, relatives, carers and staff. It was created with support and donations from local organisations, through the Trust's official charity, ELHT&Me.

The Garden has been custom-designed to honour those who have passed away, as well as comfort their family and friends, including specific plants chosen for sensory reasons, planters for therapeutic gardening, and a 'Memory Wall'. Butterflies, provided by staff in the Spiritual Care and Bereavement Teams, can be used to share a message about a loved one – one half to be displayed on the wall, the other half to be taken as a keepsake for the family member or friend.

Pioneering surgery carried out at ELHT

Leading surgeons at ELHT performed the first [robotic surgery](#) of its kind in the North of England.

The patient was diagnosed with advanced pelvic cancer in the bowl plus a defect in their diaphragm, known as a diaphragmatic hernia. Thankfully, this type of hernia is very rare. The state of the art robotic technology at Royal Blackburn Teaching Hospital enabled the skilful surgeons, Mr Adnan Sheikh and Mr Michael Gill, to not only remove the tumour from the patient's pelvis, but also correct the diaphragmatic hernia. This was done simultaneously in one theatre session lasting 8.5 hours. The Trust believes they are the first to have carried out this type of complicated operation in the North of England, as no others have been reported.

ELHT employees honoured with BEM

Two employees have been awarded with a British Empire Medal in the Queen's Birthday Honours List for their dedication and hard-work during the COVID-19 pandemic.

David Anderson, Chaplain at the Trust, and Sue Chapman, Deputy Divisional Director of Estates and Facilities, were awarded with the prestigious medal after going above and beyond to help both patients and staff through the challenging months.

David was awarded the BEM after helping boost staff morale through his 'Conversations with Jasper' sessions with therapy dog Jasper, spearheading the creation of 'Oasis' rooms on the hospital site for staff to take a break and helped patients stay connected with loved ones through Zoom calls.

The importance of staff welfare has also recognised with the BEM awarded to Sue Chapman for working with a local business to bring in a fleet of motor homes for extra accommodation to keep staff and their family protected from the risks of COVID-19; directing over 100 ward movements and upgrades, and helping the catering facility prepare and deliver over 3,000 meals for staff each day.

Media coverage

ELHT has been supporting NHS England by hosting a number of key broadcast news organisations. The American news network CNN and ITV Granada News broadcast reports from inside the Royal Blackburn Teaching Hospital's intensive care unit and interviewed front line staff. The powerful footage was captured and shared with millions of viewers across the world.

In addition, and filmed before the pandemic, ELHT's award winning Catering Service took part in Channel 4's 'Food Unwrapped Investigates', highlighting the importance of providing gold standard hospital food to both patients and staff.

Four – Communications and Engagement

A summary of the external communications and engagement activity.

September 2020

Communications and Engagement
Monthly Media Update

Top Stories...

- Blackburn Birth Centre turns 10!
- Live-Stream of our AGM
- East Lancashire team makes flying restart on reproductive health study
- Three ages of Pharmacy
- Minor Injuries unit reopens in Accrington
- Patient-focussed Sarah is our Employee of the Month
- East Lancashire Hospitals NHS Trust is proud to support Emergency Services Day

Funding boost confirmed for Emergency Department expansion

Press and Media Relations...

17 Mentions in all media	**17** Media enquiries handled	**3** Media releases issued this month	**90%** of stories were positive or neutral	**+16** The monthly media net score (positive minus negative)

Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- Video requests
- Leaflet approval for various departments
- Social distancing campaign

- Flu vaccination campaign
- Flagship publication
- AGM
- NHS 111 first
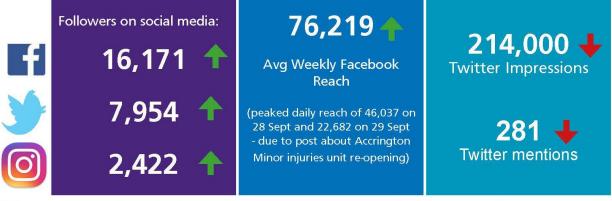- Urgent Treatment Centre direct booking

Website...

Our website got **124,538** page views by **45,332** people.

The most viewed webpage was – Waiting Times

Social media and digital...

Followers on social media:

Facebook: **16,171** ⬆

Twitter: **7,954** ⬆

Instagram: **2,422** ⬆

76,219 ⬆
Avg Weekly Facebook Reach

(peaked daily reach of 46,037 on 28 Sept and 22,682 on 29 Sept - due to post about Accrington Minor injuries unit re-opening)

214,000 ⬇
Twitter Impressions

281 ⬇
Twitter mentions

The most talked about issues on our social networks..

- Minor injuries unit reopening - 67,700
- Chaplain David Anderson and therapy dog Jasper feature on BBC breakfast live - 26,300
- AGM featured video of our COVID response - 22,600
- Celebrating Blackburn Birth Center's 10 year anniversary - 18,000
- Reminder for Maternity service visitor restrictions - 17,100

Posts of the month...

Post Details

East Lancashire Hospitals NHS Trust ✓
Published by Hootsuite [?] · 29 September · 🌐

We are pleased to announce that the Minor Injuries Unit at #Accrington Victoria Community Hospital will be re-opening on Monday 5 October. Read the full details here 🔗 http://ow.ly/5I7G50BDare

Accrington Victoria Community Hospital
Car Park & Visitors Parking
Please use Garden Street Entrance

✓ Get more likes, comments and shares
When you boost this post, you'll show it to more people.

67,682 People reached   7,005 Engagements   Boost post

👍❤️ Jed Gregory, Corren Alyssa Counsell and 211 others   31 Comments 773 shares

👍 Like   💬 Comment   ➤ Share

Perform
67,682
3,402 Re
2,175 👍 Like
141 ❤️ Love
2 😄 Haha
5 😮 Wow
306 Comments
773 Shares
3,603 P
424 Photo view
NEGATIVE F
7 Hide post
0 Report as
Reported st

Top Tweet earned 9,922 impressions

Tune into @**BBCBreakfast** at 8:45 to see our Chaplain David Anderson and Therapy Dog Jasper chatting about being #**CoronaHeroes** in this years #**BlackpoolIlluminations**.

@**NHSEngland** pic.twitter.com/wM1KInZfH9

↩ 4   ↻ 7   ❤ 34

View Tweet activity   View all Tweet activity

Facebook review rating:

4.6 out of 5

Routine activity:

Weekly staff bulletin
Our Trust Your News
Supporting ELHT&Me
Restoration work

If you would like any further information about this report please email communications@elht.nhs.uk

Safe | Personal | Effective

Communications and Engagement
Monthly Media Update

Top Stories...

- Pioneering surgery at East Lancashire Hospitals NHS Trust
- East Lancashire Hospital employees given BEM in the Queen's Birthday Honours List
- East Lancashire Hospitals NHS Trust is encouraging staff to 'Speak Up'
- A great honour on #RxTechDay
- Celebrating Global Clinical Engineering Day
- Act on invitation for child's free flu vaccination

Royal Blackburn Teaching Hospital's Garden of Memories is virtually opened

Press and Media Relations...

27 Mentions in all media	**27** Media enquiries handled	**10** Media releases issued this month	**90%** of stories were positive or neutral	**+26** The monthly media net score (positive minus negative)

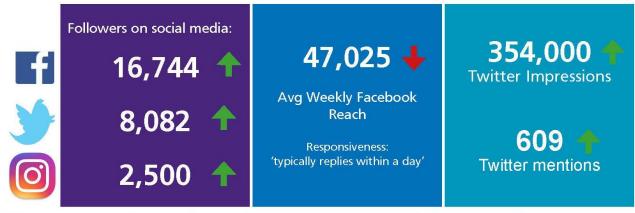## Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- Video requests
- Leaflet approval for various departments
- Social distancing campaign

- Flu vaccination campaign
- Staff Survey campaign
- NHS 111 first
- Urgent Treatment Centre direct booking

Website...

Our website got **125,088** page views by **45,550** people.

The most viewed webpage was – Waiting Times

Social media and digital...

Followers on social media:

16,744 ⬆

8,082 ⬆

2,500 ⬆

47,025 ⬇

Avg Weekly Facebook Reach

Responsiveness:
'typically replies within a day'

354,000 ⬆
Twitter Impressions

609 ⬆
Twitter mentions

The most talked about issues on our social networks..

- Emergency department is extremely busy - 57,100
- Maternity service, changes to visiting service announcement - 51,900
- Appreciation to staff working hard over the weekend. Wellbeing - 30,800
- Emergency department is extremely busy - 27,200
- Queens honors BEM award post for two of our staff (David Anderson and Sue Chapman) - 23,900

Posts of the month...

Top Tweet earned 19.3K impressions

⚠ IMPORTANT ⚠

Our Emergency Department is extremely busy right now. If you are feeling unwell but it is not life-threatening, please check your symptoms at NHS 111 online first.

You could save yourself a trip to the hospital by accessing more appropriate care elsewhere. pic.twitter.com/4s3OMfrXU2

Facebook review rating:

4.6 out of 5

Routine activity:

Weekly staff bulletin
Our Trust Your News
Supporting ELHT&Me
Restoration work

If you would like any further information about this report please email communications@elht.nhs.uk

Safe | Personal | Effective

Five - Chief Executive's Meetings

Below are a summary of the meetings the Chief Executive has chaired or attended since the last board meeting.

October 2020 Meetings

Date	Meeting
Weekly Monday	LSC Out of Hospital and Hospital Cell Touchpoint
Weekly Monday	NW Hospital Cell Gold Command Escalation
Weekly Tuesday	Chairman/CEO briefing
Weekly Wednesday	LSC CEOs briefing
Weekly Wednesday	NW Regional Leadership Group
Weekly Tuesday and Friday	Executive Team
Weekly Monday and Wednesday	LSC Hospital Cell
Bi weekly Tuesday	STP Hospital Cell – Bill McCarthy
2 October	NW Regional Focus Meeting
6 October	Lancashire Resilience Forum
6 October	Chief Operating Officer interviews

November 2020 Meetings

Date	Meeting
Weekly Monday	LSC Out of Hospital and Hospital Cell Touchpoint
Weekly Monday	NW Hospital Cell Gold Command Escalation
Weekly Tuesday	Chairman/CEO briefing
Weekly Wednesday	LSC CEOs briefing
Weekly Wednesday	NW Regional Leadership Group
Weekly Tuesday and Friday	Executive Team
Weekly Monday and Wednesday	LSC Hospital Cell
Bi weekly Tuesday	STP Hospital Cell – Bill McCarthy
4 November	LSC ICS Board
5 November	CEO Development Programme
6 November	Antony Higginbotham MP
6 November	NHS Quest
9 November	LTH Well Led Review
10 November	Chorley ED meeting
11 November	Trust Board
12 November	Director of Communications interviews
18 November	LSC System Leaders
18 November	PL Chairs and Chief Officers
18 November	PL Partnership Leaders Forum
23 November	Vital Signs Transformation Guiding Board

25 November	North West Coast Vaccine Alliance Steering Group
26 November	LSC Diagnostics Programme Board
27 November	HIP2 (Health Infrastructure Plan) Strategic Oversight Group
27 November	LSC Provider Collaboration Board

TRUST BOARD REPORT

11 November 2020

Item	**86**
Purpose	Monitoring

Title	Corporate Risk Register
Author	Mr M Stephen, Head of Safety & Risk
Executive sponsor	Dr Jawad Husain, Medical Director

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 27/10/2020 these risks have been reviewed at RAM on the 25/09/2020 and will be reviewed in the next meeting on the 30/10/2020.

Recommendation: Members are requested to receive, review, note and approve this report and to gain assurance that the Trust Corporate Risk Register is robustly reviewed, scrutinised and managed in line with best practice.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care

Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.

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

Impact

Legal	No	Financial	Yes
Equality	No	Confidentiality	No

No	ID	Title
1	8441	Coronavirus (COVID-19) Outbreak

Lead	Tony Mcdonald	Current score	20	Score Movement	⬌

Description	This risk is to capture the risk to our patients and staff in the event of further infection rates across the UK from the coronavirus (COVID-19) outbreak.	Actions	1. Continuous actions managed and monitored through the ICC meetings and regular OCC meetings throughout the trust.	All actions managed by Tony Mcdonald (Continued actions under development as pandemic progresses through the appropriate meetings)
Top 5 Controls	1. Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with daily update meetings taking place. 2. ICC meetings currently 3 x a week with a Senior Leadership meeting once a week for key decision making and escalation. 3. Increased staffing during core hours to alleviate pressures - including current winter pressures measures. 4. Regular communications about next steps/working group outcomes to keep staff and patients informed 5. Social Distancing Group in place within the EPRR meeting (Monthly) to review key issues and escalations.			
Update since the last report	**27/10/2020-** ELHT has mobilised our Critical Care surge plan which enable us to achieve 40 beds (subject to medical and nurse staffing position). We anticipate in the next 4 weeks to be in a position to deploy a range of Rapid Testing platforms which will support our patient flow pathways (linked to risk 1810). We will continually monitor our bed capacity requirements for COVID-19 and will put appropriate plans in place to respond to demand as required.	Date Last reviewed	27/10/2020	

No	ID	Title
2	8216	**Aggregated Risk** - Potential delay in the implementation of Electronic Patient Record (EPR) System

Lead	Mark Johnson	Current score	20	Score Movement	⬌

Description	The absence of a Trust Wide Electronic Patient System, the reliance on paper case notes, assessments, prescriptions and the multiple minimally interconnected electronic systems in the Trust.	Actions	1. NHSI Queries that come through will need to be submitted following their review of the FBC (Full Business Case)	Charlotte Henson	1. 30/12/2020
Top 5 Controls	1. Stable PAS system (albeit 25+ years old) 2. ICE system 3. EMIS system 4. Improved infrastructure (including storage) to maintain and manage existing systems. 5. Register of non-core systems capturing patient information in				
Update since the last report	**27/10/2020 –** OBC/Business case to be presented to the national committee on the 9th November. Full Business Case completed and informally reviewed by NHSI and this is to be submitted before the end of November to the national committee. This will sent, alongside emergency funding request. EPMA bid successful and money has been drawn down, if EPR is unable to be secured by Feb 2021 then a Rapid procurement request for an EPMA system will be undertaken and contract will be awarded before the end of March 2021.	Date Last reviewed	27/10/2020		

No	ID	Title
3	7762	Risks associated with providing HDU (High Dependency Unit) care in DGH with no funding for HDU provision (Family Care)

Lead	Neil Berry	Current score	20	Score Movement	⬅➡

Description	ELHT provides HDU (High Dependency Unit) care as does most District General Hospitals with the tertiary centres providing formal HDU In recent years with increasing demand and limited tertiary capacity the provision for HDU care is increasing. We have received no funding to manage this provision and yet provide an estimated 1404 HDU days per year (70 % being Level 2 HDU).		**Actions**	1. STP leading review of DGH HDU care 2. Review of funding in light of CCG funding 18/19	1. **Vanessa Holme** 2. **Catherine Vozollo**	1. 09/03/2021 2. **Delayed due to COVID-19.**
Top 5 Controls	1. Safer staffing is reviewed for nursing on a daily basis at Matron and Trust Director of nursing level. Staffing is managed according to acuity and therefore managed in a safe manner. 2. Medical staffing actions have been taken to mitigate risk of medical cover to HDU activity in winter months -specific winter planning takes place. 3. HDU competencies and training completed and co-ordinated in the Directorate to ensure suitable skills. 4. Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level. 5. Medical staffing support monitored and winter planning actions put in place to support increased HDU activity.					
Update since the last report	**27/10/2020-** In the process of investing more into HDU because of COVID requirements but no recognition from specialist commissioners.		**Date Last reviewed**	27/10/2020		

No	ID	Title
4	8061	**Aggregated Risk** - Management of Holding List

Lead	Victoria Bateman	Current score	16	Score Movement	⬅➡

Description	Patients waiting past their intended date for review appointment and subsequently coming to harm due to a deteriorating condition or suffering complications due to delayed decision making or clinical intervention.	**Actions**	**No current open actions provided yet but action plan under review with Victoria Bateman.**	None	None
Top 5 Controls	1. There is a process in place to ensure all follow up patients are assigned a RAG rating at time of putting them on the holding list. This process is for outpatients predominantly. A process forward is currently being developed. 2. There is an automated daily report to provide oversight of the holding lists by speciality. 3. Underlying demand and capacity gaps must be quantified and plans put in place to support these specialities in improving the current position and reduce the reliance on holding lists in the future. 4. Report being provided weekly to the Executive Team. 5. Holding List performance is discussed as part of the weekly performance meetings.				
Update since the last report	**02/10/2020 -** The holding list has been increasing month on month due to social distancing in outpatient clinics and deferred patients from the past 6months who require a face to face appointment. On 2nd October the current size of the holding list is 15888.	**Date Last reviewed**	02/10/2020		

No	ID	Title
5	8221	Lack of recurrent investment and review of CNP services resulting in service at risk (Family Care)

Lead	Debbie Mawson	Current score	16	Score Movement	

Description	CNP is currently undergoing a service review which has stalled due to lack of resource from a CCG perspective. This is due to the service working under a block contract which has not been reviewed for a number of years. A number of roles and services are being funded non recurrently and this funding stops in march 2020.	Actions	1. Conduct CNP Service review post COVID measures	1. Debbie Mawson	2. 30/11/2020
Top 5 Controls	1. Review meetings with our commissioner monthly. 2. Escalated through CNP spec board and DMB also SMWRG with DGM and Lead for Children and Young People Pennine CCG. 3. Risk assessment completed. 4. Funding continuing throughout review period but capacity issues remain the same.				
Update since the last report	**27/10/2020-** ELHT is trying to encourage the Royal College of Paediatricians to come in and do an external review (possibly virtually) but are yet to hear back. Non-recurrent funding has been sustained.	Date Last reviewed	27/10/2020		

No	ID	Title
6	7067	**Aggregated Risk** - Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and quality

Lead	Jonathan Smith	Current score	15	Score Movement	

Description	ELHT is not a specialist provider or equipped to provide inpatient mental health services. Patients with mental health need do present to the Trust and they may require both physical and mental health assessments, treatment and referral to specialist services. Due to lack of specialist knowledge, this may cause deterioration of the patient.	Actions	1. Embed recommendations from NTW (North Tyne Wear assessment) work	1. Jonathan Smith & LSCFT	1. 30/10/2020 (extended to 30/11/2020)
Top 5 Controls	1. Daily system mental health teleconference, attended by ELHT Clinical Site Managers. 2. Discussion and review at four times daily clinical flow meeting 3. Expanded mental health liaison team service based in emergency department. 4. Treat as one group established to oversee the response to physical and mental health needs of patients. This group is chaired by the director of nursing and includes representatives from ELHT and LSCFT, LCC, BWDBC,CCG, Police. TAO group currently stood down but multiple meetings across the trust still cover core essentials. Multi agency oversight group also in place. 5. Mental Health Shared Care Policy including out of hours escalation process for MH patients.				
Update since the last report	**27/10/2020**- Estates meeting in place 01/11/2020 to finalise the building plan for the MH POD. We are anticipating the opening for this POD will be the week after Christmas but this could be affected by estates. The opening of the POD should strengthen our controls which will essentially bring this score down.	Date Last reviewed	27/10/2020		

No	ID	Title					
7	1810	**Aggregated Risk** - Failure to adequately manage the Emergency Capacity and Flow system					
Lead		Jonathan Smith	**Current score**	15	**Score Movement**		⬆
Description		Lack of capacity across the Trust can lead to extreme pressure resulting in a delayed delivery of the optimal standard of care across departments. At times of extreme pressure this increase in the numbers of patients within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow	**Actions**	1. Develop a public participation strategy to support community acceptance of change) 2. Meeting with CCG to look at an appointment system for UCCs	1. Jonathan Smith 2. Jonathan Smith	**1.** 31/08/2020 (Extended to 30/11/2020) **2.** 30/10/2020	
Top 5 Controls		1. Further in-reach to department to help to decrease admission 2. Workforce redesign aligned to demands in ED 3. Review of processes across Acute / Emergency medicine in line with Coronial process and incidents. 4. Work with CCG on attendance avoidance 5. Phase 6 build commenced - completion Nov 2020					
Update since the last report		**27/10/2020 –** Risk is still highly impacted by COVID and other risks are still being managed in the division, specifically in ED. Action No 2 that is in place will not mitigate all issues within the risk but mostly focuses on 111 (Urgent Care) related matters. Risk will be proposed to move up in score in the Risk Assurance Meeting 30/10 due to significant issues with COVID-19 and winter pressures.	**Date Last reviewed**	27/10/2020			

No	ID	Title					
8	5791	**Aggregated Risk -** Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care and finance.					
Lead		Julie Molyneux	**Current score**	15	**Score Movement**		⬌
Description		Use of agency staff is costly in terms of finance and levels of care provided to patients	**Actions**	1. Twice yearly professional judgment review of nurse and midwifery staffing requirements 2. Ongoing	1. Julie Molyneaux 2. Julie Molyneaux	**1.** 01/12/2020 **2.** 30/12/2020	
Top 5 Controls		1. Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. 2. The use of the Safe Care Tool within Allocate to support decisions regarding acuity an dependency 3. E rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes; 4. Dashboard review of good rostering compliance 5. Monitor red flags, IR1s, complaints and other patient experience data					

		recruitment,, locally, nationally, and internationally

Update since the last report	02/10/2020 –recruitment still underway. Recruitment process has been eased for COVID19 to get nurses into posts quicker to support the trust.	Date Last reviewed	02/10/2020

No	ID	Title
9	5790	**Aggregated risk –** Failure to adequately recruit to substantive medical posts may adversely impact on patient care and finance.

Lead	Kate Quinn	Current score	15	Score Movement	⬌

Description	Gaps in medical rotas require the use of locums to meet service needs at a premium cost to the Trust.	Actions	1. Ongoing recruitment and innovative packages offered 2. Workforce transformation and new models of skill mix	1.Kate Quinn 2. Kate Quinn	1. 31/12/2020 2. 31/12/2020
Top 5 Controls	1. Consultants current do cross cover at times of need 2. Divisional Director sign off for locum usage 3. Ongoing advertisement and recruitment programme for medical vacancies 4. Consultant cross cover where possible 5. Retire and Return Policy that helps support the return of skilled staff				
Update since the last report	02/10/2020 – Staff Mobility programme in place for all staff- including staff digital passport which is being explored. This will support quicker recruitment and easier deployment. Previous explored changes for pensions have been put on hold for now. We are currently exploring how we work over both primary and secondary care which includes the review of bringing GP's back into the trust. Closer relationships are being formed with universities to explore placements within the trust. ELHT are participating in a stakeholder engagement to explore the possibility of a medical doctor apprentice. Working with comms to develop an employer brand for roles across the board.	Date Last reviewed	28/10/2020		

No	ID	Title
10	7008	Failure to comply with the 62 day cancer waiting time.

Lead	William Wood	Current score	15	Score Movement	⬌

Description	Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.	Actions	1. Implement Secondary Care Patient Choice Post Card 2. Creation of comprehensive Cancer PT and automated Hot list 3. Implementation of Rapid cancer diagnostic and assessment pathways 4. Capacity & Demand Review	William Wood	1. 31/12/2020 2. 31/12/2020 (been deffered due to other pressure in IT) 3. 31/03/2021 4. 31/03/2021 5. 31/03/03/21
Top 5 Controls	1. CNS engagement with virtual PTL 2. Cancer escalation process modified and re-issued 3. Cancer Hot List issued twice weekly 4. Additional theatre capacity with additional capacity being attained throughout other hospital services. 5. Lancashire Cancer Tactical Group, Trust and CCG colleagues discuss performance, progress, and ideas for improvement. 6. Cancer Performance Improvement group has been established and is chaired by the Lancashire/South Cumbria Alliance.				

			5.	Investment of Alliance Funding in pathway to improve processes.		

Update since the last report	**27/10/2020-** We are continuing to encourage patients to be treated at the earliest convenience. COVID has had a significant impact on cancer services performance. We are not currently being scrutinised on cancer waiting times by local CCG's, cancer alliance and NHSE & I but we are being measures on the Phase 3 metrics.	**Date Last reviewed**	27/10/2020

No	ID	Title
11	8275	Loss of Transfusion Service

Lead	Lee Carter	**Current score**	15	**Score Movement**	⬌

| **Description**	Denial of the laboratory premises at RBH, especially blood transfusion, due to: 1. Planned evacuation due to fire alarm test. 2. Unplanned evacuation, in response to local fire alarm activation 3. Evacuation due to actual fire within the laboratory.	**Actions**	1. Gain resource to support the minuting and management of HTC meeting	Lee Carter	01/12/2020
Top 5 Controls	**1.** Emergency bloods can be stored in temporary insulted boxes for a period of time **2.** The BMS (Bio Medical Scientist) would either station themselves outside the entrance to the laboratory, where they could issue emergency units out **3.** If level 0 was out of bounds, clinical flow room would be point of contact skilled staff. **4.** Hospital Transfusion Committee in place and review of meeting still underway.				
Update since the last report	**30/10/2020** we will be able to possibly move on the main tender which could potentially offer us savings for our blood sciences equipment. Resource is being located to support the minuting and management of HTC.	**Date Last reviewed**	27/10/2020
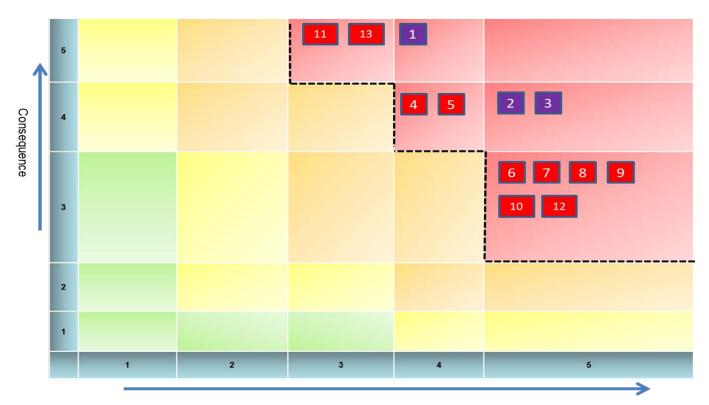
No	ID	Title
12	8243	Absence of an end to end IT maternity system (Family Care)

Lead	Neil Berry	**Current score**	15	**Score Movement**	⬌

Description	Inability to have an end to end IT record of a woman's care throughout her antenatal, intrapartum and postnatal care. Impact on midwives work load as data capture will be manual, time consuming with an inconsistent approach to collect, no additional resources are available to collate this data manually which would equal at a minimum a full time post. Potential gaps and risks of inaccurate data capture	**Actions**	1. Currently there is a Lancs and South Cumbria Local Maternity	1. Andrew Lumsden	1. 31/12/2020

Top 5 Controls	1. The ICS procurement process is nearing its conclusion and the supplier for the new maternity system should be decided by the 30st September 2020. A divisional, multidisciplinary maternity system steering group has been formed and will meet every fortnight from the 14th October. The group will begin by discussing and developing the business case for the new system, discuss and look at setting up the project team once the chosen supplier is known and then discussing the choice and purchase of new IT infrastructure, again once the chosen supplier known. 2. Review of equipment used by midwives in the community for accessing systems is underway	System operational group looking at procuring a IT system for the all the 4 Trusts within the LMS – awaiting the outcome.
Update since the last report	**27/10/2020 –** Laptops for the community midwives needs to be included in the implementation of the system. Once laptops have been procured and can be used this will bring the controls into a better position to bring the overall score down.	**Date Last reviewed** 27/10/2020

No	ID	Title				
13	8652	Failure to meet internal & external financial targets for 2020-21				
Lead		Michelle Brown	**Current score**	**15**	**Score Movement**	⬌
Description		Failure to meet financial targets is likely to lead to the imposition of special measures and limit the ability of the Trust to invest in the services it provides. Continued failure to meet financial targets may lead to the Trust being taken over by another provider.	**Actions**	1. Submit monthly financial monitoring returns to NHSEI 2. Submit monthly financial monitoring returns to Healthier Lancashire and South Cumbria Integrated Care System (ICS) 3. To work across the Trust with non-financial colleague 4. To ensure we have a financial	**All actions managed by Charlotte Henson**	All actions due 02/12/2020
Top 5 Controls		1. Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts; 2. Financial performance reports distributed across the organisation to allow service managers and senior managers to monitor financial performance against financial plans, supported by the Finance Department; 3. Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits; 5. Arrangements to monitor and improve delivery of the Waste Reduction Programme 6. Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits				

			training programme in place to support the wider organisation and network	
Update since the last report	**03/11/2020-** adjusted break-even position to be reported to M6 of 2020-21. M7 to M12 financial envelope is still being determined at a system level.	**Date Last reviewed**	27/10/2020	

Risk Heat Map October 2020:

Table A: Risks scoring 15+ not listed on the corporate register

The below risks are those scored 15 and above and are LIVE in divisional risk registers and are either a) *Historical risks linked in to existing corporate risks on the Corporate Risk Register (CRR)*, b) *New risks which have been approved at local governance as a 15+ but have not been accepted onto the CRR.*

ID	Opened	Approval status	Risk Handler	Risk Lead	Division	Directorate	Title	Rating (current)
8284	23/10/2019	Live Risk Register	Rushton, Sara	Donoghue, Ian	Medicine and Emergency Care (MEC)	Digestive Diseases	Failure to comply with the 62 day cancer waiting time target and potential delay in treatment	15
1487	27/09/2012	Live Risk Register	Bateman, Victoria	Hudson, Natalie	Surgical and Anaesthetic Services (SAS)	Z - OLD CODE - More than one Directorate	Failure to deliver the SRCP	15
1489	27/09/2012	Live Risk Register	Bateman, Victoria	Hudson, Natalie	Surgical and Anaesthetic Services (SAS)	Z - OLD CODE - More than one Directorate	Failure to meet the activity and income targets	15
8516	03/05/2020	Live Risk Register	Whitehead, Alison	McDonald, Tony	Corporate Services	Trust-Wide (Corp)	Inability to provide / support social distancing	16
2310	23/04/2014	Live Risk Register	Bateman, Victoria	Hudson, Natalie	Trust-Wide	Trust-Wide	Potential failure to deliver the Trust On-going RTT (referral to treatment) waiting times	15
7587	27/11/2017	Live Risk Register	Smith, Jonathan	(Medicine and Emergency Care) Gardiner, Joanne	Medicine and Emergency Care (MEC)	Acute Medicine ED and UCC	There is a risk that patient's in ED at RBH are not always receiving optimal care due to a lack of embedded clinical systems	16

Risk Register update (Pages 3 -9):

1. **Risk No 7 (1810)** is going back through governance on Friday 30/10/2020 and being proposed to be moved up in score to 20. This is because of this significant capacity and flow issues across the trust due to winter pressures and COVID-19 impacts locally and nationally.

Changes to the report:

1. New reporting has been created to show the risk in one table with the assurances needed, including open actions with the use of a traffic light system to show how the risk is progressing. Some risks may not have moved in direction for a while because of potential funding impacts and also specific COVID-19 measures.

2. There are **19** risks which score 15 and above and are LIVE on the risk system. **13** of these risks sit on the corporate register and have gone through appropriate governance (as in pages 3-9). **6** risks listed in Table A are either:

   a. Historical risks which link into one of the aggregated risks on the corporate register.

   b. Risks that may have been approved as a 15 or above locally in Divisional Governance but not accepted to the CRR (Corporate Risk Register).

   c. Risks that are 15 and above are requested to be reviewed monthly and those that are not on the Corporate Register have been requested to be re-taken through governance to ensure that the scoring is correct.

Conclusion:
1. Members are requested to:
   a) Review, scrutinise and approve the Corporate Risk Register
   b) Gain assurance that risks on the CRR are being robustly managed in line with best practice and the Trust Risk Management Strategy.
   c) Support the ongoing management of Corporate Risk Register risks within respected functions/divisions throughout the trust.

TRUST BOARD REPORT

11 November 2020

Item	**87**

Purpose Assurance

Approval

Title	Board Assurance Framework (BAF) Review
Authors	Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary
Executive Sponsor	Mr J Husain, Executive Medical Director

Summary: With the onset of the Covid-19 pandemic from April 2020 the BAF review has been carried out by the additional risk BAF risk 6 (attached) in order that the implications of the pandemic were assessed against all the BAF risks.

As reported to the Trust Board in September 2020, the work on the annual review the BAF has commenced. However, due to the increase in operational pressures during the month of October and November 2020 the review is yet to be completed.

A session was held on 21 October 2020 to commence the work and a further Trust Board session will be arranged for December to continue this work. At the same session, a review of the Trust's strategic objectives, risk appetite, overarching risk strategy and learning from Covid-19 will be carried out. Additional workshops with the NEDs will be arranged for the review of the BAF risks.

The revised BAF will be presented to the next meeting of the Trust Board in January 2021.

Recommendation: Members are asked to note and discuss the BAF risk presented.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Responsible Director(s): Director of Integrated Care and Partnerships, Director of Infection Prevention and Control

Aligned to Strategic Objectives: 1, 2, 3, 4 and 5.

Strategic Risk: The risk to Staff, patients, the overall Trust and it's services from the COVID-19 outbreak.

Consequences of the Risk Materialising:
1. Increased death across the UK/Trust coverage from COVID 19
2. Increased pressures on Emergency Wards/Trust services through further infection and also normal winter pressures
3. Financial loss
4. Staff sickness/absence due to infection, overall impact on trust workforce.
5. Lack of PPE and equipment to support safe testing and management of the disease
6. Potential interruption of BAU activities which contribute towards normal regulatory work such as incident, health and safety, financial reporting etc.
7. Increased cyber security risk during Covid-19 pandemic

	Risk specific consequences	Key Controls	Potential Sources of Assurance	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score 2019/20 Q4	2020/21 Q1	Q2	Q3	Gaps in Control	Gaps in Assurance	Actions Planned / Update
Overarching Risk: COVID-19		Incident co-ordination centre set up (ICC) and Operational Co-ordination centres (OCCs) covering all aspects of the organisation and externally the CCG.	Daily Incident reporting from the central governance team - daily updates and analysis sent through to the ICC (Incident Co-ordination centre) who collate and share this information.										Rapid changes in guidance/SOPs across Trust - risk that all information is not disseminated/understood appropriately.	Regular briefings are underway with the scope of meetings changing regularly to allow further discussion on impacts within division and across the Trust (Ongoing)
		ICC hold a central decision log which is updated regularly.	Overall figures provided regularly from the ICC to show key metric.	25	10	20	5x4	20	20	20			Changing guidance regularly which can be confusing.	Single points of contact set up across all divisions/directorates to ensure smoother communication and delivery. (ongoing)
		ELHT ICC reports through to the North West Emergency Preparedness and Resilience Response												Internal audit to support review of ICC/OCC decision logs and risks (Completed)
		All SOPs agreed by OCC and are approved by ICC	Senior Leadership Group (SLG) established and oversees the restoration and recovery plans.											
		Green pathways (restoration of services)												
BAF 0: Covid Specific	PPE supplies may not be sufficient	Controlled through Procurement Cluster/Facilities	Regular dashboard of stock levels and OCC update to ICC									Push stock system from centre with no prior sight	PPE Supply	ICS PPE and Clinical Consumables Group established to oversee (Completed)
			Additional laundered stock through in-house laundry Mutual aid arrangement in place across Lancashire and South Cumbria Integrated Care System (ICS)										Ensuring PPE supply is managed efficiently through the system.	CEO of ELHT appointed as cell Leader for 'In Hospital' cell for the ICS
	Social Distancing	Communication channels for staff reminders: - Policy Group - Checklists - Signage - Plexi-Glass Screens installed in relevant areas (Eg Restaurants/ shops/receptions) - Home/Agile working	Staff /patient feedback									No known current vaccine against the virus without any indication on timescales to resolve.	Without full testing of asymptomatic staff it is difficult to establish the exact numbers of positive staff and patients	Antibody testing being rolled out imminently for key staff (Completed)
		Office accommodation moved to fill empty offices	Staff sickness levels of Covid positive staff											
	Covid testing for all elective/non-elective patients/staff	Process signed off by ICC/OCC	Results and activity reporting through Trust Executive									External capacity to test		Continual review and assessment with external partners (ongoing)
												Increase in asymptomatic patients		Daily review by Flow team (ongoing)
	Potential oxygen availability issues may occur	Oxygen availability monitored daily	Oxygen availability is reported through ICC/OCC daily for all sites											
	Risk of nosocomial transmissions (7 cases identified)	detailed measures in place for management of nosocomial transmissions, including: - IPC - PPE Use - Social Distancing - Testing Regime	Reporting through the Trust Board and Committees and at operational level.											All patients who are admitted are tested at the point of admission. Testing is repeated at day 5, if they remain an inpatient. (ongoing)
		Emergency Planning Resilience Committee has been re-established and re-formed under the Director of Integrated Care and Partnerships as the Director responsible for emergency planning.												

	Risk specific consequences	Key Controls	Potential Sources of Assurance	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	Gaps in Control	Gaps in Assurance	Actions Planned / Update
BAF 1: Transformation Schemes	Reducing hospital footfall and access	Implementation of digital solutions including virtual clinics and advice & guidance for outpatient	Activity numbers and positive patient experience											
		Use of tablets and smartphones for patients and wards to communicate with relatives	Patient experience and feedback											
		Implementation of Digital Interpretation services	Staff feedback/weekly reporting											
	Agile working (staff)	Managed through OCC	Digitally enabled solutions approved by Data Protection Officer and Senior Information Risk Owner										Weekly reporting by user/digital sign off of shift	New current state baseline and work to business as usual processes
	Implementation of IT systems	Monitored and developed by Information Management and Technology (IM&T) OCC													
			Regular update provided to the Finance and Performance Committee by the Executive Director of Finance.											
BAF 2: Workforce	Increased sickness as a result of Covid 19 resulting in staffing pressures	Increased staffing during core hours to alleviate pressures - including current winter pressures measures in place.	Daily medical and nursing workforce huddles to identify gaps. HR and OD teams have moved to 7 day working to support service delivery and incident management.									NHS Staff pressures- already a low workforce, increased pressures from infections and sickness.	National guidance sometimes slow as changing to reflect emerging evidence	Mutual aid arrangements across L&SC Trusts being developed through HRD Forum. Participation in LRF as part of recovery phase.
		Significant recruitment underway to increase band 5 nurse capacity across the Trust, fast track interviews and employment underway.	Establishment of a Resourcing Hub to enable timely responses to staffing needs and enable redeployment of staff across the organisation.											Testing of all patient facing staff
		Regular reporting to the PCC and Executive on sickness levels had health and wellbeing initiatives.	Occupational Health team supporting staff with testing and appropriate isolation advice.											
	Increased risk to BAME staff from Covid-19	BAME staff included in the vulnerable category as defined by National Institute for Health Protection and risk assessments undertaken.	As of 30/07/2020 98% of BAME staff have had risk assessments completed and relevant mitigation identified/implemented. Regular risk assessments continue											Continued communication and continuation of risk assessments for remaining staff. Remaining staff are junior Doctors who are changing over. A plan is in place to complete their risk assessments during their induction to the Trust. (August 2020) Plan to quality assure the quality of the risk assessments and systems to maintain ongoing reviews as circumstances change (ongoing) Regular engagement with BAME network (ongoing) Implementation of BAME FTSU Champions (August)
BAF 3: Partnership		Faster testing for COVID-19 put in place with 8 hour waits now compared to 24 hours. Working in partnership with Preston. (BAF3)	Regular communication with NHS England, NHS subsidiaries, Commissioners and Senior/Exec Management between teams. (BAF3/5)											
		ICC links closely with Out of Hospital ICC to support Pennine Lancashire system response	Twice weekly teleconferences and associated notes											
		ICC links with ICS In-Hospital Cell and then to Regional ICC to ensure appropriate information cascade	Thrice weekly teleconferences and associated notes											
	Implementation of the phase three planning guidance	Cell working and mutual aid whilst managing Covid-19	Regular reporting to the Board and Committees on progress of Phase Three implementation.											Working collaboratively at Trust, ICS and ICP level following receipt of the Phase Three planning guidance

	Risk specific consequences	Key Controls	Potential Sources of Assurance	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	2019/20 Q4	2020/21 Q1	Q2	Q3	Gaps in Control	Gaps in Assurance	Actions Planned / Update
BAF 4: Finances	Increased Risk of Fraud	Finance, Procurement and I,M&T OCCs in place Additional fraud risk considered and reported through to ICC Any changes to SOPs agreed through OCC All SOPS consider risk and have review date Attendance at all regional and national response to Covid calls Decision log kept at OCC level Decision log kept at ICC level	Regular updates from Counter fraud reviewed by Finance OCC, Processes for all potential instances of fraud reported through OCC										Independent review of OCC decisions	Internal audit to support review of ICC/OCC decision logs and risks
	Income and cashflow reduced due to cancellation of activity	As above	Payment By Results (PBR) suspended/National block contract in place/National top up payments Double cash payment in April to avoid cash shortages Awaiting Financial Settlement figures											
	Covid costs not captured/reimbursed	As above	Dedicated accountant to report on all costs liaising with divisions New e-rostering guidance set up to identify additional Covid shifts Additional posts agreed through OCC/ICC - Finance rep on each of these calls Non pay and income pressures assess through OCC/ICC Capital costs agreed through ICC									Some costs may be missed		Retrospective review of all costs via OCCs to finalise
	Financial plans and efficiency schemes	As above	2020-21 Financial plans - draft plan to be used as plans not signed off Waste Reduction Programme (WRP) to be used in draft form Regular reporting to the Board and Finance and Performance Committee on financial performance									Financial plan only at draft stage - not signed off due to postponement of planning Formal development not possible for at least Q1	No central guidance on 20-21 financing and reporting Formal monitoring not possible until financial envelope for 20-21 determined	Awaiting guidance from the centre in length of block contract/PBR/cashflow/capital and reporting regime Monthly monitoring against daft plan Month 6 post budget review to be undertaken to Review current position with Improvement team to maximise benefits of developments that have taken place
	Staffing for business critical posts	As above	Staff dispersed to work from home or other sites to support social distancing Single points of failure determined and cross working in place to mitigate this IT problems addressed through shift working											
	Delay to capital approval for Covid secure environment	As above	ICP prioritised bids/ICS bid collaboration Urgent requirements bid for Trust completed/risk assessments									No central guidance or dates for approval	Lack of control over central decision on funding	Continued discussions with ICS Pre-work on all plans being completed to get ready to expedite once approval and amounts agreed
BAf 5: Constitutional Standards	New government guidelines in respect of targets and activity	Impact reviewed and monitored through ICC/OCC	Integrated Performance Report and ICC											
	Restoration period	Plans signed off by OCC/ICC	Activity monitoring											
		Plans monitored externally	Incident reporting									Increase in Covid patients	Capacity to manage increase in Covid	Daily review by ICC/OCC and flow team
		Regular reporting to Trust Board and committees										Increase in Non-Covid patients (higher acuity)		Plans to escalate developed and being reviewed continually
												Effects of patient choice		

TRUST BOARD REPORT

11 November 2020

Item	**88**
Purpose	Information
	Action
	Monitoring

Title	Serious Incident Assurance Report
Author	Mrs J Hardacre, Assistant Director of Safety and Risk
Executive sponsor	Mr J Husain, Executive Medical Director

Summary: The Trust Board is asked to receive this paper as a summary update on the serious incidents reported to CCG and governance process maintained during the Covid-19 pandemic, and evidence of issues identified and addressed to maintain patient safety as a priority focus.

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. Serious Incidents Reported in August and September 2020

1.1 In the months of August and September the Trust reported 29 Serious Incidents to our commissioners. Of these 16 were Pressure Ulcers and 1 moisture damage of average 70% of these type of incidents are de-escalated after the investigation is complete, No other incident types have been highlighted as a theme in reporting for these two months.

1.2 The Trust reported 1 incident in line with the Never Event Framework in September. A low harm incident with regards to a retained foreign object, 2 hole plate not used for fixation had been retained in the wound within an Oral Surgery Maxillo Facial operation. The additional plate was removed under local anaesthetic with no additional harm. Full duty of candour completed with patient and a round table discussion with all staff involved has taken place. Final investigation report is due at the Trusts SIRI panel in November 2020. Immediate actions were taken to add the fixation plates and screws to a formal count process. This is not required routinely for these pieces of equipment, but the directorate were keen to improve safety as a result.

1.3 A second incident in line with the Never Event Framework was reported outside of the timescale for this report in October. A no harm incident regarding the administration of medication by the wrong route, 10mg of intravenous morphine prescribed but 10mg of oral morphine given by IV. Full duty of candour completed with patient and a round table discussion with all staff involved has taken place. Final investigation report is due at the Trust SIRI Panel in December 2020.

2. CCG Assurance Dashboard (Appendix A)

2.1 The East Lancashire Care Commissioning Group (CCG) provides a serious incident dashboard each month to the Trust (see appendix A). At the time of the Dashboard being produced the Trust had 63 Serious Incidents open for investigation and learning with the local CCG.

- 36 are awaiting for the full investigation report to be completed
- Sixteen investigations have been completed and are awaiting closure or de-escalation by the CCG
- 6 investigation reports, the CCG have requested further information be provided before closure agreed

- 5 are currently being investigated by Health Service Investigation Branch (HSIB) and no further action can be taken until these have been completed.

2.2 There are 4 incidents overdue by 50 days, two under HSIB investigation which sit outside of the control of the Trust. The further 2 incidents were delayed due to supplementary information being requested following review at the SIRI Panel, both of these have been completed and sent to CCG for approval and closure.

2.3 The Trust reported 1 incident outside of the two day reporting requirement with the CCG, reason for delay has been requested from the division and a delay in providing 1 rapid review to the CCG due to staff not being available to provide information.

2.4 There have been no breaches of duty of candour for this reporting period.

2.5 The Trust has seen an increase in the number of extensions request for the completion of full Serious Incident investigations mainly due to the pandemic and the impact this is having on staffing.

3. SIRI Panel Overview

3.1 August SIRI Panel 12 investigation reports and 8 fast track rapid reviews were discussed:

- 9 reports were approved with learning and sent to CCG for closure
- 9 reports for de-escalation with CCG
- 1 deferred until September as further work required
- 1 not approved further information required

3.2 September SIRI Panel 9 Investigation reports and 1 fast track rapid review were discussed:

- 2 reports were approved with learning and sent to CCG for closure
- 3 reports for de-escalation with CCG
- 2 deferred until October as further work required
- 2 not approved further information required

3.3 Summary of themes, lessons learnt and actions identified at the two SIRI panels included the need to understanding the "why" within incident reports, this will be discussed further within the Lessons Learnt Group and supported by the implementation of the new Patient Safety Incident Response plan. A theme captured around the Maternity IT system which has been previously identify on the Trusts risk register.

3.4 The Chair updated the SIRI panel on the need to focus on quality assurance of action plans which was being reviewed through a formation of a specific forum to present action plans, to coordinate and identify organisation improvements.

4. Serious Incident Governance Arrangements COVID 19 Second Wave

4.1 Fast Track Rapid Reviews were stood down in July with CCG. These have not been reinstated for the second wave of the pandemic, from feedback received within it was felt they were not assisting in the reduction of workload.

4.2 It has been agreed with the CCG that the completion of Rapid Reviews can be extended from 3 working days to 5 working days to support clinical staff.

4.3 If required all Serious Incident investigations which are currently open or reported whilst in the second wave of the pandemic can have a two month extension agreed with CCG. Any incidents that may require an extension will be discussed and agreed with the patient/family.

4.4 Lessons Learnt group which was only set up in early October has been stood down due to pandemic until January 2021. Lessons Learnt will be moved back on the agenda for SIRI Panel and areas of escalation will be taken to Trust Wide Governance Meeting.

Jacquetta Hardacre, Assistant Director Safety and Risk, 29th October 2020

Appendix A: Serious Incident Dashboard produced by East Lancashire CCG on 8th October 2020

Provider ELHT	08/10/2020		Dashboard developed and produced by Lewis Wilkinson, Quality & Performance Support Officer, MLCSU (Embedded)

Total number of incidents	Total number of incidents closed	Total number of incidents open	ELHT extension requests: September 2020
547	**484**	**63**	**9**

2020/21	2019/20
61	71

2020/21	2019/20
8	61

2020/21	2019/20
53	10

Difference from rolling 12 month mean	Rank
↑ 3.0	2

2018/19	2017/18	2016/17	2015/16
54	64	66	76

2018/19	2017/18	2016/17	2015/16
54	64	66	76

2018/19	2017/18	2016/17	2015/16
0	0	0	0

Month	Count		Difference from rolling 12 month mean	Rank
Aug-20	9	↑	3.0	2
Jul-20	12	↑	6.0	1
Jun-20	6	-	0.0	6
May-20	1	↓	-5.0	12
Apr-20	8	↗	2.0	4
Mar-20	5	↘	-1.0	8
Feb-20	3	↓	-3.0	10
Jan-20	7	↗	1.0	5
Dec-19	6	-	0.0	6
Nov-19	4	↘	-2.0	9
Oct-19	2	↓	-4.0	11

Overdue from initial date

0-10	0
11-20	3
21-30	1
31-40	1
41-50	0
51-60	1
61-70	0
71-80	1
81-90	1
91-100	0
>100	1

Top 5 Incident Types (12 month rolling)

08 October 2019 - 08 October 2020

Pressure ulcer (grade unknown)	36
Diagnostic incident including delay (including failure to act on test results)	9
Maternity/Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and	9
Treatment delay	9
Slips/Trips/Falls	6

Status of all open StEIS incidents

Awaiting additional information	6
Awaiting CCG decision	0
Awaiting closure	16
Under HSIB investigation	5
Awaiting RCA	36
LAT Managed	0
Total	**63**

RCAs due (all years)

More than 14 days till due	40
Due within 14 days	1
Stop the clock in place	0
Overdue	0
Total	**41**

Never Events

2020/21	2019/20	2018/19	2017/18	2016/17
2	5	1	7	1

Reported in 2 working days of SI identified: 2020/21

Yes	80	No	6

No. Incidents per month — ELHT

Open incidents by provider — ELHT

Number of extension requests per month

CCG RCA review performance

Rapid reviews

TRUST BOARD REPORT

Item   **89**

11 November 2020

Purpose   Information

Title	**Nosocomial Infection Report**
Author	Ms A Whitehead, EPRR Manager / Incident Manager
Executive sponsor	Mr T McDonald, Director of Integrated Care and Partnerships

Summary: This report outlines the Trusts current position in relation to hospital onset covid-19 infections (HOCI) and nosocomial outbreaks.

It also outlines the extensive amount of work that has been undertaken to reduce the risk of hospital acquired covid infections and transmission.

Recommendations:

a) The Trust Board are requested to acknowledge the significant amount of work that has been done across the Trust to promote and ensure social distancing, hand hygiene and PPE wearing in order to reduce the risk of nosocomial outbreaks.

b) However, it is recognised that given the number of HOCI outbreaks and staff outbreaks, there needs to be a further push on the importance of covid-safe working requirements across the Trust and non-compliance needs to be escalated and actioned

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	Yes
Compliance with Health & Social Care Act 2012		Additional Investment in resources to support ICC response agreed	
Compliance with Civil Contingencies Act 2004 and subsequent amendments			
Equality	No	Confidentiality	No

1. This report outlines the Trusts current position in relation to hospital onset covid-19 infections (HOCI) and nosocomial outbreaks.

2. Nosocomial applies to any disease contracted by a patient while under medical care. However, common usage of the term nosocomial is now synonymous with hospital acquired.

3. Since May, the Trust has been submitting a weekly nosocomial sitrep to the regional team identifying the numbers of HOCI occurring within the Trust.

4. The Trust is also required to identify, report and review all HOCI outbreaks, where a HOCI outbreak is defined as where two or more cases occur within the same environment within 14 days

5. The Trust had its first HOCI outbreak on 23rd September and as of Monday, 2nd November, the Trust has a total of 13 HOCI outbreaks and 11 separate staff outbreaks.

Executive Summary

6. This paper summarises the current position of the Trust in relation to hospital onset covid-19 infections and nosocomial outbreaks.

7. Identification of a Hospital Onset COVID infection (HOCI)[1]. There are three categories for determining Hospital Onset covid infections:

    a) Hospital-Onset Indeterminate Healthcare-Associated (HO-iHA) – First positive specimen date 3-7 days after admission to trust

    b) Hospital-Onset Probable Healthcare-Associated (HO-pHA) – First positive specimen date 8-14 days after admission to trust

    c) Hospital-Onset Definite Healthcare-Associated (HO-dHA) – First positive specimen date 15 or more days after admission to trust.

8. For reporting purposes, only probable (HO-pHA) and definite (HO-dHA) cases of HOCI are considered. The process requires that each case falling within these categories undergoes a rapid Root Cause Analysis (RCA), to establish how the transmission has occurred and whether there are any other linked cases that might indicate ongoing transmission within an area.

9. The Trusts current position in relation to hospital onset healthcare associated covid infections (as of 2/11/2020) is as follows:

[1] North West Hospital Onset COVID Infection Standard Operating Procedure Version 1.7 09/06/2020

HO-iHA (first positive 3-7 days after admission)	51
HO-pHA (first positive 8-14 days after admission)	26
HO-dHA (first positive 15 or more days after admission)	58

10.   The Trust has robust processes in place to support the timely reporting and management of COVID-19 HOCI outbreaks and associated staff absence.

11.   All covid-19 outbreaks are promptly notified to Public Health England. In addition, the Trust also escalates information about the outbreaks to the CCG, CQC and NHSE/I once the initial investigation is complete (via a regionally agreed process).

12.   Internally, the Infection Prevention and Control (IPC) Team undertake a comprehensive root cause analysis, review and audit following each outbreak. These are submitted via the Incident Co-ordination Centre to the regional IPC Team, along with a daily update for each outbreak.

13.   To support the effective management of hospital onset covid infections, ELHT policy (in line with NHS England and Improvement advice) is to swab all patients on admission and if they stay in hospital, 5 days after admission (on day 6). This ensures that HOCI cases are identified and managed in a timely manner.

14.   The guidelines also recommend that all people going from hospital to other care settings are tested before they are discharged and ELHT adheres to this guidance.

15. The Trust has reported 12 HOCI outbreaks as follows:

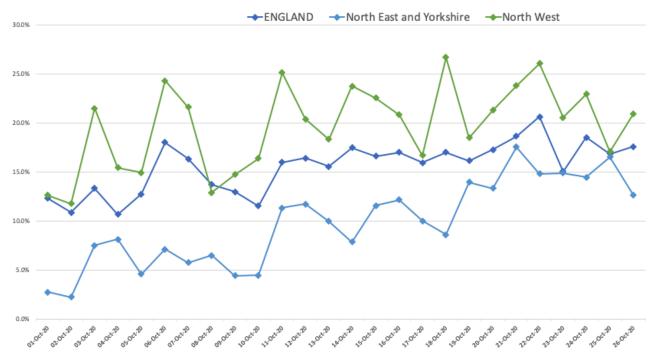| Number	Date of Outbreak	Area of Outbreak	No. of Patients affected	No of Staff affected
1	23-Sep	Clitheroe Community Hospital	8	2
2	02-Oct	B2 (ASU) Marsden	14	10
3	03-Oct	Ward 19	12	5
4	12-Oct	OPU	14	5
5	17-Oct	D1	9	4
6	19-Oct	Reedyford	11	6
7	21-Oct	D3	5	2
8	30-Oct	C18a	2	0
9	31-Oct	C5	4	1
10	31-Oct	B6	6	3
11	02-Nov	C18b	3	2
12	02-Nov	B4	4	4

The full details and links to the notification reports and full HOCI outbreak reports can be found in Appendix 1.

16. The main causes associated with the outbreaks are:
    a) Patients had had visitors (during pilot stage)
    b) Non-compliance of staff in relation to PPE requirements, social distancing, and hand hygiene

The National Picture

17. In terms of the number of hospital outbreaks reported by Public Health England in week 44 (between 19 and 25 October 2020), 71 incidents were reported where 59

had at least one linked case that tested positive for SARS-CoV-2. This result is stable compared with last week's figure of 60 outbreaks.

Health Care Associated Infections 1 Sep to 26 Oct

Centre for Evidence Based Medicine, 30th October, 2020

18.   The north-west continues to report the highest number of healthcare associated infections in England.

Mitigations in Place to Prevent HOCI and Outbreaks

Social Distancing Group and Policy

19.   Social distancing measures, where possible, are a critical part of maintaining IPC in clinical and non-clinical areas. However, where it isn't always possible to maintain social distancing, public health advice is that wearing a face covering is an appropriate precautionary measure.

20.   The Trust has invested a significant amount of resource in ensuring all of its sites are promoting social distancing. This includes the installation of signage along with, where appropriate, the implementation of one-way systems.

21.   A multi-professional Social Distancing Group was established to support the Trust in providing a socially distanced, safe environment for its staff, visitors and patients.

22.   All bed spaces across the Trust have been reviewed to ensure that they are

complaint with the 2 metre requirement.

23. The Estates Team have installed over 300 perspex screens in patient facing areas, such as receptions. Seats around the hospitals, including waiting areas and rest points, have been sectioned off or removed accordingly to ensure social distancing remains intact.

Agile Working and Policy

24. The Trust is dedicated to supporting and encouraging agile working and has invested a significant amount of resource to support this. This includes equipment, e.g. IT and staff e.g. human resources support to co-ordinate and support agile working.

Risk Management

25. The Trust has several covid-19 related risks, including social distancing and PPE. These are regularly reviewed and will feed into the recently re-established Emergence Preparedness, Resilience and Response (EPRR) Committee.

PPE Guidance and Monitoring

26. As announced by the Secretary of State for Health and Social Care, from the 15 June, all staff in hospital must wear a surgical face mask. This also applies to visitors and patients attending for an appointment at any of the hospital sites.

27. The Trust employs security guards at all of the main entrances / exits, who are supported by volunteers, to ensure that this requirement is enforced (unless the individual is exempt from wearing a mask).

28. All wards have PPE champions who promote and advise on the fitting and wearing of masks.

29. All staff are encouraged and fully supported to politely challenge their fellow colleagues and patients and visitors where there is non-compliance.

30. Good hand hygiene is promoted throughout the Trust with appropriate signage and abundant supplies of alcohol hand gel.

31. The Communications Team have played a critical role in the issuing and updating of clear instructions about what is expected of staff, visitors and patients in terms of PPE and other covid related expectations. All covid related briefings are signed off by the responsible Director / Chair of the IMT.

32. The IPC Team and Emergency Planning Team have undertaken spot checks in

various clinical and non-clinical areas to monitor / audit the adherence to social distancing guidance, PPE guidance and hand hygiene guidance. This will be reported through the EPRR Committee in December.

Governance

33.   All policies, procedures and changes to service, practice or process are taken through the divisional Operational Co-ordination Centres (OCCs), discussed and approved through the Incident Management Team and logged by the Incident Co-ordination Centre (ICC).

34.   The Communications Teams continue to maintain a SharePoint site as an up to date central repository for all covid19 related information including SOPs, flowcharts, procedures, etc.

35.   All HOCI outbreaks are reported to a selected distribution list for immediate notification and through the ICC for logging and escalation to the regional IPC Team as per the reporting SOP.

Business Continuity Plans

36.   All divisional / departmental business continuity plans have been reviewed in line with various risks associated with covid19 including staff absence e.g. from self-isolation or a positive swab which may or may not be linked to an outbreak.

37.   Each division also submits a weekly 'situation update' to the ICC which is collated and reviewed and reported by exception to the regional team.

Test and Trace

38.   The IPC and Occupational Health teams have effective test and trace systems in place to ensure a timely response where an outbreak has been identified. The Trust also reports and monitors staff absence due to Covid-19 and also monitors any impact on service delivery.

Infection Prevention and Control North West Visit

39.   The IPC NW Team visited ELHT on the 15th November for a supportive peer review meeting. The Team met with several senior staff from across the Trust to discuss IPC and outbreak management. They also discussed the then confirmed 6 outbreaks and investigation outcomes.

40.   The visit highlighted staffing resource requirements in both in infection prevention and control and in microbiology.

41.   Overall, the IPC NW Team were very satisfied with the work that had been, and continues, to be undertaken in relation to minimising the risk of nosocomial infections and HOCI outbreaks.

Recommendations

42.   The Trust Board are requested to acknowledge the significant amount of work that has been done across the Trust to promote and ensure social distancing, hand hygiene and PPE wearing in order to reduce the risk of nosocomial outbreaks.

43.   However, it is recognised that given the number of HOCI outbreaks and staff outbreaks, there needs to be a further push on the importance of covid-safe working requirements across the Trust and non-compliance needs to be escalated and actioned.

Appendix 1 – Detail and Documentation Relating to the HOCI Outbreaks and Staff Outbreaks.

Inpatient HOCI Outbreaks

Number	Date of Outbreak	Area of Outbreak	No. of Patients affected	No of Staff affected	Outline of Cause(s)	Date reported to NHSE/I	Notification Doc	Date of Rapid Review	IIMARCH - HOCI Doc	Review Complete (within 48hrs)
1	23-Sep	Clitheroe Community Hospital	8	2	2 patients from different areas of the ward and both had received a visitor within 7 days of their positive swab	24-Sep	IPC to send in with SPOC template Ribblesdale.docx	24-Sep	COVID HOCI SOP ELHT (1).docx	✔
2	02-Oct	B2 (ASU)	14	10	Visitors	28-Sep	IPC to send in with SPOC template B2.docx	28-Sep	COVID HOCI SOP ELHT (2).docx	✔
		Marsden			Outbreak linked to ASU - not reported as a new outbreak	N/A				
3	03-Oct	Ward 19	12	5	The index case wasn't swabbed o/a (AMUB) and missed their 5 day (D1) swab also. They were admitted from a care home so may well have been positive o/a and they also had visitors, non compliant with PPE	03-Oct	Organisational Exception Situation Report Ward 19.docx	04-Oct	COVID HOCI SOP ELHT Ward 19.docx	✔
4	12-Oct	OPU	14	5	Issues with social distancing and compliance of PPE amongst staff	12-Oct	Organisational Exception Situation Report OPU.docx	13-Oct	COVID HOCI SOP ELHT OPU.docx	✔
5	17-Oct	D1	9	4	Unauthorised visitors	17-Oct	NW IPC CELL OUTBREAK SUMMARY UPDATE FORM D1 16.10.2020.docx	17-Oct	COVID HOCI SOP ELHT (1) - Copy D1	✔
6	19-Oct	Reedyford	11	6	Patient had visitors. Issues with PPE compliance amongst staff	19-Oct	Organisational Exception Situation Report Reedyford.docx	20-Oct	COVID HOCI SOP ELHT (1) - Reedyford	✔
7	21-Oct	D3	5	2	Hand hygiene & environment issues, non compliance PPE	21-Oct	Organisational Exception Situation Report D3.docx	22-Oct	COVID HOCI SOP ELHT (2) 23.10.2020.docx	✔
8	30-Oct	C18a	2	-	Non compliance with PPE, issues with social distancing amongst staff	30-Oct	NW IPC Cell Outbreak Summary Update Form - v.20201019 Ward C18a	30-Oct	COVID HOCI SOP ELHT c18A(2).docx	✔
9	31-Oct	C5	4	1	Issues with PPE and social distancing	31-Oct	Organisational Exception Situation Report Ward C5 31.10.2020.docx	02-Nov	COVID HOCI SOP ELHT C5 completed 02112020.docx	✔
10	31-Oct	B6	6	3	Extra Beds in ward not adhering to social distancing	31-Oct	Organisational Exception Situation Report Ward B6 31.10.2020.docx	02-Nov	02.11.20 - B6 IIMARCH COVID HOCI SOP ELHT	✔

11	02-Nov	C18b	3	2	TBC	02-Nov	[Organisational Exception Situation Report Ward C18B.docx](#)	
12	02-Nov	B4	4	4	TBC			
13	02-Nov	C10	3	3	TBC			

(2).docx appears in the top right cell area.

Staff Outbreaks

No.	Date of Out break	Area of Outbreak	No of Staff affected	Outline of Cause(s)	Date reported to NHSE/I	Notification Doc	Date of Rapid Review	IMARCH - HOCI Doc
1	11-Oct	Wilson Hey Unit	4	non compliance PPE, social distancing amongst staff	11-Oct	[Organisational Exception Situation Report - Wilson Hey 12.10.docx](#)	12-Oct	[COVID HOCI SOP ELHT - Wilson Hey Theatres 12.10.docx](#)
2	16-Oct	Catering BGH	11	non compliance PPE, social distancing amongst staff	20-Oct	[NW IPC CELL OUTBREAK SUMMARY UPDATE FORM - BGH Catering 16.10.2020.docx](#)	21-Oct	[COVID HOCI SOP ELHT - BGH Catering.docx](#)
3	20-Oct	HSDU BGH	2	non compliance PPE, social distancing amongst staff	20-Oct	[Organisational Exception Situation Report - HSDU 20.10.2020.docx](#)	21-Oct	[COVID HOCI SOP ELHT - HSDU 20.10.2020.docx](#)
4	21-Oct	C11	3	non compliance PPE, social distancing amongst staff	21-Oct	[NW IPC CELL OUTBREAK SUMMARY UPDATE FORM - C11 21.10.2020.docx](#)	21-Oct	[COVID HOCI SOP ELHT - C11 21.10.2020.docx](#)
5	23-Oct	Elective Admissions	2	non compliance PPE, social distancing amongst staff	23-Oct	[Organisational Exception Situation Report - Elective Admissions 23.10.2020.docx](#)	24-Oct	[COVID HOCI SOP ELHT - Elective Admissions 23.10.2020.docx](#)
6	24-Oct	AMU A	2	non compliance PPE, social distancing amongst staff	24-Oct	[Organisational Exception Situation Report - AMU A - 24.10.2020.docx](#)	25-Oct	[COVID HOCI SOP ELHT - AMU A 25.10.2020.docx](#)
7	28-Oct	Fracture Clinic	2	non compliance PPE, social distancing amongst staff	28-Oct	[Organisational Exception Situation Report - Fracture Clinic RBH - 29. 10.2020.docx](#)	29-Oct	[COVID HOCI SOP ELHT - Fracture Clinic RBH 29.10.2020.docx](#)
8	29-Oct	Post Natal	2	non compliance PPE, social distancing amongst staff	29-Oct	[Organisational Exception Situation Report - Post Natal - Family Care - 29. 10.2020.docx](#)	29-Oct	[COVID HOCI SOP ELHT - Post Natal - Family Care 29.10.2020.docx](#)
9	28-Oct	AVH Resp Team	2	non compliance PPE, social distancing amongst staff	28-Oct	[Organisational Exception Situation Report - Respiratory Team AVH - 29. 10.2020.docx](#)	29-Oct	[COVID HOCI SOP ELHT - Respiratory Team AVH 29.10.2020.docx](#)
10	29-Oct	Vascular Dept	2	non compliance PPE, social distancing amongst staff	29-Oct	[Organisational Exception Situation Report - Vascular - 29. 10.2020.docx](#)	29-Oct	[COVID HOCI SOP ELHT - Vascular 29.10.2020.docx](#)
11	31-Oct	ELCAS Admin	3	non compliance PPE, social distancing amongst staff	31-Oct	[Organisational Exception Situation Report - ELCAS Admin - 31. 10.2020.docx](#)	31-Oct	[COVID HOCI SOP ELHT - ELCAS Admin 31.10.2020.docx](#)

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

11 November 2020

Item	90

Purpose	Information
	Action
	Monitoring

Title	Integrated Performance Report
Author	Mr M Johnson, Associate Director of Performance and Informatics
Executive sponsor	Mrs S Gilligan, Director of Operations

Summary: This paper presents the corporate performance data at September 2020

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	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

Safe | Personal | Effective

Page 1 of 4
Retain 30 years
Destroy in conjunction with National Archive Instructions
V:\Performance Framework\Reports\Integrated performance report\2020-21\2020-09\IPR Front Page - September 2020.docx
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Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

Page 2 of 4
Retain 30 years
Destroy in conjunction with National Archive Instructions
V:\Performance Framework\Reports\Integrated performance report\2020-21\2020-09\IPR Front Page - September 2020.docx
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Board of Directors, Update
Corporate Report

Executive Overview Summary

Positive News

- There were no confirmed post 2 day MRSA bacteraemia in September.
- The SHMI has remained as expected at 1.07.
- Delayed discharges remains low at 2.2% which is below threshold.
- The complaints rate remains below threshold.
- Trust turnover rate continues to be below previous levels.

Areas of Challenge

- There was one never event reported in September.
- There were 6 healthcare associated clostridium difficile infections detected during September ('Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)'.
- There were 20 steis reportable incidents in September.
- The HSMR remains 'above expected'.
- Friends & family scores for outpatients, maternity & community have deteriorated.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in September at 86.8%, however continues to show significant improvement.
- There were 2 breaches of the 12 hour trolley wait standard in September due to mental health delays, however numbers are significantly lower than previous levels.
- There were 203 ambulance handovers > 30 minutes and 8 > 60 minutes in September. The trend is showing significant improvement.
- RTT over 40wks has increased to 2183 and there were 587 breaches of the 52 weeks standard due to COVID-19.
- The cancer 62 day standard was not met in August at 80.5%.
- The cancer 31 day standard was not met in August at 92.4%
- There were 4.5 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 23.0% in September.
- There was 1 breach of the 28 day standard for operations cancelled on the day
- Sickness rates are above threshold at 4.6% in September.
- Vacancy rates have risen above threshold, however remain lower than previous levels.
- Compliance against the Appraisal (AFC staff) remains below threshold. Appraisals are currently on hold until March.
- Compliance against the Information Governance Toolkit is 90%, below the 95%

Safe | Personal | Effective

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target.

- Temporary costs as % of total pay bill remains above threshold at 8%.

No Change
- At month 6, the Trust's actual position (net of Covid costs) is a deficit of £22.4 million, with an assumed top up equal to that amount to enable us to report a breakeven position.
- VTE risk assessment performance remains above threshold.
- All areas of core skills training are above threshold, with the exception of information governance and basic life support.
- The emergency readmission rate is showing no change
- The Referral to Treatment (RTT) number of total ongoing pathways has remained below threshold at 25,526.
- There were 45 operations cancelled on the day (non clinical). This is within normal variation.
- A&E friends & family scores are showing usual variation and remain below threshold.
- Length of stay is showing no change.
- CQUIN schemes are on hold until the end of the year.

Introduction

This report presents an update on the performance for September 2020 and follows the NHS Oversight Framework. The narrative provides details on specific indicators under the five areas; Safe, Caring, Effective, Responsive, Well Led

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Key to Scorecard Symbols

Variation

	No significant variation or change in the performance data (Common cause variation)
	Significant improvement in the performance data that is not due to normal variation (Special case variation)
	Significant deterioration in the performance data that is not due to nornal variation (Special case variation)

Assurance

	The indicator may or may not meet the target - the variation in data sometimes meets the target and sometimes not
	The indicator will consistently meet the target. The variation in the data always falls within the target
	The indicator will consistently fail the target. The variation in the data always falls outside the target

Safe					
	Indicator	**Target**	**Actual**	**Variation**	**Assurance**
M64	CDIFF - HOHA	not set for 2020	1		No target set to provide assurance against
M64.3	CDIFF - COHA	not set for 2020	5		
M64.4	Cdiff Cumulative from April (HOHA& COHA)	not set for 2020	43		
M65	MRSA	not set for 2020	0		?
M124	E-Coli (post 2 days)	not set for 2020	3		?
M155	P. aeruginosa bacteraemia (total post 2 days)	not set for 2020	0		?
M157	Klebsiella species bacteraemia (total post 2 days)	not set for 2020	0		?
M66	Never Event Incidence	0	1		
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	4.3		
M69	Serious Incidents (Steis)	No Threshold Set	20		
M70	CAS Alerts - non compliance	0	0		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	97%		P
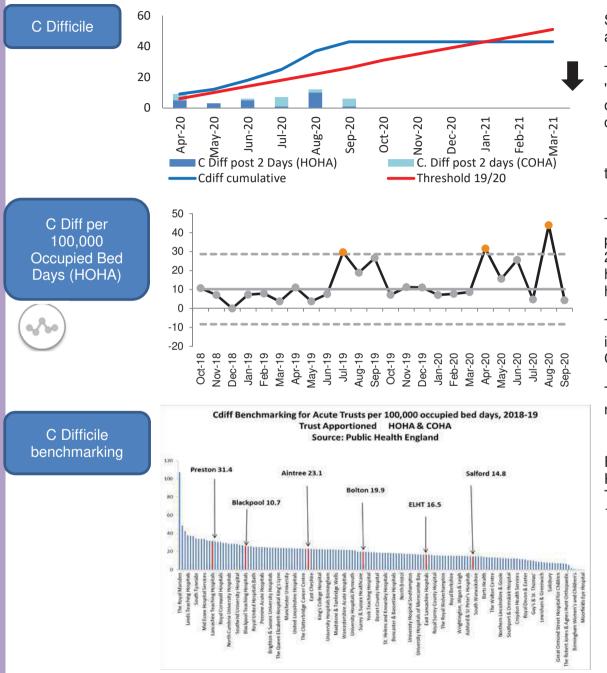
Responsive

	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	85.9%		F
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	86.8%		F
M62	12 hour trolley waits in A&E	0	2		F
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	345		F
M84	Handovers > 60 mins (Arrival to handover)	0	15		F
C1	RTT admitted: percentage within 18 weeks	No Threshold Set	42.8%		
C3	RTT non- admitted pathways: percentage within 18 weeks	No Threshold Set	80.6%		
C4.1	RTT waiting times Incomplete pathways Total	<31,500	25,526		?
C4.2	RTT waiting times Incomplete pathways -over 40 wks	No Threshold Set	2183		
C37.1	RTT 52 Weeks (Ongoing)	0	587		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	23.0%		?
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	80.5%		?
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	100.0%		?
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	92.4%		?
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	96.9%		P
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	85.3%		?
C36	Cancer 62 Day Consultant Upgrade	85.0%	77.9%		?
C25.1	Cancer - Patients treated > day 104	0	4.5		?
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.Cancelled operations on day	No Threshold Set	45		
M55	Proportion of delayed discharges attributable to the NHS	3.5%	2.2%		?
C16	Emergency re-admissions within 30 days	No Threshold Set	13.3%		
M90	Average LOS elective (excl daycase)	No Threshold Set	3.1		
M91	Average LOS non-elective	No Threshold Set	4.9		

Well Led

	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	7.0%	(improving)	P
M78	Trust level total sickness rate	4.5%	4.6%	(common cause)	?
M79	Total Trust vacancy rate	5.0%	5.4%	(improving)	F
M80.3	Appraisal (AFC)	90.0%	61.0%	(improving)	F
M80.35	Appraisal (Consultant) Reported up to February - now suspended	90.0%	97.0%	(improving)	?
M80.4	Appraisal (Other Medical) Reported up to February - now suspended	90.0%	99.0%	(improving)	?
M80.2	Safeguarding Children	90.0%	93.0%	(concerning)	P
M80.21	Information Governance Toolkit Compliance	95.0%	90.0%	(concerning)	?
F8	Temporary costs as % of total paybill	4%	8.0%	(common cause)	F
F9	Overtime as % of total paybill	0%	0%		
F1	Adjusted financial performance surplus / (deficit) (£M)	0.0	0.0		
F2	SRCP Achieved % (green schemes only)				
F3	Liquidity days				
F4	Capital spend v plan	85.0%	106.0%		
F16	Finance & Use of Resources (UoR) metric - overall				
F18	Finance and UoR metric - capital service capacity				
F17	Finance and UoR metric - liquidity				
F19	Finance and UoR metric - I&E margin				
F20	Finance and UoR metric - distance from financial plan				
F21	Finance and UoR metric - agency spend				
F12	BPPC Non NHS No of Invoices	95.0%	97.6%		
F13	BPPC Non NHS Value of Invoices	95.0%	98.6%		
F14	BPPC NHS No of Invoices	95.0%	95.0%		
F15	BPPC NHS Value of Invoices	95.0%	98.0%		

NB: Finance Metrics are reported year to date.

SPC Control Limits

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

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

SAFE

C Difficile

Legend:
- C Diff post 2 Days (HOHA)
- C. Diff post 2 days (COHA)
- Cdiff cumulative
- Threshold 19/20

There were no post 2 day MRSA infections reported in September. So far this year there has been no cases attributed to the Trust.

The objective for 2019/20 was no more than 51 cases of 'Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)' . The final figure for cases reported in 2019/20 was 70.
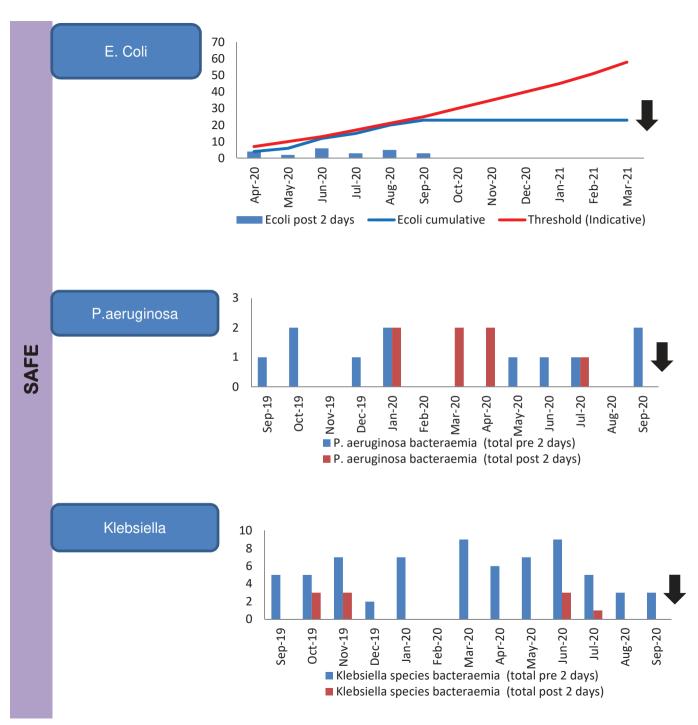
The 2020/21 objective has not yet been set. An indicative threshold based on 2019/20 is shown in the chart.

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

There were 6 healthcare associated Clostridium difficile toxin positive isolates identified in the laboratory in September, post 2 days of admission, 1 of which was 'Hospital onset healthcare associated (HOHA)' and 5 were 'Community onset healthcare associated (COHA)'.

The year to date cumulative figure is 43. The detailed infection control report will be reviewed through the Quality Committee.

The rate of HOHA infection per 100,000 bed days has returned to normal levels in September.

C Difficile benchmarking

Cdiff Benchmarking for Acute Trusts per 100,000 occupied bed days, 2018-19
Trust Apportioned HOHA & COHA
Source: Public Health England

ELHT ranked 58th out of 148 trusts in 2018-19 with 16.5 HOHA & COHA clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 107.4 infections per 100,000 bed days.

SAFE

E. Coli

Chart: E. Coli — values 0–70, Apr-20 to Mar-21
- Ecoli post 2 days
- Ecoli cumulative
- Threshold (Indicative)

P.aeruginosa

Chart: P. aeruginosa — values 0–3, Sep-19 to Sep-20
- P. aeruginosa bacteraemia (total pre 2 days)
- P. aeruginosa bacteraemia (total post 2 days)

Klebsiella

Chart: Klebsiella — values 0–10, Sep-19 to Sep-20
- Klebsiella species bacteraemia (total pre 2 days)
- Klebsiella species bacteraemia (total post 2 days)

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.

The year end figure for 2019/20 was 70 cases.
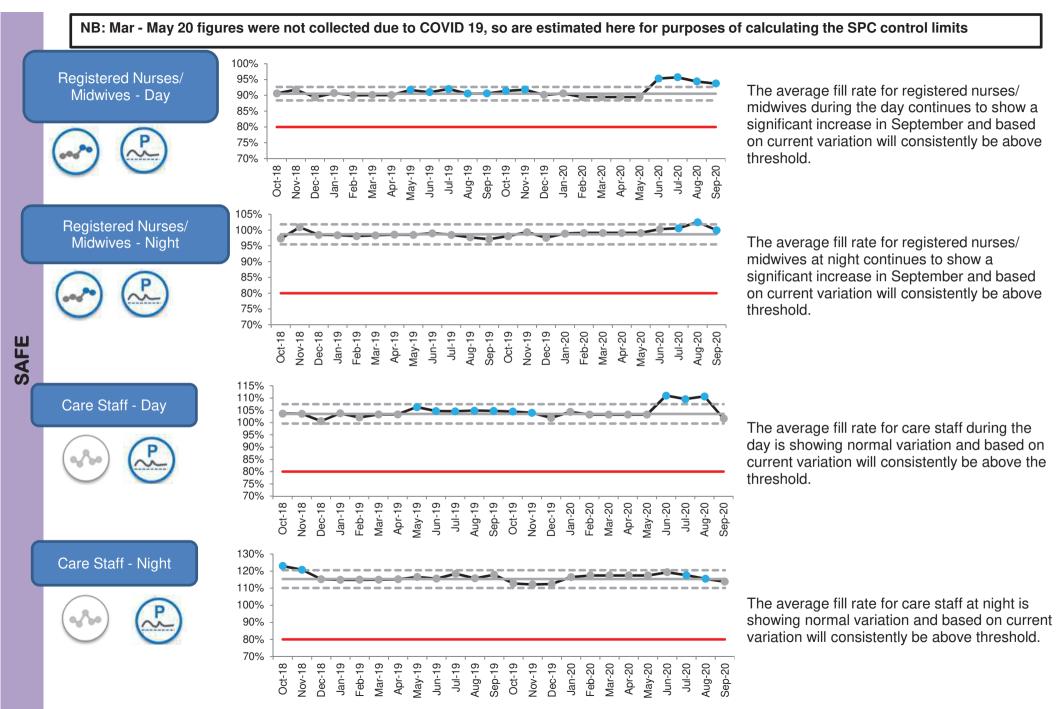
This year's trajectory for reduction of E.coli has not yet been published, so an indicative trajectory of 58 has been included for information.

There were 3 E.coli bacteraemia detected in September, which is above the indicative monthly threshold.

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

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

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

SAFE

Registered Nurses/ Midwives - Day

The average fill rate for registered nurses/ midwives during the day continues to show a significant increase in September and based on current variation will consistently be above threshold.

Registered Nurses/ Midwives - Night

The average fill rate for registered nurses/ midwives at night continues to show a significant increase in September and based on current variation will consistently be above threshold.

Care Staff - Day

The average fill rate for care staff during the day is showing normal variation and based on current variation will consistently be above the threshold.

Care Staff - Night

The average fill rate for care staff at night is showing normal variation and based on current variation will consistently be above threshold.

Staffing in September 2020 remained fairly static. It does however remain challenging particularly as latterly we are experiencing a second phase of COVID-19

It is anticipated that there may be a deterioration in the actual against planned as new ward areas are opened and staff sickness and acuity impacts.

The recruitment strategy has been relaunched; we are interviewing another 50 Global Learners, notwithstanding the current travel restrictions we are hopeful that the global learners who were due to travel will soon be able to do so if we are able to provide accommodation for them in order to quarantine for 14 days. It is anticipated a further cohort of around 12 Global Leaners will be with us by the end of January 2021

Safe care (acuity data) is utilised when considering safe staffing and the redeployment of staff and safe staffing is monitored throughout the day.

Zero ward's fell below the 80% for registered nurses in September

It should be noted that actual and planned staffing does not denote acuity, dependency, the amount of women in labour or bed occupancy. The divisions consistently risk asses and flex staffing resources to ensure safety is maintained.

Average Fill Rate

| Month | 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 (%)	Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	registered nurses/ midwives	care staff	registered nurses/ midwives	care staff
Sep-20	93.7%	101.6%	100.0%	113.8%	23,140	10	0	2	0	3

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 (%)
Jan-20	90.60%	104.40%	98.90%	116.50%	28172	8.7	5	0	0	0
Feb-20	89.50%	103.30%	99.10%	117.50%	25956	8.81	4	1	0	1
Mar - May submission Suspended due to Coronavirus										
Jun-20	95.30%	111.00%	100.30%	119.30%	19574	11.9	1	1	0	0
Jul-20	95.70%	109.60%	100.60%	117.60%	21210	11.4	1	1	0	0
Aug-20	94.40%	110.70%	102.50%	115.50%	22750	10.53	1	1	0	2
Sep-20	93.70%	101.60%	100.00%	113.80%	23140	10	0	2	0	3

SAFE

Red Flag Incidents

1 red flag incident was reported for September

C7 – Staff reported high acuity on the ward. This led to delays with intentional rounding. No patients or staff harms reported.

Actions taken to mitigate risk

• Safe staffing conference at 10 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 required
• Relaunch of recruitment strategy
• Progression when able with Global learning programme
• Increase to student nurse placement

Family Care

Red Flag Events - There are no staffing red flags reported for the month of September for Family Care, x1 was submitted although by definition once reviewed this was not a red flag.

Maternity Midwife to Birth Ratio

Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Aug-20	Sep-20
Staffed to full Establishment	01:27.5	1.27.5	01:27	1.27.11	01:27	01:26.5	01:24	01:26
Excluding mat leave	01:28.7	1.28.6	01:27	1.27.11	01:28	01:28	01:26	01:27
With gaps filled through ELHT Midwife staff bank Per week	Bank usage 7.94wte	Bank usage 10.14wte	Bank usage 8.20wte	Bank usage 8.5wte	Bank usage 9.86wte	Bank Usage 15wte	Bank Usage 8.40wte	Bank Usage 10.14wte
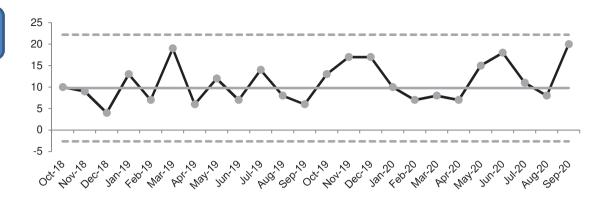
Maternity- The establishment for the midwife to birth ratio remains at the adequate level however there has still been the need to use bank shifts to cover staff shielding, self- isolating and staff sickness.

Staffing levels remain to be reviewed throughout the day at each safety huddle on the Central Birth Suite; midwives are redeployed to other areas to support acuity and activity point prevalent.

NICU - Bank and agency use re – Thornbury only used only when required to cover sickness and covid related absence in line with the acuity tool.

Paediatrics- Activity/Acuity, lower in the month of September, minimal bank spend as covid related absences were covered safely in view of the position.

Please see appendix1 for UNIFY data and appendix 2 for nurse sensitive indicator report.

SAFE

Serious Incidents

There was one never event reported in September.

The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in September was 20 incidents.

The trend is not showing any significant change.

StEIS Category	No. Incidents
Pressurer Ulcer	12
Medical Equipment/Devices/Disposables	2
Maternity/ Obsetrics	2
Surgical/ Invasive Procedure	1
Slips, Trips & Falls	1
Treatment Delay	1
Medication	1
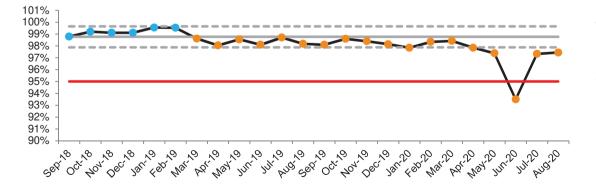
A detailed report providing assurance on the management of each of the STEIS reported incidents is submitted monthly to the Patient Safety and Risk Assurance Committee.

VTE assessment

The VTE assessment trend is showing a deterioration, however based on recent performance will consistently achieve the standard.

SAFE

SAFE
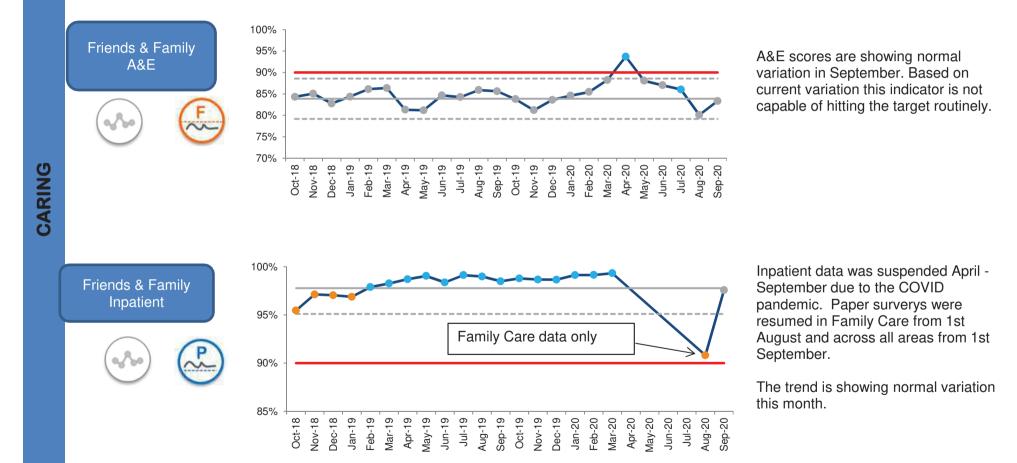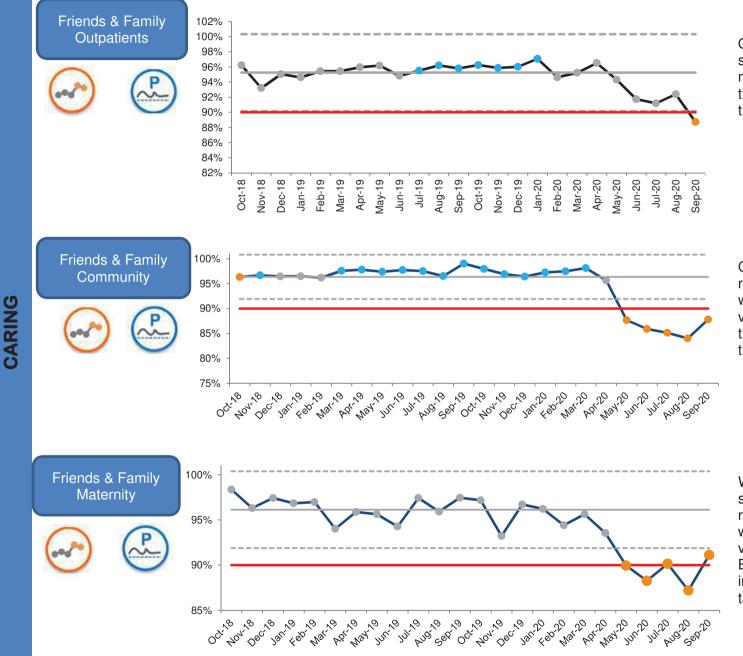
Pressure Ulcers

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

Cat 2 - Device related - developed/ deteriorated during ELHT care	1
Cat 2 - Developed / Deteriorated during care of ELHT	5
Cat 3 - Device related - developed / deteriorated during care of ELHT	0
Cat 3 - Developed / deteriorated during care of ELHT	3
Cat 4 - Device related - developed / deteriorated during the care of ELHT	0
Cat 4 - Developed / deteriorated during the care of ELHT	0
Deep tissue injury - Device related - developed / deteriorated during the care of ELHT	0
Deep tissue inury - developed / deteriorated during the care of ELHT	3
Unstageable - device related - developed / deteriorated under the care of ELHT	0
Unstageable - developed / deteriorated under the care of ELHT	3
TOTAL	15

The 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. Paper collection recommended in Family Care Division from 1st August and across all areas from 1st September.

The submission of FFT data to NHS England from all settings is currently suspended. NHS England has confirmed all acute and community providers should resume submitting monthly Friends and Family Test data from 1 December 2020. The first data to submit will be December's data, submitted in early January.

CARING

Friends & Family A&E

A&E scores are showing normal variation in September. Based on current variation this indicator is not capable of hitting the target routinely.

Friends & Family Inpatient

Family Care data only

Inpatient data was suspended April - September due to the COVID pandemic. Paper surverys were resumed in Family Care from 1st August and across all areas from 1st September.

The trend is showing normal variation this month.

Friends & Family Outpatients

Outpatient scores are showing significant deterioration this month. Based on normal variation this indicator would consistently hit the target.

Friends & Family Community

Community scores show significant reductions in the last five months, which is significantly lower than usual variation. Based on normal variation this indicator would consistently hit the target.

Friends & Family Maternity

Whilst still above threshold, maternity scores are showing significant reductions in the last five months, which is significantly lower than usual variation.
Based on normal variation this indicator would consistently hit the target.

Complaints per 1000 contacts

The Trust opened 23 new formal complaints in September.

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 September the number of complaints received was 0.19 Per 1,000 patient contacts.

The trend is showing a significant improvement and based on current variation will remain below the threshold.

From 1st May 2020 the Trust moved to a new system, CIVICA to manage FFT and patient experience surveys.
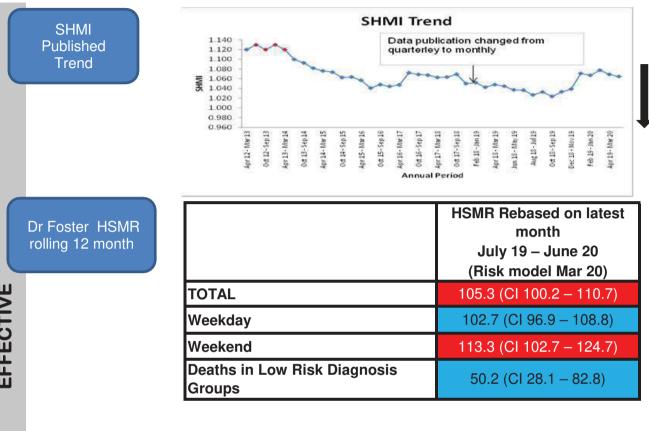
The new system is currently being configured and the reports are not yet available, therefore no September 2020 data is currently available.

The table demonstrates divisional performance from the range of patient experience surveys in April 2020.
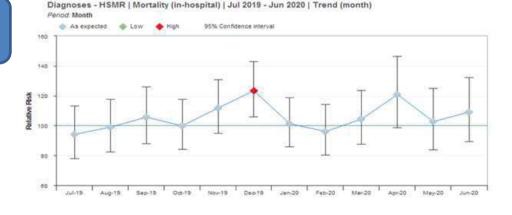
The threshold is a positive score of 90% or above for each of the 4 competencies.

The overall Trust performance from the range of patient experience surveys is above the threshold of 90% for 3 of the 4 competencies, just falling below on the involvement competency.

Paper surveys recommenced in September.

Patient Experience

April 2020 Totals (May - August not currently available)	Dignity	Information	Involvement	Quality	Overall
	Average Score	Average Score	Average Score	Average Score	Average Score
Community and Intermediate Care Services				100	100
Diagnostic and Clinical Support	100	88	100	81	90
Family Care	100	100	89	97	97
Medicine and Emergency Care	89	88	88	88	88
Surgery	98	96	100	95	97
Trust	94	92	89	91	92

EFFECTIVE

SHMI Published Trend

SHMI Trend

Data publication changed from quarterley to monthly

The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period May 19 to April 20 has remained within expected levels at 1.07, as published in September 20.

The latest indicative 12 month rolling HSMR (July 19 – June 20) has improved from last month however remains 'above expected' at 105.3 against the monthly rebased risk model.

Dr Foster HSMR rolling 12 month

	HSMR Rebased on latest month July 19 – June 20 (Risk model Mar 20)
TOTAL	105.3 (CI 100.2 – 110.7)
Weekday	102.7 (CI 96.9 – 108.8)
Weekend	113.3 (CI 102.7 – 124.7)
Deaths in Low Risk Diagnosis Groups	50.2 (CI 28.1 – 82.8)

There are currently four HSMR diagnostic groups with significantly high relative risk scores; Acute Myocardial Infarction, Pneumonia, Urinary tract infection and Biliary tract disease. These are being investigated through the mortality steering group and each have a nominated clinical lead and associated action plan.

Acute Myocardial Infarction and Pneumonia are currently also alerting on the nationally monitored SHMI groups.

Three learning disability deaths were reviewed through the Learning Disability Mortality Review Panel in August. All cases reviewed so far have been reported to the LeDeR National Programme.

Dr. Foster HSMR monthly Trend

Diagnoses - HSMR | Mortality (in-hospital) | Jul 2019 - Jun 2020 | Trend (month)
Period: Month

There is currently a backlog of 24 cases requiring review. The LDMR Panel have agreed a plan to manage the backlog of reviews and the input of new reviews, by increasing the frequency of meeting from monthly to weekly.

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.

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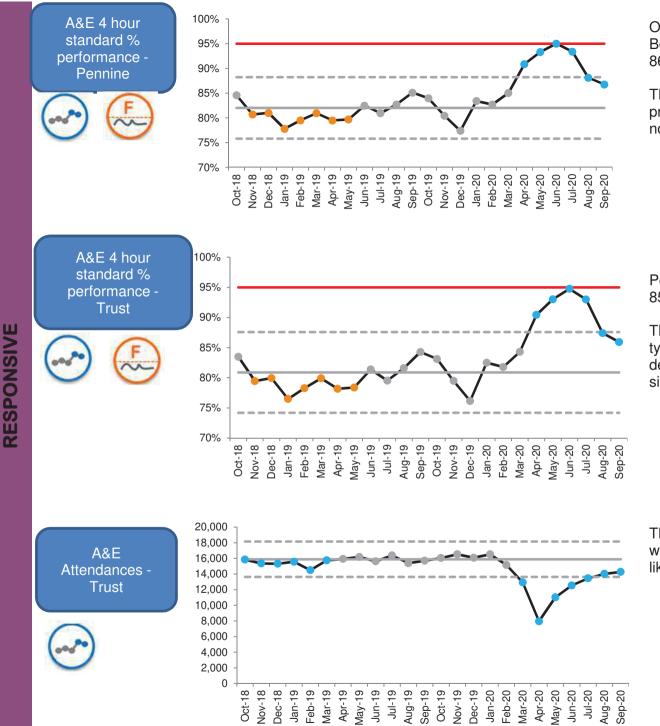
The table below shows a breakdown of SJR's completed and the scores allocated. Any death allocated a SJR score of 1 or 2 will have a stage 2 SJR completed.

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.

EFFECTIVE

					Month of Death						
Stage 1	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	TOTAL
Deaths requiring SJR (Stage 1)	46	212	249	256	12	14	12	5	8	15	829
Allocated for review	46	212	249	256	12	14	12	5	8	15	829
SJR Complete	46	212	249	255	12	14	12	5	5	2	812
1 - Very Poor Care	1	1	0	0	0	0	0	0	0	0	2
2 - Poor Care	8	19	21	33	0	1	3	1	0	0	86
3 - Adequate Care	14	68	70	65	4	3	3	1	3	1	232
4 - Good Care	20	106	133	128	7	7	5	3	2	1	412
5 - Excellent Care	3	18	25	29	1	3	1	0	0	0	80
Stage 2											
Deaths requiring SJR (Stage 2)	9	20	21	33	0	1	3	1	0	0	88
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	4	0	0	1	0	0	0	11
Allocated for review	6	18	20	29	0	1	2	1	0	0	77
SJR-2 Complete	6	18	20	29	0	1	1	1	0	0	76
1 - Very Poor Care	1	1	1	2	0	0	0	0	0	0	5
2 - Poor Care	3	6	6	12	0	0	1	1	0	0	29
3 - Adequate Care	2	10	13	13	0	1	0	0	0	0	39
4 - Good Care	0	1	0	2	0	0	0	0	0	0	3
5 - Excellent Care	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	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Total
stage 1 requiring allocation	0	0	0	0	0	0	0	0	0	0	0
stage 1 requiring completion	0	0	0	1	0	0	0	0	3	13	17
Backlog	0	0	0	1	0	0	0	0	3	13	17
stage 2 requiring allocation	0	0	1	4	0	0	1	0	0	0	6
stage 2 requiring completion	0	0	0	0	0	0	1	0	0	0	1
Backlog	0	0	1	4	0	0	2	0	0	0	7

Commissioning for Quality and Innovation (CQUIN)

On 1st July 2020 the Trust recieved notice form NHS England indicating that due to COVID-19, the operation of the 2020/21 CQUIN scheme will remain suspended for all providers for the remainder of the year; an allowance for CQUIN will continue to be included in the block payments made to Trusts, and commissioners should continue to make CQUIN payments to non-NHS providers at the full applicable rate (except where the "small-value contract" exception described in national CQUIN guidance has been properly applied).

EFFECTIVE

A&E 4 hour standard % performance - Pennine
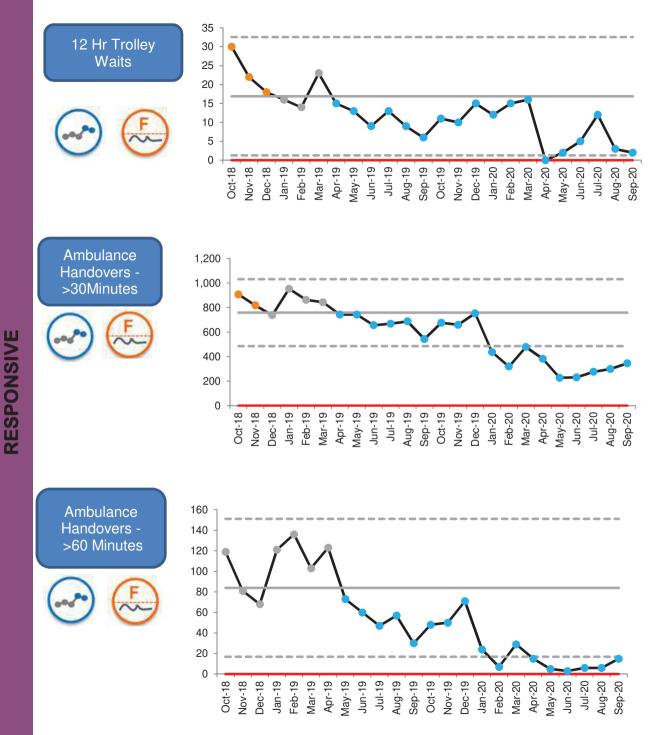
Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 86.8% in September, which is below threshold.

The trend is still showing a significant improvement on previous months, however 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 85.9% in September.

The national performance was 87.3% in September (All types) with 9 of the 114 reporting trusts with type 1 departments achieving the 95% standard. (Field testing sites excluded)

A&E Attendances - Trust

The number of attendances during August was 14,273, which has increased but remains lower than normal and likely to be as a result of the COVID-19 response.

RESPONSIVE

12 Hr Trolley Waits

Ambulance Handovers - >30Minutes

Ambulance Handovers - >60 Minutes

There were 2 reported breaches of the 12 hour trolley wait standard from decision to admit during September. These were mental health breaches. The trend is showing a significant reduction.

Rapid review timelines are completed in accordance with the NHS England Framework for all breaches and a root cause analysis will be undertaken.
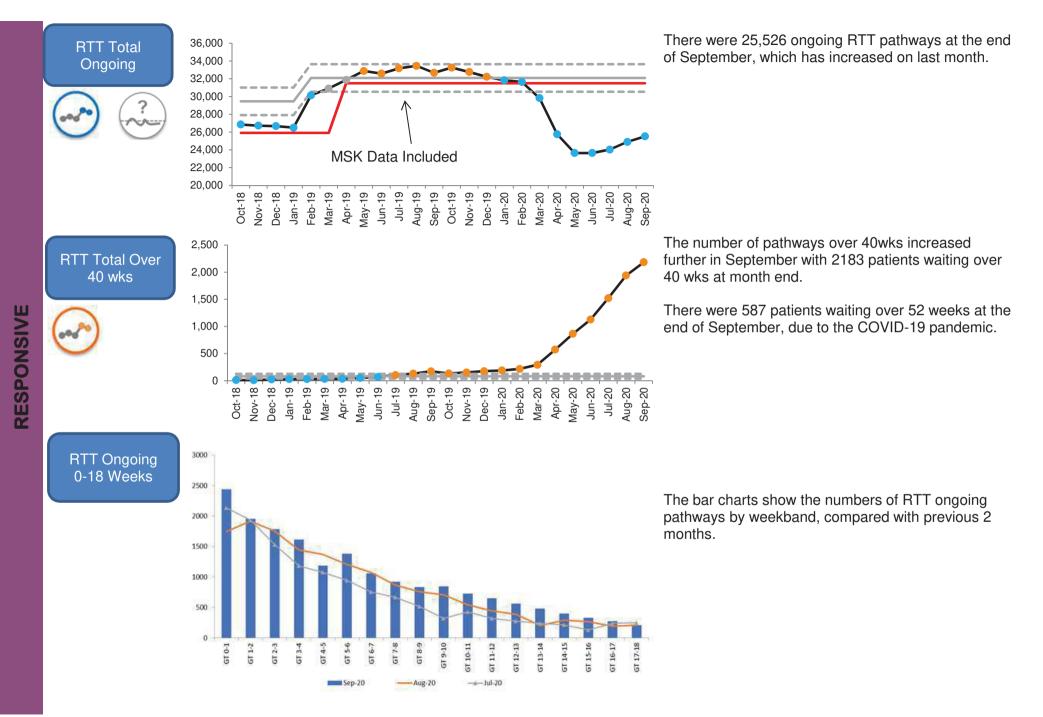
	Mental Health	Physical Health
No. 12 Hr Trolley Waits	3	0
Average Wait from Decision to Admit (Hrs)	16:51	
Longest Wait from Decision to Admit (Hrs)	18:12	
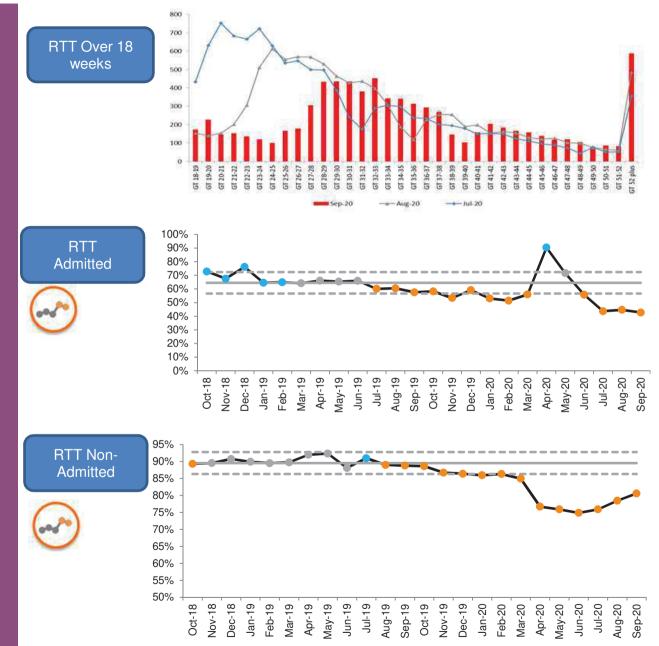
Following a review of NWAS data and reporting, the ambulance handover metrics have been amended and now show the arrival to handover time, having previously shown the notification to handover.

There were 203 ambulance handovers > 30 minutes in September. The trend is still showing significant improvement.

There were 8 ambulance handovers > 60 minutes in September, which is also showing a signifcant improvement.
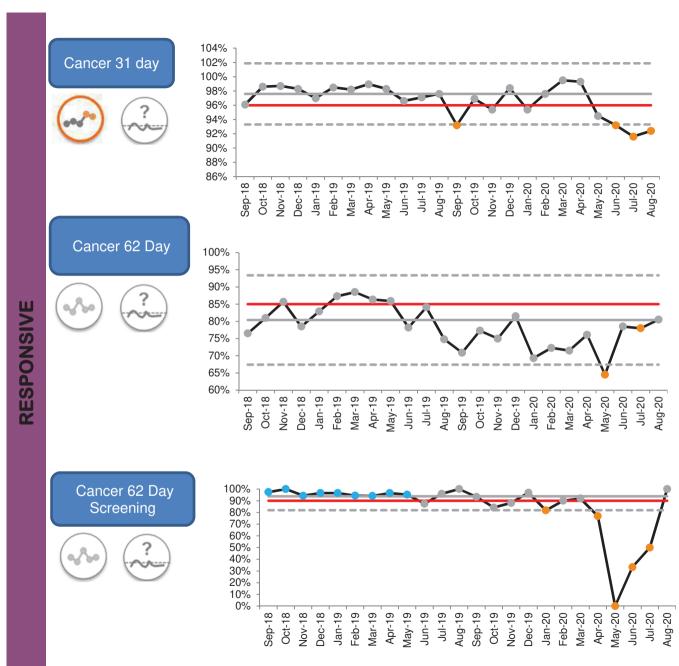
The average handover time was 19 minutes in September and the longest handover was 1hr 36 minutes.

RESPONSIVE

RTT Total Ongoing

There were 25,526 ongoing RTT pathways at the end of September, which has increased on last month.

RTT Total Over 40 wks

The number of pathways over 40wks increased further in September with 2183 patients waiting over 40 wks at month end.

There were 587 patients waiting over 52 weeks at the end of September, due to the COVID-19 pandemic.

RTT Ongoing 0-18 Weeks

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

RTT Over 18 weeks

RTT Admitted

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

During April and May, only priority and urgent patients were admitted.

RTT Non-Admitted

Cancer 31 day

The 31 day standard was not achieved in August at 92.4%, below the 96% threshold.

The quarter 1 performance was not achieved at 95.7%

The trend is showing a significant deterioration 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 August at 80.5% below the 85% threshold.
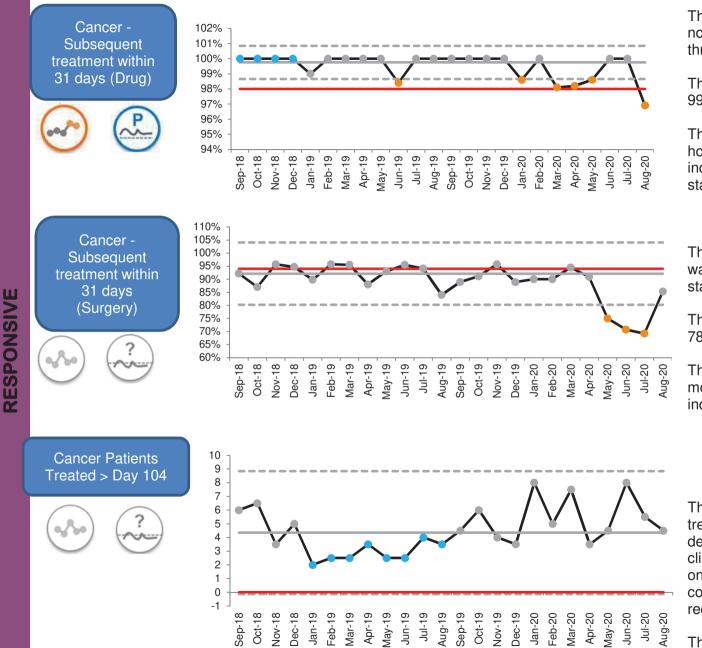
The quarter 1 performance was not achieved at 73.4%

The trend is showing normal variation this month and based on the current variation, the indicator is at risk of not meeting the standard.

Cancer 62 Day Screening

The 62 day screening standard was achieved in August at 100%, above the 90% threshold.

The quarter 1 performance was not achieved at 54.5%

The trend is showing a return to normal variation.

Cancer - Subsequent treatment within 31 days (Drug)

The subsequent treatment - drug standard was not met in August at 96.8%, below the 98% threshold.

The quarter 1 performance was achieved at 99%

The trend is showing deterioration this month, however based on the usual variation, the indicator should consistently achieve the standard.

Cancer - Subsequent treatment within 31 days (Surgery)
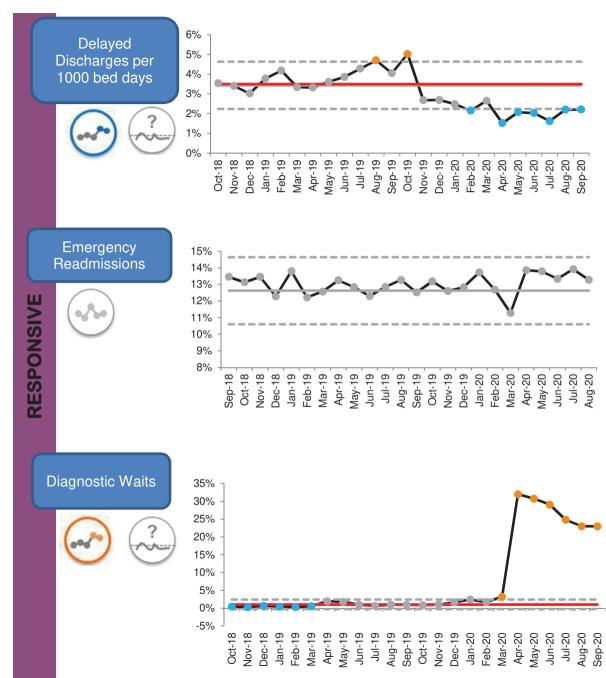
The subsequent treatment - surgery standard was not met in August at 85.3%, below the 94% standard.

The quarter 1 performance was not achieved at 78.1%

The trend is showing normal variation this month and based on the current variation, the indicator is at risk of falling below threshold.

Cancer Patients Treated > Day 104

There were 4.5 breaches allocated to the Trust, treated after day 104 in August 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 no significant change.

Delayed Discharges per 1000 bed days

Emergency Readmissions

Diagnostic Waits

The proportion of delays reported against the delayed transfers of care standard was 2.2% for September, below the 3.5% threshold.
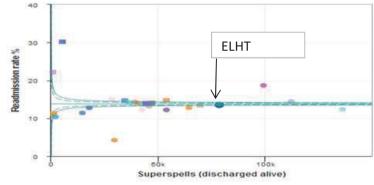
The trend is showing significant improvement and based on current variation this indicator may or may not achieve the target, consistently.

There is a full action plan which is monitored through the Finance & Performance Committee.

The emergency readmission rate trend is showing no significant change.

Dr Foster benchmarking shows the ELHT readmission rate is
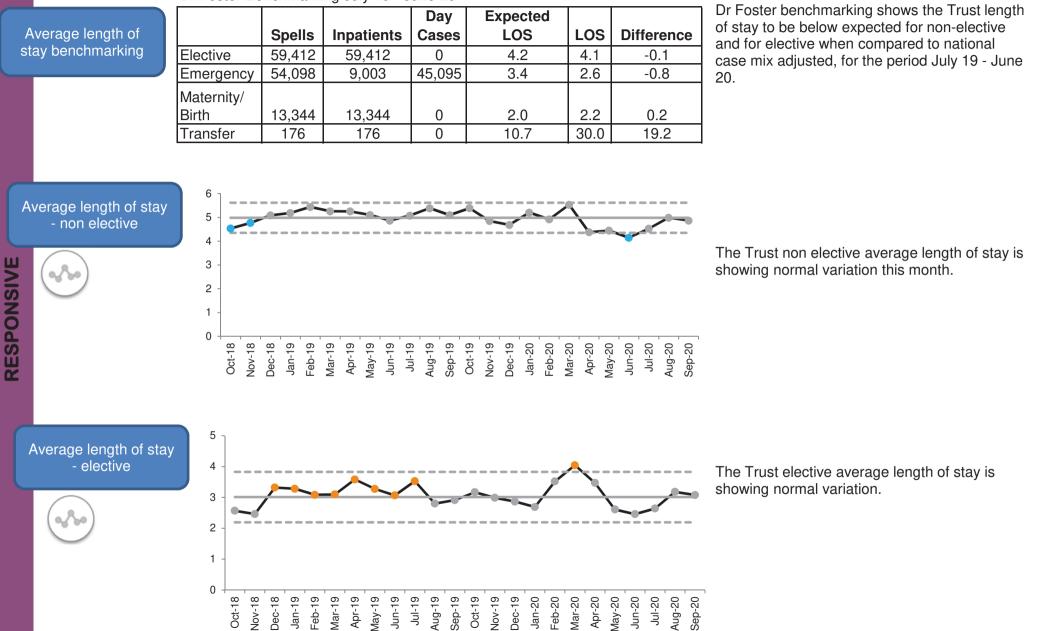
Readmissions within 30 days vs North West - Dr Foster
December 2018 - November 2019

In September 23.0% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.
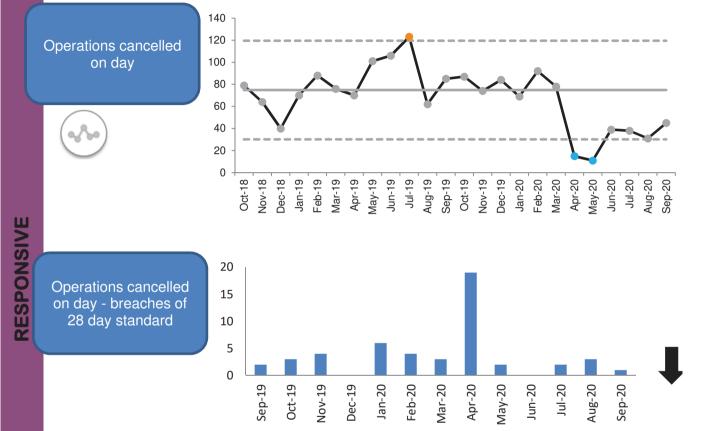
The trend is showing a deterioration in performance and based on current variation this indicator is at risk of failing the target.

Nationally, the performance is failing the 1% target at 38% in August (reported 1 month behind).

Average length of stay benchmarking

Dr Foster Benchmarking July 19 - June 20

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	59,412	59,412	0	4.2	4.1	-0.1
Emergency	54,098	9,003	45,095	3.4	2.6	-0.8
Maternity/ Birth	13,344	13,344	0	2.0	2.2	0.2
Transfer	176	176	0	10.7	30.0	19.2

Dr Foster benchmarking shows the Trust length of stay to be below expected for non-elective and for elective when compared to national case mix adjusted, for the period July 19 - June 20.

Average length of stay - non elective

The Trust non elective average length of stay is showing normal variation this month.

Average length of stay - elective

The Trust elective average length of stay is showing normal variation.

RESPONSIVE

Operations cancelled on day

There were 45 operations cancelled on the day of operation - non clinical reasons, in September.

The trend is showing a return to normal variation.

Operations cancelled on day - breaches of 28 day standard

■ Not treated within 28 days of last minute cancellation due to non clinical reasons - actual

There was one 'on the day' cancelled operations not rebooked within 28 days in September.

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.

Sickness
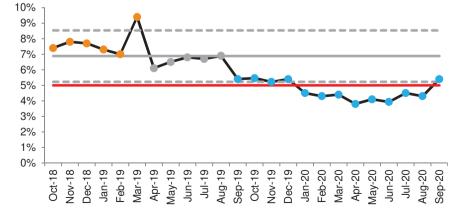
The sickness absence rate was 4.6% for September which is above the threshold of 4.5%. The trend is showing a return to normal variation and based on the current level of variaton, remains unlikely to acheive the target.

Turnover Rate

The trust turnover rate continues to show a significant reduction at 7% in September which is below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate
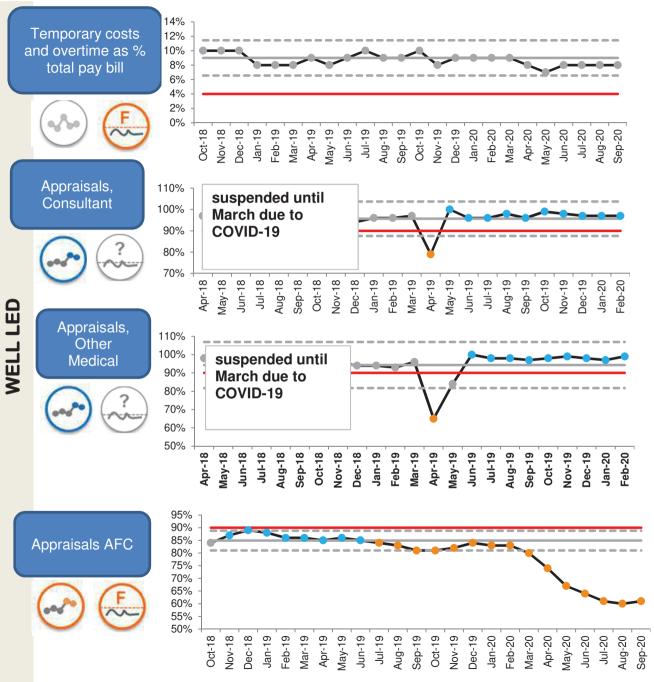
The vacancy rate is 5.4% for August which is above the 5% threshold.

The trend has shown a significant reduction.

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

WELL LED

Temporary costs and overtime as % total pay bill

Appraisals, Consultant

suspended until March due to COVID-19

Appraisals, Other Medical

suspended until March due to COVID-19

Appraisals AFC

In September 2020, £2.9 million was spent on temporary staff, consisting of £0.9 million on agency staff and £2.0 million on bank staff.

WTE staff worked (8,884 WTE) which was 96 WTE more than is funded substantively (8,788 WTE).

Pay costs are £0.4 million more than budgeted establishment in August

At the end of September 20 there were 459 vacancies

The temporary staffing cost trend shows no significant change and is not capable of hitting the target.

Appraisal and revalidation has been suspended until March due to COVID-19.

The appraisal rates for consultants and career grade doctors are reported cumulative year to date to February and reflect the number of reviews completed that were due in this period.

The AFC appraisal rate continues to be reported as a rolling 12 month figure and remains below threshold. Appraisals have now been suspended until March 21, due to COVID pressures.
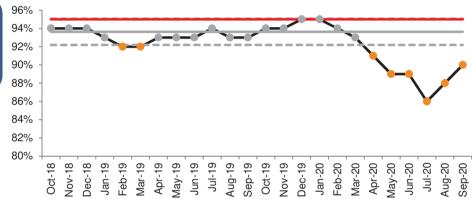
The trend is showing significant deterioration and based on current variation the indicator is not capable of achieving the target

There has been a range of Trust wide actions to support compliance which are on-going. These actions are monitored through the Finance & Performance Committee.

WELL LED

Job Plans

Stage	Consultant	SAS Doctor
Draft	15	0
In discussion with 1st stage manager	185	23
1st stage sign off by consultant	34	2
1st stage sign off by manager	32	2
2nd stage sign off	24	1
Signed Off	33	0

As at September 2020, there were 323 Consultants and 28 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 90% in September which is below the 95% threshold. The trend is showing significant deterioration and based on current variation, the indicator is not capable of achieving the target routinely.

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

Revised arrangements during Covid-19 pandemic

For **existing** ELHT staff: With effect from 1st September 2020, Core Skills Training requirements are reinstated. From this date **staff will have a catch-up period of three months until 30th November** to bring their training up to date.

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. .

Core Skills Training % Compliance

	Target	Compliance at end September
Basic Life Support	90%	86%
Conflict Resolution Training Level 1	90%	96%
Equality, Diversity and Human Rights	90%	96%
Fire Safety	90%	93%
Health, Safety and Welfare Level 1	90%	95%
Infection Prevention	90%	95%
Information Governance	95%	90%
Prevent Healthwrap	90%	95%
Safeguarding Adults	90%	94%
Safeguarding Children	90%	93%
Safer Handling Theory	90%	96%

Finance & Use of Resource metrics

At month 6 the Trust's actual financial position (net of Covid-19 costs) is a deficit of £22.4 million, with an assumed top up equal to that amount to enable us to report a breakeven position.

The top up payments are made up of £12.0 million projected top up; a £10.4 million retrospective top up and £17.0 million Covid-19 costs. A total of £39.4 million top up funding to month 6.

Better Payment Practice Code (BPPC) performance has improved in month, with all targets being achieved again for the year to date, following the less than 0.5% under-performance against the target for NHS invoices paid on time by volume in the previous month. Work continues towards paying all suppliers within seven days.

The cash balance at 30th September 2020 of £52.2 million has fallen in month by £2.3 million, but is still within anticipated levels.

Capital expenditure totals £12.6 million, 6% ahead of the planned position at month 6.

Adjusted financial performance (deficit)

WELL LED

Efficiency Savings

TRUST BOARD REPORT

11 November 2020

Item	91

Purpose	**Information**
	Action
	Monitoring

Title	Healthcare Worker Flu Vaccination Programme
Author	Mr P Denney, Head of Occupational Health & Wellbeing
Executive sponsor	Mr K Moynes, Director of Human Resources and Organisational Development

Summary: The board are asked to note the success of the previous year's Seasonal Influenza (Flu) campaign at ELHT and note the measures taken in the 2020/21 campaign aimed at exceeding last year's achievement of **94.8%.**

Recommendation: Members are asked to support the ongoing flu campaign and encourage colleagues at every level of the organisation to receive their flu vaccination.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
Related to key risks identified on assurance framework	Failure to achieve performance requirements of the (Monitor) NTDA compliance and risk assessment framework and regulatory standards.
	Failure to maintain staffing levels and staff competencies to deliver high quality services
	Failure to achieve the reputation of a provider of choice
	Failure to deliver high quality clinical services

Impact

Legal	No	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by:

Executive summary

1. On the 14th May 2020 the 'Annual Flu Letter' titled 'The national flu immunisation programme 2020/21' was sent to all Chief Executives of NHS Trusts this was later followed by an update letter on the 5th August 2020 called 'The national flu immunisation programme 2020 to 2021- update'

2. In order to ensure organisations are doing everything possible as an employer to protect patients and staff from seasonal Flu. Trusts were asked to provide an update for public assurance via Trust boar by December 2020. This paper details East Lancashire Hospitals NHS Trust's (ELHT) plan for the 2020/21 Flu season.

3. The Annual Flu Letter and Update letter can be viewed by double clicking the icon below:

Annual Flu Letter - National-flu-immunisa

Annual Flu Letter Update - National-flu-i

Introduction

4. ELHTs 2020/2021 Seasonal Influenza (Flu) Plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of Seasonal Flu across the organisation taking account of lessons learnt during previous Flu seasons and provides assurance to the Board that those recommendations made in Appendix C of the Annual Flu Letter are being met.

5. The plan provides an overview of the coordination and the preparation for the Flu season and signposting to further guidance and information. The Seasonal Flu Plan 2020 can be viewed by double clicking the word icon below:

Seasonal Flu Plan - 2020.pdf

6. During the 2019/20 Flu season the uptake of the Flu vaccine in healthcare workers nationally was 74.3%. Within ELHT the uptake was 94.8% during the 2019/20 season. This represents then *highest* uptake nationally for vaccination of frontline healthcare workers (HCW).

Our key activities for the 2020/21 campaign

7. It is more important than ever that we have an effective plan in place for the 2020/21 flu season to protect those at risk, prevent ill-health and minimise further impact on the NHS and social care as part of the NHS response to the global COVID-19 pandemic.

8. The 2020/21 campaign is aimed at exceeding last year's achievement. A range of interventions have been employed to ensure ELHT are successful with this year's Flu campaign. The following summary of *Appendix C – Healthcare worker flu vaccination best practice management checklist - for public assurance via Trust Boards by December 2020* has been provided below:

   A. Committed Leadership:

   a. The Quadrivalent (QIV) vaccine has been provided for healthcare workers.

   b. This season, we are expecting increased demand for flu vaccine across all cohorts and we are also expanding the flu programme pharmacy and Occupational Health have liaised to ensure appropriate number of vaccines have been ordered to meet demand.

   c. An agreed board champion has been assigned in Kevin Moynes, Director of Human Resources & Organisational Development with the board and senior managers being vaccinated and publicised.

   d. The Trust Board received an evaluation of 2019/20 campaign on the 11th March 2020

   Executive Summary -
   ELHT Flu Vaccination F

   e. Flu planning has been cascaded through the Health & Safety Committee and through the Infection Control Committee and the Emergency Preparedness and Organisational Resilience Committee.

   B. Communications Plans:

   a. All high risk areas of the hospital have been contacted and visited for their Flu vaccinations in haematology, neonatal intensive care and specialist paediatric units, Coronary Care, Emergency Department and ITU and visits are on-going throughout the campaign.

b. The InFluencer campaign will combine the Staff Survey with the delivery of Flu vaccination.

c. The Flu Team has scheduled walk rounds and further drop in clinics at our 5 main hospital sites as well as those peripheral community sites.

d. Weekly feedback on percentage has been provided.

e. Students, trainees and volunteers who are working with patients will also be included in the vaccination programme.

f. Weekly feedback has been provided via a Flu trajectory with the aim of vaccinating at least 95% of ELHT employees.

C. Flexible Accessibility:

a. Peer Vaccinators in the Family Care setting are being utilised.

b. Additional Flu sessions have been scheduled out of hours and will be scheduled at night and over weekends to allow for easy access for clinics. These continue to be advertised using a wide range of communication mechanisms.

D. Incentives:

a. Success has been celebrated weekly through the CEO Blog and social media platforms via our #ELHTInFLUencer campaign

Recommendations

9. It is recommended that the board note the actions in place for the 2020/21 Flu campaign and continue to support the implementation of the plan across the organisation.

10. A further report summarising the outcome of the 2020/21 Flu campaign is scheduled for the March 2021 Trust board meeting.

Conclusion

11. All necessary measures are being taken to ensure the 202/21 campaign exceeds last year's achievement of 94.8%. The current uptake for Flu vaccination is **74.8%** this is above planned trajectory.

Next steps

12. Further report to be provided at the March 2021 Trust board meeting.

Phil Denney, Head of Occupational Health & Wellbeing

East Lancashire Hospitals
NHS Trust

TRUST BOARD REPORT

11 November 2020

Item	**92**

Purpose Information

Title	BAME Assembly Update
Author	Mr A Patel, Associate Director of Technology Enabled Care
Executive sponsor	Mrs K Quinn, Operational Director of HR and OD

Summary: This report provides an instantaneous temperature check on key components of race equality from the perspective of the Trust's BAME and non-BAME staff. Following a descriptive literature review, semi-structured discussions were undertaken using an analytical framework. From these, a series of proposals were formulated to review and refresh certain systems and processes integral to a robust race equality agenda which will be explored further with the Trust BAME Network.

Recommendation: The Board is asked to note the update and discuss the report, together with the exploratory recommendations intended to asses and facilitate necessary change.

Report linkages

Related strategic aim and corporate objective	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	Yes/No
Equality	Yes	Confidentiality	No

Safe | Personal | Effective

NHS

East Lancashire Hospitals
NHS Trust
A University Teaching Trust
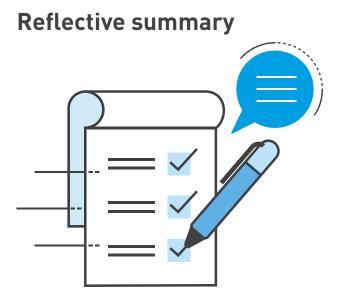
Let's talk about race

To what extent has race inequality affected BAME staff of ELHT?

Arif Patel

Reflective summary

The stark reality is 2020 will be remembered for the very things people living through it are trying to forget: the coronavirus pandemic being at the heart of this. Another notable subject was the death of George Floyd at the hands of law enforcement officers in Minneapolis and the ensuing impact across the world, highlighting the prominence of racism in modern society. Under no circumstances should this be forgotten. Moreover, used as a platform, to initiate necessary change. Taking everything into consideration, East Lancashire Hospitals NHS Trust (ELHT) grasped this moment as an opportunity to undertake a 'temperature check' from the perspective of its Black, Asian, Minority Ethnic (BAME) staff on key issues relating to race inequality. After several discussions with the Human Resources Director, I was asked to undertake this work.

The thought of conducting this review was at first, extremely daunting and somewhat of a double-edged sword. I had to negotiate an extremely sensitive subject, applied to colleagues in an organisation where I have enjoyed working for the past 25-years. With this came the added pressure of exactly how to articulate the review and subsequent findings. However, the need to make a difference for now and future generations, together with enhancing the Trust's reputation for attempting to face such an emotive and thought-provoking topic head on, were the principal motivational factors. Furthermore, being on the receiving end of societal and workplace racism (in the 1980s and 1990s),

I was drawn to see how behaviours had changed. Understandably, impartiality and sensitivity had to be maintained.

To ensure all pertinent areas were objectively explained, I conducted a literature review into the core facets of racism, which could affect BAME staff. Underpinned by peer-reviewed literature, this covered theories of personal and structured actions and behaviours. I was mindful that many articles - particularly those relating to colonialism, elements of northern culture and work-based racism - returned themes that could be uncomfortable reading for many non-BAME colleagues. My intention was not to deliberately outrage, nor portray white British culture in East Lancashire as entirely racist, but to construct logical arguments to the background of elements BAME staff have been subjected to outside and within the workplace for decades. Consequently, besides providing the target audience (and myself) with more insight, I formulated a line of questioning for numerous semi-structured discussions with ELHT staff groups and individuals. Once complete, based on the correlation of findings to literature, a series of recommendations were prepared. Since this is an exploratory review, the recommendations should be treated correspondingly, i.e. proposals that could be tried and then tested to instigate change.

Throughout this paper, I have deliberately refrained from using any statistics around racism. Although statistics are essential for measuring objectives etc., I did not want these undermine rich data available through lived experiences. Someone once told me about 'hitting targets and missing points' and this was something I was acutely aware of during this process. Evidently, most BAME staff had either experienced or witnessed societal and workplace racism. Similarly, a significant number of BAME staff felt they were subjected to race-based discrimination within the workplace, but these episodes could be and should be debated further across all perspectives to gain a better understanding of cause and effect. Whilst selected episodes could be demonstrably race related, others could easily be attributed to ignorance and/or clumsy language. To surmise, the literature and lines of enquiry supported the experiences of the Trust's BAME staff. Some staff deal with this

4

behaviour directly, by challenging individuals, whilst other, more battle-weary colleagues were passive, accepting racism as being integral to northern British culture. Non-BAME staff also opened-up about their experiences around trying to negotiate the sensitivity of the subject, white privilege and some staff even admitting using racist language at school.

In addition to conversations with BAME staff groups, I found talking to non-BAME colleagues about race also returned valuable information and mixed-group discussions more still - and it is here the key to change resides. To truly comprehend this issue and navigate the route towards change, all sides must be heard, comprehended and acted upon. Although the sample size was small, the appetite for discourse was large and generalisable. This was clearly demonstrable during the mixed group discussions - where staff across both groups openly debated certain traits and behaviours in a safe and open manner, without fear of repercussion. This was the 'take home message' from this review: because even though the findings will cause mixed responses, maybe even shock some - consolation should be taken from the desire of the organisation and its staff to change.

A senior manager referred to a 'warts and all' type of review as the only way to tackle this subject. The inevitable hazard then arises when dealing with the discoveries. Although the organisation has shown courage thus far, it must maintain a comparable trajectory when addressing the scope of change, because even though behaviours I experienced in the 1980s and 1990s were arguably more overt, the overall themes had not altered. That said the desire to make a difference at all levels, amongst all groups through dialogue and understanding had hugely improved and must be ceased upon. Admittedly, there may be 'off the shelf' approaches for the Trust to adopt, but there is an opportunity to lead the way through innovation. Enlisting senior leaders with an interest in the subject, together with the knowledge and skills of the organisation's Education, Human Resources, and Improvement staff would aid this. As would collaborating with the Trust's academic partner, the University of Central Lancashire (UCLan). Undertaking a personalised review, meant developing personalised

recommendations and the following have been crafted in a triangulated method to commence the appropriate change:

Recommendation 1:
Executive, Senior Management and Board buy-in
Unified approval from the Trust Board to examine and initiate change, plus extending this to other executives and senior management colleagues sharing an interest in the subject for their input and involvement in formulating a strategy.

> **A senior manager referred to a 'warts and all' type of review as the only way to tackle this subject. The inevitable hazard then arises when dealing with the discoveries.**

Recommendation 2:
Embedding within vison and values
Alongside executive buy-in, to embed the message from the top down, review the Trust's 'strategic framework'. Adding terminology around 'equity' and 'inclusivity' (at all levels), would really transmit a high-level sense of belonging.

Recommendation 3:
Proactive communication
Before, during and after any implementations, an effective communication sub-strategy is imperative. In this instance formulating a 'campaign' type approach using social media, staff bulletins and the intranet could be advantageous.

Recommendation 4:
A committee with a voice
Reviewing the remit, makeup, leadership and objectives of the BAME network. Consider proportionately representing peer groups and renaming to Race Equality Committee. Also, enable an opt in/out option for all BAME staff i.e. the BAME network and revise methods of communication in line with the new sub-strategy.

5

Recommendation 5:
Integrated support infrastructure
Empower divisional and/or profession specific BAME champions to work alongside and support the Staff Guardian (including the newly appointed BAME champions). Periodic review of cases via 'surgeries' and escalate to the newly formed Race Equality Committee.

Recommendation 6:
Recruitment review
In conjunction with recruitment work already being undertaken, ensure all senior posts withing the organisation include a BAME member as part of the interview panel and (re)introduce equality impact assessments to improve tracking and auditability.

Recommendation 7:
Training and development
Improve both cultural awareness and managerial training. Elaborate on the existing unconscious bias training and/or (as literature suggests) develop a bespoke cultural awareness training package (either in-house or with UCLan), structured through lived experiences of ELHT staff.

Recommendation 8:
Workshops and discussions
Participants should be empowered to discuss their experiences, good, bad or indifferent without the fear of repercussion. Perhaps a series of 'let's talk about race' conversations could be formulated and delivered in parallel with the general 'Big Conversations' and/or within the Festival of Inclusion'. Such sessions would also supplement the cultural awareness training.

Recommendation 9:
Developing future leaders
Undertake a workforce planning exercise for upcoming management positions within each division or directorate over the next 5-years and constructing a bespoke, undergraduate learning and development pathway. Adopt a 'hire for attitude, train for skills' approach and fulfil the equity and inclusion agenda. Targeting schools and colleges en route.

A complete version of this report can be provided to Directors upon request.

Recommendation 10:
Areas for further research
If deemed appropriate, expand the boundaries of this review into a research proposal and work with UCLan to conduct a more in-depth review. Research could include a larger sample size, more focussed discussions (pre and post change), access to health issues for BAME patients and abuse from patients.

Participants should be empowered to discuss their experiences, good, bad or indifferent without the fear of repercussion. Perhaps a series of 'let's talk about race' conversations could be formulated and delivered in parallel with the general 'Big Conversations' and/or within the Festival of Inclusion'.

TRUST BOARD REPORT

11 November 2020

Item	93

Purpose Information

~~Action~~

~~Monitoring~~

Title	Emergency Preparedness and Resilience Update
Author	Ms A Whitehead, EPRR Manager
Executive sponsor	Mr T McDonald, Director of Integrated Care and Partnerships

Summary: This paper details the Trusts formal Statement of Assurance in relation to emergency preparedness, resilience and response (EPRR). This is a statutory duty under the Civil Contingencies Act 2004.

Recommendations: The Trust Board gave delegated authority to the Deputy Chief Executive and the Director of Integrated Care and Partnerships to submit this EPRR Assurance Statement on behalf of the Trust. This statement has been submitted to the lead Clinical Commissioning Group who will submit a statement of assurance to the relevant NHS England and NHS Improvement regional head of EPRR by 31 October 2020.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	Yes
Compliance with Health & Social Care Act 2012		Additional Investment in resources to support ICC response agreed	
Compliance with Civil Contingencies Act 2004 and subsequent amendments			
Equality	No	Confidentiality	No

Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Process and Winter Planning for 2020/2021– Lancashire & South Cumbria

Name of Trust/CCG : East Lancashire NHS Trust

Executive Summary

1. This paper summarises the current position of the Trust in relation to emergency preparedness, resilience and response (EPRR).

2. There have been two key 'incidents' that the Trust, and indeed country, has been faced with this year. These are: a potential EU 'no deal' exit scenario and the covid-19 pandemic, the impacts of which were not anticipated or expected. However, as a Trust, we have robust and resilient plans and structures in place to deal effectively and efficiently when responding to such situations.

3. This report provides an overview of the Trusts emergency preparedness, resilience and response during the past 12 months and provides assurance that ELHT meets its statutory duties under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 and its other non-statutory obligations.

4. The EPRR Core Standards Assurance Process for 2020/21 is an amended version of previous processes due to the system-wide response to covid-19. The events of 2020 have tested organisation plans above and beyond that achievable through exercises and assurance processes.

5. The amended process for 2020/21 requires a statement of assurance in relation to three specific areas:

    a. Progress made by organisations that were reported as partially or non-compliant in the 2019/20 process
    b. The process of capturing and embedding the learning from the first wave of the Covid-19 pandemic
    c. Inclusion of progress and learning in winter planning preparations

6. As the nationally amended timescales for the submission of this assurance report do not align to the existing Trust Board schedule, on the 9th September, the Trust Board granted delegated authority to the Deputy Chief Executive and the Director of Integrated Care and Partnerships to issue the assurance statement on behalf of the Trust. The final Assurance Statement will be presented to the Trust Board in October.

1. Compliance 2019 Progress made during 2020 on partially or non-compliant areas identified last year. (Return N/A if fully or substantially compliant)	For the period 2019/20, the Trust reported **substantial compliance**, with 59 standards assessed as green and 5 standards assessed as amber. These were all related to our decontamination facilities (in relation to chemical, biological, radiological and nuclear contamination - CBRN). The Trust is progressing well towards fully achieving these core standards with a robust action plan in place. The Trust has purchased a standalone decontainer unit which will be delivered once the necessary infrastructure changes have been completed. This unit will enable the Trust to respond in a prompt manner when required to decontaminate contaminated patients. This will negate the risks associated with the existing inflatable decontamination tent. A programme of training in relation to donning and doffing powered respirator protective suits (PRPS) has been put in place to ensure staff in the Emergency Department are suitable trained. This training was suspended in March due to covid19 due to the need to undertake the training with a 'buddy' (another member of staff) and due to potential contamination issues as staff need to step in and out of the training suits. Work is ongoing to source items that will enable staff to safely reuse the training suits.

	Regular equipment checks are undertaken to ensure that the kit is fit for purpose and there is also a programme of maintenance to ensure that the equipment is serviced and repaired as appropriate.
	Due to the covid19 pandemic, the Trust continues to declare substantial compliance in relation to the CBRN standards.
2. Mid Term Covid Review Date of debrief / review key lessons	A substantial amount of work has been undertaken and is ongoing in relation to capturing and embedding learning from the first wave of the covid-19. This has been co-ordinated internally through the Trust's Improvement Practice Office and externally via the Pennine Lancashire Out of Hospital Group and Lancashire and South Cumbria (L&SC) Integrated Care System (ICS) Hospital and Out of Hospital Cells. Lessons learned have been captured through a variety of methods including staff surveys, big conversations and innovative capture returns. The outcomes were linked to 5 priority areas – outpatients, elective, non-elective, people and quality and themed into six objectives – delivery, quality, money, people, partner and improvement practice. The Trust has also undergone a review of its command and control systems and processes to identify good practice and areas for improvement which will not only support the Trust as it heads towards a potential second wave, but will also improve

| | EPRR practice moving forwards.

In addition, the Trust has contributed to reviews undertaken by a range of external stakeholders such as the Healthcare Safety Investigation Branch (HSIB) and North West Association of Directors of Adult Social Services (ADASS). Both reviews focus on the learning from the first wave of Covid-19 to help identify learning that can be taken forward to response to further waves.

During the early stages of the response to covid19, additional resources were provided to support the Incident Co-ordination Centre, including staffing and equipment. These resources will continue to be provided until at least 31st March, 2021. |
|---|---|
| **3. Process for embedding the learning from the review**
Include changes to procedures and communications | The programmes of work detailed above will support the systematic and comprehensive identification of lessons to be learned and enable these to become embedded within EPRR and also across the wider Trust.

All changes to procedures and communications are recorded by the Incident Co-ordination Team. Divisions, through the operational co-ordination centres, ensure changes to procedures are recorded and embedded as necessary.

The communication teams have been issuing daily and weekly updates around updates, changes to practice and learning. |

4. Winter Plans Areas from review that have influenced Winter planning	Planning preparations for winter are well underway and Covid-19 related issues and learning are incorporated into that. To support winter planning, the EPRR Manager is co-ordinating a review of divisional escalation triggers and action plans which will be facilitated through scenario based exercises. Prior to the commencement of this year's winter planning process, the Trust reviewed its winter schemes from 2019 / 2020 which enabled the Trust to determine which schemes to support again this year. The Trust has now finalised its winter plan which details local schemes that will be implemented and identifies a series of measures have been established to support the monitoring of the effectiveness of these schemes. The Trust has also contributed to the Pennine-Lancashire winter plan, developing a plan that is in alignment with the Integrated Care System (ICS). This plan also supports all year round resilience planning, recognising that whilst there are specific

	stresses associated with winter, there are also consistent issues that impact on system resilience throughout the year.

Signed AEO (original signed and sent to the CCG)

Print name Tony McDonald

Date 1st October 2020

TRUST BOARD REPORT

11 November 2020

Purpose Monitoring

Title	Audit Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager
Executive sponsor	Mr R Smyth, Committee Chair

Summary: This document provides an overview of the agenda items that were discussed at the Audit Committee meeting held on 6 October 2020.

Recommendation: Directors are asked to note the content of the report for assurance purposes.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	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

Audit Committee Update

At the meeting of the Audit Committee held on 6 October 2020 members considered the following matters:

1. Management Response to Internal Audit Report: Consultant Job Plans Update

2. Legal Services Review Report

3. Internal Audit Progress Report 2020/21

4. Internal Audit Plan 2020/21

5. Covid-19 Specific Risks and Governance: Update and Corporate Risk Register

6. External Audit Progress Report

7. Anti-Fraud Service Progress Report 2020/21

8. Standing Financial Instructions and Standing Orders

TRUST BOARD REPORT

Item **95**

11 November 2020

Purpose Monitoring

Title	Finance and Performance Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager
Executive sponsor	Mr S Barnes, Committee Chair

Summary: This document provides an overview of the agenda items that were discussed at the Finance and Performance Committee meetings held on 30 September and 4 November 2020.

Recommendation: Directors are asked to note the content of the report for assurance purposes.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
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	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

Finance and Performance Committee Update

At the meeting of the Finance and Performance Committee held on 30 September 2020 members considered the following matters:

1. Quarterly Workforce Report
2. Integrated Performance Report
3. Phase 3 and Restoration Update
4. Financial Performance Report 2020/21 including:
    a) Financial Performance 2020/21
    b) Financial Envelopes and Planning 2020/21
    c) Waste Reduction Programme
    d) Capital Programme 2020/21
5. Committee Specific Risk Report

At the meeting of the Finance and Performance Committee held on 4 November 2020 members considered the following matters:

1. Integrated Performance Report
2. Phase 3 and Restoration Update
3. Financial Performance Report 2020/21
    a) Financial Performance 2020/21
    b) Financial Envelopes and Planning 2020/21
    c) Waste Reduction Programme
    d) Lancashire Procurement Cluster Update
4. Improvement Update
5. Committee Specific Risk Report

TRUST BOARD REPORT

11 November 2020

Purpose Monitoring

Title	Quality Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager
Executive sponsor	Mrs T Anderson, Committee Chair

Summary: This document provides an overview of the agenda items that were discussed at the Quality Committee meeting on 14 October 2020.

Recommendation: Directors are asked to note the content of the report for assurance purposes.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
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	The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.
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Impact

Legal	No	Financial	No

Equality   No   Confidentiality   No

Quality Committee Update

At the meeting of the Quality Committee held on 14 October 2020 members considered the following matters:

1. Quality Governance and Patient Safety Update
2. Infection Prevention and Control Update
3. HSMR Mortality Report
4. Cancer Services Update
5. Maternity Services Update
6. National Audit of Care at End of Life
7. Nursing Assessment Performance Framework
8. Trust Recovery Update
9. Quality Recovery
10. ELHT Education Trust Self-Assessment Report 2020
11. Covid-19 Specific Risk Report

TRUST BOARD REPORT

11 November 2020

		Item	97

Purpose Information

Title	Remuneration Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager/ Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the Remuneration Committees held on 9 September 2020 are presented for Board members' information.

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	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

Remuneration Committee Information Report

1.   At the meeting of the Remuneration Committee held on 9 September 2020 members considered the following matters:

   a) Chief Operating Officer Post and Remuneration

TRUST BOARD REPORT

11 November 2020

Purpose Information

Title	Trust Board (Closed Session) Information Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The report details the agenda items discussed in closed session of the Board meetings held on 9 September 2020.

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
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	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 |

Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 9 September 2020, the following matters were discussed in private:

    a) Electronic Patient Record (EPR) System

    b) Phase Three Letter

    c) Performance: Field Tested Standards

    d) Any Other Business

2. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be presented to part 1 of Board Meetings at the appropriate time.