

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD MEETING (OPEN SESSION)

13 JANUARY 2021, 12.30

VIA MS TEAMS

AGENDA

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

OPENING MATTERS				
TB/2021/001 12.30	Chairman's Welcome	Chairman	v	
TB/2021/002 12.31	Apologies To note apologies.	Chairman	v	
TB/2021/003 12.32	Declaration of Interest Report To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2021/004 12.35	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 11 November 2020.	Chairman	d✓	Approval
TB/2021/005 12.37	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2021/006 12.40	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2021/007 12.43	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2021/008 12.50	Chief Executive's Report including Update on Nosocomial Infections To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2021/009 13.00	Patient/Staff Story To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2021/010 13.10	Public Participation Panel (PPP) Report	Executive Director of Nursing/ Chair/Vice Chair of PPP	d✓	Information/ Assurance
TB/2021/011 13.20	Ockenden Review of Maternity Services Update	Executive Director of Nursing / Executive Medical Director	d✓	Information/ Assurance

TB/2021/012 13.25	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/2021/013 13.30	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/2021/014 13.35	Serious Incidents Assurance 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
ACCOUNTABILITY AND PERFORMANCE				
TB/2021/015 13.40	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: <ul style="list-style-type: none"> • Introduction (Chief Executive) • Safe (Executive Medical Director and Executive Director of Nursing) • Caring (Executive Director of Nursing) • Effective (Executive Medical Director) • Responsive (Chief Operating Officer) • Well-Led (Executive Director of HR and OD and Executive Director of Finance) 	Executive Directors	p	Information/ Assurance
STRATEGY				
TB/2021/016 13.50	Response to NHS England/Improvement Consultation on Integrated Care	Chairman/ Chief Executive	v	information
GOVERNANCE				
TB/2021/017 14.12	Finance and Performance Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2021/018 14.14	Quality Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information

TB/2021/019 14.16	Trust Charitable Funds Committee Information Report To note the matters considered by the Committee in discharging its duties	Committee Chair	d✓	Information
TB/2021/020 14.18	Remuneration Committee Information Report To note the matters considered by the Committee in discharging its duties	Chairman	d✓	Information
TB/2021/021 14.19	Trust Board Part Two Information Report To note the matters considered by the Committee in discharging its duties	Chairman	d✓	Information
FOR INFORMATION				
TB/2021/022 14.20	Any Other Business To discuss any urgent items of business.	Chairman	v	
TB/2021/023 14.22	Open Forum To consider questions from the public.	Chairman	v	
TB/2021/024 14.25	Board Performance and Reflection To consider the performance of the Trust Board, including asking: <ol style="list-style-type: none"> 1. Have we, as the Board, via the agenda and our discussions fulfilled our objective of supporting our: <ol style="list-style-type: none"> a. Communities b. Staff c. Stakeholders 2. Have we, as the Board fulfilled our statutory obligations 	Chairman	v	
TB/2021/025 14.29	Date and Time of Next Meeting Wednesday 10 March 2021, 1.00pm, via MS Teams	Chairman	v	

TRUST BOARD REPORT

Item **4**

13 January 2021

Purpose Action

Title	Minutes of the Previous Meeting
Author	Mr D Byrne, Corporate Governance Officer
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The minutes of the previous Trust Board meeting held on 11 November 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, 11 NOVEMBER 2020
MINUTES

PRESENT

Professor E Fairhurst	Chairman	Chairman
Mr K McGee	Chief Executive/Accountable Officer	
Mrs T Anderson	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 S Fogg	Non-Executive Director	
Mr M Hodgson	Executive Director of Service Development/ Deputy Chief Executive	
Mrs C Hughes	Executive Director of Communications and Engagement	Non-voting
Mr J Husain	Executive Medical Director	
Miss N Malik	Non-Executive Director	
Mr K Moynes	Executive Director of HR and OD	Non-voting
Mrs F Patel	Associate Non-Executive Director	
Mrs C Pearson	Executive Director of Nursing	
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

Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr B Butterfield		Observer
Mr D Byrne	Corporate Governance Officer	Minutes
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	
Mr T McDonald	Director of Integrated Care and Partnerships	
Mr S McGirr	Director of Clinical System Analytics	
Mr A Patel	Associate Director of Technology-Enabled Care	Item TB/2020/92
Mrs K Quinn	Operational Director of HR and OD	

APOLOGIES

Professor G Baldwin	Non-Executive Director
Mrs S Gilligan	Director of Operations

TB/2020/077 CHAIRMAN'S WELCOME

Professor Fairhurst commenced the meeting by extending her thanks to all colleagues working throughout the Trust for their hard work and for continuing to go above and beyond what would normally be expected of them. She also extended her thanks to colleagues in the wider Integrated Care System (ICS) as well as Local Authorities for supporting each other, both in the form of mutual aid and as individuals.

Professor Fairhurst welcomed Mr McGirr, Mrs Davies and Mr Patel to the meeting.

TB/2020/078 APOLOGIES

Apologies were received as recorded above.

TB/2020/079 DECLARATIONS OF INTEREST REPORT

Mr McGirr informed Directors that he was currently seconded to the Lancashire and South Cumbria Integrated Care System (ICS) from Midlands and Lancashire NHS Commissioning Support Unit where he was employed as Director of Nursing and Urgent Care.

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

TB/2020/080 MINUTES OF THE PREVIOUS MEETING

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

RESOLVED: The minutes of the meeting held on 9 September 2020 were approved as a true and accurate record.

TB/2020/081 MATTERS ARISING

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

TB/2020/082 ACTION MATRIX

Directors noted that all items on the action matrix were reported as complete, had been updated via the action matrix report or were to be presented as agenda items at the meeting or subsequent meetings with the exception of the action relating to the national Greener NHS Campaign. Professor Fairhurst explained this item would be presented at a future Board meeting, but advised that a date for this had not yet been confirmed.

RESOLVED: The position of the action matrix was noted.

TB/2020/083 CHAIRMAN'S REPORT

Professor Fairhurst reported that the Annual General Meeting which had taken place on 16 September 2020 had been a success, despite having to hold it in a virtual format. She stated that it was particularly important during the current year, as it had allowed the Trust not only to recognise and thank its staff, but also the communities that had provided their support to the Trust during the first wave of COVID-19. She also informed Directors that she had been able to take part in one of the Trust's first virtual ward safety walkround, explaining that it was vital both for her and the Trust's Non-Executive Directors (NEDs) to be able to 'walk the floor' and speak with patients and staff working on the front lines.

Professor Fairhurst advised that the pace and visibility of the work of the ICS had continued to increase over recent months and reported that Mr David Flory CBE had now been appointed as the ICS Board independent Chair, adding that he would also chair the meetings of the Provider Collaboration Board (PCB) and the Joint Committees of the Clinical Commissioning Groups (CCGs). She noted that as the work of these bodies increased it was important that the Trust recognised it had a key role to play, not only in the ICS, but also in the Pennine Lancashire Integrated Care Partnership (ICP).

Professor Fairhurst observed that the pandemic had brought into sharp focus the inequalities which were evident in Pennine Lancashire and the impact of COVID-19 on its local Black, Asian and Minority Ethnic (BAME) population. She informed Directors that the Trust had held its second Inclusion Conference in September 2020 and that all material from this event had been forwarded to one of the Co-Chairs (Evelyn Asante-Mensah) of the North West Black,

Asian and Minority Ethnic Strategic Group. Professor Fairhurst concluded her update by informing Directors that following discussions at the previous meeting, a Chairs' Forum for all organisations involved in the Vital Signs programme had now been successfully arranged.

RESOLVED: Directors received and noted the update provided.

TB/2020/084 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, drawing particular attention to the move into further restrictions and a second national lockdown. He advised that as a result, the NHS had now moved into tier 4 command and control arrangements, explaining this meant that it was now under the direct control of the Secretary of State for Health and Social Care. Mr McGee clarified that although this would change very little in practical terms, it did clearly show the level of concern from a national perspective around the recent rise in infection rates. He advised that, as the long-term effects of COVID-19 were becoming clearer, work was now underway across Lancashire and South Cumbria to establish dedicated Long COVID Clinics to better understand the psychological and physiological effects on patients. He confirmed that the Trust would play an active role in this process.

Mr McGee informed Directors that the Trust was playing an active role in the roll-out of virtual COVID-19 wards, explaining that the primary objective of the scheme was to ease the pressure on acute beds and wards by enabling patients to be managed at home where clinically appropriate. He advised that Pennine Lancashire had been a forerunner both regionally and nationally and was now sharing its learning across the North West, adding that the process so far had been a great success. Directors noted that Mr Fogg had recently been appointed as the Chair of the Social, Economic and Environmental Determinants (SEED) Healthcare Alliance, a multi-sector collaborative set up to contribute to health and wealth in the Lancashire and South Cumbria ICS.

Mr McGee reported that a potential site had now been identified for the central hub of the Lancashire and South Cumbria Pathology Collaboration and that it would be based in the Chorley area. Mr McGee went on to highlight a number of recent developments within the Trust itself, advising that a significant amount of funding had been received recently to improve the capacity of the Emergency Department (ED) at the Royal Blackburn Teaching Hospital

(RBTH). He reported that for the fourth year running the Trust's Gynaecology and Breast services had maintained their Silver ward status in the Safe, Personal and Effective Care (SPEC) accreditation process and reported that the vascular ward had also been awarded a green certification for the third year running.

He informed Directors that virtual visits to the ED had been carried out by the Care Quality Commission (CQC) over recent days and invited Mrs Pearson to provide a brief update on these. Mrs Pearson explained these visits had been arranged to assess how the ED had prepared for COVID-19 in regard to social distancing and confirmed that the Trust had provided key evidence and an action plan in response. She advised that this evidence had been accepted and that the final report from the CQC was expected to be received sometime by the end of the month. McGee went on to report that the first gynaecological procedure had been carried out by the Trust's new surgical robot and confirmed that more activity was planned over the coming weeks.

Directors were informed that two of the Trust's staff, Rev. David Anderson (Chaplain) and Susan Chapman (Deputy Divisional Director for Estates and Facilities), had recently been recognised in the Queen's Birthday Honours list. Congratulations were extended to both.

Mr McGee stated that the Trust had been the subject of extensive media coverage over the recent weeks and explained this was in keeping with its policy of openness and transparency. He concluded his update by informing Directors that the meeting was Mrs Hughes' final one as she would be leaving her post to take up a new role within the Merseyside ICS. Mr McGee noted that Mrs Hughes has been instrumental in the Trust's journey from special measures to being recognised nationally as high performing and extended his sincere thanks to her for her efforts over the years.

Mrs Pearson advised that the Trust's Garden of Memories had now been opened on the RBTH site following significant efforts from colleagues in the Estates department. She encouraged Directors to view a video that had been developed to accompany the opening of the garden and stated that she would be more than happy to show anyone wishing to take a closer look around in person. A link to the video can be found [here](#).

RESOLVED: Directors received the report and noted its content.

Mrs Pearson to confirm receipt of the final report from the CQC and circulate to Directors.

TB/2020/085 PATIENT/STAFF STORY

Mrs Pearson presented a patient story to Directors, detailing his/her journey through the Trust after being admitted with COVID-19.

The patient initially started to have breathing difficulties, in addition to a number of other symptoms and was instructed to go to ED. S/he was then admitted at RBTH, but as s/he was suspected of having COVID-19, s/he were unfortunately not able to be accompanied by their partner. S/he stated that the lack of oxygen also left them feeling disoriented and that they had little memory of the treatment s/he received or the lead up to them eventually being put on a ventilator, compounded by the fact that s/he did not receive a patient diary (a record of their treatment) at any point during his/her stay. S/he reported that they had eventually been able to piece together what had happened, but stated that a clear record would have been helpful for rehabilitation purposes. S/he continued to suffer auditory and visual hallucinations whilst in hospital which s/he found particularly frightening, made worse by the lack of contact with family members and inability due to the tracheotomy to communicate clearly with staff. S/he was also given a lumbar procedure despite remembering clearly saying s/he did not want it and was on another occasion noted down as refusing medication when s/he had simply asked for an explanation as to why s/he were being given pain medication when they were not in any pain. S/he stated that another unpleasant feature of losing the ability to look after yourself is that you have to rely on others to do it for you and that some staff were better at this than others. The patient stressed that the medical staff caring for him/her had gone out of their way to look after them and personalise their care, but stated that s/he had found the differing nursing styles frustrating at times, as there was frequent misunderstanding between staff as to what was permissible or not.

S/he confirmed that despite these issues, the quality of care provided was excellent and stated that their spouse was kept fully informed throughout their stay and was always able to speak to him/her over the phone whenever they phoned the ward. The patient also thanked physiotherapy staff who had helped him/her during the later stages of their treatment. S/he confirmed that staff had tried to be comforting and kind even when delivering bad news which had made a huge difference and emphasised the importance of clear and consistent communication.

Mrs Pearson stated that it was important to take something meaningful away from these stories from patients. She confirmed that the patient from the story would be contacted to ensure his treatment record was shared with him/her, explaining that they were not always provided immediately, as feedback had been given in the past that some patients were not ready to read the contents. Mrs Pearson noted that the patient had made reference to the long term health effects of COVID-19 and informed Directors that a new booklet would be provided to patients and their relatives to provide them with more information around rehabilitation. She also confirmed that the Trust was continuing to look at how it could reintroduce visiting when infection rates started to fall, whilst also ensuring safety was maintained for everyone.

Mrs Anderson voiced her agreement with the points raised by Mrs Pearson and stated that she had found the patient's story very poignant. She enquired if there was any potential for a support group to be set up for those patients who had been treated in the Intensive Care Unit (ICU) as it would undoubtedly benefit them if they were able to speak to others who had had the same experience. Mrs Anderson commented that the compassion of the Trust's staff had clearly come out in the patient's story and that they should be commended.

Mr Husain advised that he was due to meet with primary care colleagues later in the day and informed Directors that one of the topics due to be covered was the establishment of Long COVID Clinics. He explained that this would require significant input from a number of services and would likely not be in place for a number of months, adding that he would provide an update at a future meeting when more progress had been made.

In response to a suggestion by Mr McGirr around developing electronic patient diaries, Mrs Pearson explained that there were a number of information governance issues around recording that needed clarification and confirmed that alternative ways of providing this information to patients would be considered.

Professor Fairhurst thanked Mrs Pearson for presenting the patient's story, stating that she had found it very moving. She requested that if further contact was made with the patient it was made clear to them how much the Trust appreciated them taking the time to share their experience.

RESOLVED: Directors received the Patient Story and noted its content.
Mr Husain to provide an update on the progress made with the
establishment of Long COVID Clinics at a future meeting.

TB/2020/086 CORPORATE RISK REGISTER (CRR)

Mr Husain referred Directors to the previously circulated report and proposed that it be taken as read. He noted that the only risk scoring 20, apart from the overarching COVID-19 risk, was risk ID 8216 relating to the ongoing lack of an Electronic Patient Record (EPR) system and reported that there had been some positive developments in this area over the recent weeks. He stressed that, despite this, the implementation of an EPR would be a very time intensive and complex process. Mr Husain explained that oversight of the EPR would be provided through the Trust's Chief Clinical Information Officer (CCIO) and stated that it would be vital for the safety of patients as it would allow both easier investigations and more timely interventions.

Mr Wedgeworth praised the revised format of the report, commenting that it was both easy to read and access, although he stated that more clarity was needed regarding the acronyms used throughout. He suggested that similar techniques could be used to improve the Board Assurance Framework (BAF) and make it easier to digest for Directors.

Mr Husain explained that, as the BAF was required to be in a prescribed format, it was unlikely that drastic changes could be made to it, but he confirmed that efforts were being made to simplify it. He also confirmed that Mr Wedgeworth's request for more clarity regarding acronyms would be taken on board for future reports.

Mrs Anderson raised a query regarding risk ID 8221, relating to the lack of recurrent investment and review of Community Neurodevelopmental Paediatric (CNP) services, specifically whether the Trust would be able to put forward its own proposal for how the service should be developed rather than the proposed suggestion to request a review from the Royal College of Paediatricians.

Mr Husain responded that the risk was a historic one and explained that the progress being made with the CNP service had unfortunately come to a complete halt during the pandemic. He confirmed that funding continued to be an issue with the service and that, although one of the main aims of the CRR was to maintain momentum around risks, it had simply not been possible to do so for some of them.

Professor Fairhurst stated that it was important to note that none of the risks on the CRR had deteriorated over recent months, despite the immense pressures on the Trust. She also noted that several risks had references to further progress being required with Commissioners and stated this was where the Trust's work at 'place' level would be increasingly important. Directors accepted the CRR on the basis of the discussions and questions raised and

confirmed that they had gained sufficient assurance that the risks were being attended to in an appropriate manner.

RESOLVED: Directors approved the register.
It was agreed that the use of acronyms would be reviewed and revised in future iterations of the Corporate Risk Register.

TB/2020/087 BOARD ASSURANCE FRAMEWORK

Mr Husain referred Directors to the previously circulated report and reassured Directors that, despite the immense difficulties caused by the pandemic and the restrictions in patient spacing, the Trust continued to deliver emergency care to its patients. He also confirmed that the Trust had continued to provide the correct Personal Protective Equipment (PPE) to colleagues and provide treatment to patients on cancer pathways. Directors noted the efforts made by clinical and nursing colleagues to manage demand and capacity as well as the efforts of the critical care team to continue to deliver their services. Mr Husain advised that the Trust was now currently running between 42 and 48 critical care beds, a significant increase from the commissioned amount of 24. He advised that there were a number of challenges, including nosocomial transmissions that were being closely monitored and confirmed a further update would be provided later in the meeting.

Mr Hodgson stated that, whatever the BAF risk, the Integrated Performance Report (IPR) would continue to be the primary source of assurance and suggested that it should be labelled as such going forward, rather than being referred to as a potential source as it currently was. Professor Fairhurst agreed and proposed raising a query at the end of the IPR item as to whether it had provided Directors with the assurance around how risks were being handled. Directors approved the updated Board Assurance Framework.

RESOLVED: Directors recognised the IPR as a primary source of assurance and received, discussed and approved the updated Board Assurance Framework.

TB/2020/088 SERIOUS INCIDENTS ASSURANCE REPORT

Mr Husain advised that 29 serious incidents had been submitted in August and September 2020, 16 of which had been pressure ulcer related. He reported that around 70% of these incidents had been subsequently de-escalated following full investigations. Mr Husain reported that one never event had been recorded in September 2020 concerning a patient who had had part of a plate left in their jaw following a procedure to have it removed. He

confirmed that no harm been caused to the patient and that a significant amount of work had been done by the Quality and Safety team and the Trust's Deputy Medical Director for Quality and Effectiveness (Dr Gardner) to ensure that Local Safety Standards for Invasive Procedures (LocSSIPs) were now worked into every procedure. Mr Husain reported that another never event had also occurred in October and explained it had come about due to a patient within the maternity service being injected with a painkiller that should have been administered orally. He again confirmed that no harm had been caused to the patients and advised that the case would be discussed in detail at the next meeting of the Serious Incidents Requiring Investigation (SIRI) panel. Mr Husain concluded his update by informing Directors that the Trust continued to work closely with CCGs to report any serious incidents and that there were currently four that were overdue by 50 days.

RESOLVED: Directors received the report and noted its content.

TB/2020/089 NOSOCOMIAL INFECTION REPORT

Professor Fairhurst introduced the item and emphasised the importance of the report being received and discussed at the meeting. Directors noted that the Trust has placed importance on nosocomial infections, as well as more general infection prevention and control work during the response to the COVID-19 pandemic and that it remains a key part of the vision for providing safe, personal and effective care.

Professor Fairhurst highlighted the importance of the Board understanding the numbers of nosocomial infections, the reasons for them and the work being undertaken to address the infections.

Mr Husain provided an overview of the work that had been carried out by the operational teams to limit the numbers of nosocomial infections, as well as identify and manage any cases. He confirmed that the primary focus of nosocomial infections related to COVID-19, but that there had been particular efforts in the past relating to nosocomial infections of Methicillin-Resistant Staphylococcus Aureus (MRSA). Directors were informed that a nosocomial infection happens as a consequence of patient to patient or staff to patient contact.

Directors noted that during the first wave of the pandemic the Trust had not had a single case of nosocomial spread. Mr Husain confirmed that there were a number of reasons for this, including the hospital environments being much quieter during the initial phase, stepping down of elective activity and higher levels of vigilance from the public during the first wave. He went on to confirm that there was a need to consider the physical spacing of patients in places such

as the ED, where patient numbers have increased during recent months and to continue to reinforce messages to the public about handwashing and social distancing.

Mr Husain confirmed that there had been a total of 13 outbreaks as of September 2020. Directors noted that an outbreak is classed as two or more infections within one place in a seven-day period. Mr Husain went on to report that the first few outbreaks had been identified as originating from visitors to the Trust and as a result, the COVID-19 visitors policy has been revised back to the original criteria of only allowing visitors for patients on end of life care, beginning of life care and patients with learning disabilities.

He went on to report that there are a number of points where transmission had occurred, mostly as a result of lack of social distancing by patients, visitors and staff or incorrect use of PPE. It was also suggested that the lack of available rapid testing had contributed to the number/size of outbreaks. Directors were informed that the Trust had now procured an in-house swabbing system.

Mr Husain confirmed that there were now 70 'definite' cases of COVID-19 as a result of nosocomial infection and a further 30 'probable' cases as classified by the National Institute for Health Protection (formerly Public Health England).

Directors received an update on the recent visit to the Trust by the North West regional Infection Prevention and Control (IPC) Team who commended the Trust on the work that had been carried out and the levels of communication with staff around PPE availability and use.

Mr McDonald confirmed that a full rapid review was undertaken for each nosocomial infection and that feedback was provided to the team and Trust as a whole where applicable.

He went on to confirm that there was a specific risk included on the CRR and reference made to nosocomial infections of the BAF. Directors noted the range of measures that were in place to reduce these infections, including but not limited to, maintaining focus on the fundamentals of IPC practice such as correct use of PPE and facemasks, implementation of a robust policy framework, agreed swabbing regimes, mobilisation of further rapid testing platforms and the ongoing comprehensive programme of communication with staff and the public.

Mr McGirr, Director of Integrated System & Clinical Analytics, (on behalf of Lancashire and South Cumbria ICS), commented that the Trust had requested decompression on a small number of occasions during the last few weeks and where possible would be willing to provide decompression to other Trusts within the ICS area when required.

Mr Husain reported that the Trust had been able to reduce the footfall in the ED by moving patients directly from the department onto a specialty ward, which would not happen under normal circumstances. He went on to confirm that ELHT and Blackpool Teaching Hospitals

NHS Foundation Trust (BTHFT) currently had the highest numbers of patients with COVID-19, but advised that nosocomial infection rates were low.

Professor Harrison suggested that based on the numbers of people within Pennine Lancashire who currently had, or previously had, COVID-19 it would be almost impossible to have no nosocomial infections, but the controls that the Trust had in place were working, as the infection rate was so low. He went on to report that anyone who had received a negative test result, but was then found to have COVID-19 were also included in the nosocomial figures.

Professor Harrison provided a brief overview of the local position in terms of COVID-19 infection rates and demographic breakdown and suggested that community transmission across the area would likely last until the summer of 2021.

Mr McGee stated that the Trust fed into the ICS and regional Gold Command meetings via the Executive Medical Director, Executive Director of Nursing and Director of Operations and where possible, the Trust was supporting the national work that was underway.

Mr Smyth suggested that the Trust was doing all that was practically possible to manage outbreaks and nosocomial infections and had in fact taken a zero-tolerance approach, so it was somewhat disappointing to see that there have been some lapses in compliance. He went on to confirm that he supported the recommendations set out in the report.

Mr Barnes stated that he had received a good level of assurance from the report and the information shared under this item and suggested that there was a need to continue to review nosocomial infection rates and report them to the Board and its Sub-Committees through the Integrated Performance Report.

Professor Fairhurst sought confirmation from the Directors on the following questions: the understanding for the reasons that account for the numbers that had been reported to the Board; and acknowledgement and understanding from the Board of the actions that are being undertaken to address the matter; and whether all of the information presented and discussions undertaken under the item provided sufficient assurance that the matter is being dealt with in a timely and appropriate manner. The Directors agreed that this was the case for all of the points raised by Professor Fairhurst.

RESOLVED: Directors received the report, noted its contents and agreed that they had received sufficient assurance about the actions being taken and their timeliness.

TB/2020/090 INTEGRATED PERFORMANCE REPORT

a) Introduction

Mr Hodgson introduced the item and confirmed that it covered the period to the end of September 2020. He highlighted the increasing numbers of patients being treated in the Trust for COVID-19 which has had an impact on bed availability, particularly within the Trust's Critical Care Unit. In addition, Directors noted that there were increasing numbers of admissions through the ED and the increase in restoration activity, specifically within surgery and diagnostics.

b) Safe

Mrs Pearson reported that nursing and midwifery staffing had been particularly difficult for the reporting month due to staff availability, with the main reason for unavailability being sickness. She went on to confirm that there had been a considerable use of bank and agency staff to fill rotas and ensure safe staffing levels were met. Directors noted that no areas had fallen below the 80% fill rate for registered nurses/midwives but, despite best efforts, there had been five wards which had fallen below the 80% fill rate for care staff, three of which were noted to be night shifts, with the remaining two being day shifts. Directors noted that no harm to patients had been reported as a result.

Mr Husain provided Directors with an overview of the current performance in relation to Clostridium Difficile (C. Diff) and confirmed that, because of the ongoing situation with COVID-19, the Trust had not had an upper limit set for cases of C. Diff for the year. He went on to confirm that there had been 10 cases identified within a short period of time in August 2020 with the total number reported for the 2020/21 year to date at 43. Directors noted that in September 2020 there had been a total of six cases identified and a detailed review of each had been carried out to ensure that processes are being followed. Mr Husain confirmed that none of the C. Diff infections identified in September were identified as being avoidable, but there had been delays in the reporting of the infections and as such all were attributed to the Trust.

In response to a question posed by Mr Catherall, Mrs Pearson confirmed that the Nightingale Manchester hospital had been opened as a 36 bedded ward whilst the Trust was experiencing staffing difficulties in September 2020. She went onto provide an overview of the clinical model, admission criteria and staffing model for the Nightingale Manchester site and confirmed that as the Trust has good step down/rehabilitation provision, there was no need to utilise the Nightingale Manchester site.

Professor Fairhurst sought confirmation from the Directors that they had understood and valued the update provided, particularly around the Trust's decision not to use the Nightingale Manchester site. Directors agreed that the update had been useful and the rationale for not using the Nightingale Manchester site.

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

c) Caring

Mrs Pearson reported that there had been a downturn in the responses to the Friends and Family Test within maternity services with the majority of the negative feedback being related to the restrictions on visitors and birthing partners. She confirmed that the rules had been relaxed a little and that expectant mothers were able to have two birthing partners present, as long as they were part of the same bubble.

Directors noted that there had also been an increase in the number of complaints received into the Trust, related in the main to the current restrictions on visiting.

Professor Fairhurst suggested that, as well as developing specific communications around nosocomial infections, focused communications should also be developed addressing visiting and access to the Trust sites.

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

It was agreed that, as well as developing specific communications around nosocomial infections, focused communications would also be developed which addressed visiting and access to the Trust sites.

d) Effective

Mr Husain provided an overview of the current performance against both mortality indicators. He confirmed that the Trust was an outlier for Hospital Standardised Mortality Ratio (HSMR) and as a result had been in contact with Dr Foster to understand the reasons for this in more detail. Mr Husain confirmed that the true HSMR numbers were less than what was being formally reported and were well within expected tolerance levels.

Professor Fairhurst thanked Mr Husain for his update and suggested that a supplementary attachment could be included with the minutes of the meeting to provide the additional detail around the mortality figures that had been discussed.

Mr Husain confirmed he would send through a paper to the corporate governance team to be circulated before the next meeting.

In response to a query raised by Mrs Anderson regarding mortality rates in the local community, Mr Husain responded that there had been more excess deaths in the community during the first wave of the pandemic, but stated that current numbers were no different than what would be expected normally.

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

Mr Husain to provide supplementary information regarding the additional detail around the HSMR mortality figures.

e) Responsive

Mr McDonald highlighted the good work that had been done within the Trust in relation to COVID-19 and the restoration of services, advising that designated COVID wards were now in place at both Burnley General Teaching Hospital (BGTH) and Pendle Community Hospital (PCH). He provided a brief summary of the Trust's performance, advising that it had over performed in outpatient activity, cancer pathways and had achieved the majority of its diagnostic modalities. He reported that the Trust underperformed for incomplete Referral to Treatment (RTT) pathways and for patients waiting 52 weeks or longer for treatment. Strong performance was reported for the 4 hour ED standard and delayed transfer of care (DTCO). Mr McDonald confirmed that all rapid reviews had been completed for patients waiting in excess of 12 hours for mental health services.

Professor Fairhurst stated that it was important to acknowledge the range of measures put in place to ensure the NHS was able to carry out its normal activity in addition to the work done in relation to COVID.

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

f) Well-Led

Mrs Davies reported that there had been significant challenges in regard to staffing, but stated that the sickness figures for the Trust was at 4.63% for September, a reduction from the same period of the previous year. She reported that 44 staff employed by the Trust were currently shielding following the issuing of recent guidance, adding that this was a lower number than during the first COVID wave. Mrs Davies informed Directors that the Lancashire and South

Cumbria Resilience Hub had launched in September and reported that there had been good uptake of the services being provided.

Directors noted the response rate to the year's staff survey at 45.7%, slightly below the total figure of 47% reached the previous year. Mrs Davies stated that this clearly showed that the workforce remained engaged and were willing to have their say despite the challenges posed by the pandemic.

Mrs Brown informed Directors that the Trust had reported a break-even position at the end of month 6 in line with the national guidelines, with a total of £39,200,000 required to cover all the additional pressures caused by COVID. She advised that the Trust had reduced the time taken to pay invoices in line the rest of the NHS and had also improved its better payment practices. Mrs Brown reported that the capital plan for the current financial year had increased significantly following the receipt of the additional funding for the ED. She confirmed that the Trust in general was experiencing significant financial pressures, with a deficit of between £20,000,000 to £24,000,000 expected at the end of the financial year

Directors confirmed that the information presented in the IPR provided them with adequate assurance that the risks detailed in the CRR were being addressed.

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

TB/2020/091 HEALTHCARE WORKER FLU VACCINATION PROGRAMME

Mrs Davies referred Directors to the previously circulated report and proposed it be taken as read, explaining that it outlined the success achieved in the 2019/20 seasonal flu vaccination programme and the measures taken for the current year. She reported the uptake of the vaccine at 84.6% putting the Trust well ahead of its planned trajectory and confirmed that the 'inFLUencer' campaign would continue to encourage staff at all levels to receive their vaccination.

Professor Fairhurst stated that this was a fantastic result and clearly demonstrated the commitment of Trust staff to protect themselves, each other and the general public. She extended her thanks to colleagues in the occupational health team for their efforts.

RESOLVED: Directors received the report and noted its contents.

TB/2020/092 BAME ASSEMBLY UPDATE

Mr Quinn stated that diversity and equal representation were extremely important matters to the Trust and that the pandemic had thrown into sharp focus the extent of the issues due to

its disproportionate impact on BAME communities and staff. She introduced Mr Patel, explaining that he had been involved in the Trust's inclusion agenda for some time and that he had undertaken a significant piece of work with colleagues from all areas to better understand staff's attitudes to diversity.

Mr Patel extended his thanks to the Board for inviting him to speak on the matter. He provided a summary of the purpose and outcomes of his report, explaining that it had initially been intended to serve as a quick 'temperature check' amongst staff, following the rise of both COVID-19 and the Black Lives Matter movement earlier in the year. Mr Patel explained that a structured approach was initially taken due to the scale of the task, followed by the construction of an analytical framework for any key lines of enquiry and finalised by a series of recommendations for further debate. He reported that the appetite for change amongst all participants was positive and that the key areas for focus were around more integrated equality and inclusion in the Trust values in the short term, development of more bespoke cultural awareness workshops in the medium term and development of future leaders in the long term. Professor Fairhurst extended her thanks to Mr Patel for his concise update and presentation and agreed that the matter deserved greater focus from the Board.

Mrs Quinn advised that the next steps would be to take the full report through the BAME Network and Inclusion Group and stated that she would be happy to deliver further presentations on the matter in the future. She offered her thanks to Mr Patel, as much of the work he had carried out had been done in his own time and agreed that there had been a significant number of powerful findings in the report that she looked forward to progressing.

Mr Patel stated that it had been a privilege to have the chance to undertake the work and that the findings were testament to the Trust's staff.

RESOLVED: Directors received the report and noted its contents.

**TB/2020/093 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE
(EPRR) UPDATE**

Professor Fairhurst requested confirmation from Mr Hodgson that the delegated authority provided by the Board at the previous meeting, in relation to submission of the Trust's annual EPRR statement, had been successfully executed.

Mr Hodgson confirmed that the delegated authority from the Board had been exercised and advised Directors that the EPRR assurance statement was included in the meeting papers for information.

RESOLVED: Directors received the report and noted its contents,

TB/2020/094 AUDIT COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its content.

**TB/2020/095 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/2020/096 QUALITY COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2020/097 REMUNERATION COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2020/098 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/2020/099 ANY OTHER BUSINESS

a) Mrs Hughes

Professor Fairhurst extended her gratitude to Mrs Hughes for her efforts and contributions to the Trust, noting that she had worked with many Directors in her NHS career and few of them had left such a legacy. She agreed with the comments made by Mr McGee earlier in the meeting that Mrs Hughes had been an integral part of the journey that the Trust had been on over the previous six years and stated that she would be sorely missed.

Mrs Hughes thanked Professor Fairhurst for her comments and extended her thanks to her Executive and Non-Executive colleagues on the Board for their support.

b) Quality Account

Miss Ingham requested delegated authority from the Board for the Trust's Quality Account for 2019/20 to be formally approved at the next meeting of the Quality Committee on 25 November 2020. Directors agreed for this to be provided.

RESOLVED: Directors approved the request to delegate authority to the Quality Committee to approve the Trust's Quality Account for 2019/20.

c) Standing Orders

Miss Ingham requested approval from the Board for the adjustments to the Trust's Standing Orders made during the first wave of the pandemic to be extended through the second wave to the end of March 2021. Directors approved this request.

RESOLVED: Directors approved the proposal to extend the revisions to the Trust's Standing Orders in response to COVID-19 through to March 2021

TB/2020/100 OPEN FORUM

A question was raised by a member of the Trust's Public Participation Panel (PPP) prior to the meeting requesting clarification on the Trust's policy on vitamin D3 and its purported health benefits in relation to COVID-19.

Mr Husain explained that the Trust continued to follow national guidance on treatment methods for COVID patients and these remained mostly steroid based. He confirmed that there was some evidence that vitamin D3 did help to build some immunity to the virus, but that it did not currently play a role in the active treatment of acutely unwell patients, although he added that clinicians were still free to encourage patients to take it.

TB/2020/101 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst sought the views of the Board Directors in relation to the meeting. She noted that a significant portion of the items discussed had focused on community staff and stakeholders and enquired if Directors felt these areas were being sufficiently supported.

Mr Hodgson commented that he felt that these areas were being supported and when looking at the well-led figures some of them directly related to the requests from the phase 3 planning. He stated that this was a tribute to how well the Trust had performed as an organisation and that he felt it had more than achieved its statutory requirements.

RESOLVED: Directors noted the feedback provided.

TB/2020/102

DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday, 13 January 2021, 12.30pm, Via MS Teams.

TRUST BOARD REPORT

Item

6

13 January 2021

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.	Deputy Chief Executive/ Executive Director of Integrated Care and Partnerships	TBC	Agenda Item: Date to be confirmed
TB/2020/084: Chief Executive's Report	Mrs Pearson to confirm receipt of the final report from the CQC and circulate to Directors.	Executive Director of Nursing	January 2021	Update: no concerns have been raised by the CQC but a report has not been received.
TB/2020/085: Patient/Staff Story	Mr Husain to provide an update on the progress made with the establishment of Long COVID Clinics at a future meeting.	Executive Medical Director	January 2021	Update: The Long-Covid Clinic work is progressing in partnership with local Clinical Commissioning Groups. A tiered system is being developed whereby patients requiring specialist input are referred through Lancashire and South Cumbria Care NHS Foundation Trust (LSCFT).

Item Number	Action	Assigned To	Deadline	Status
TB/2020/086: Corporate Risk Register	It was agreed that the use of acronyms would be reviewed and revised in future iterations of the Corporate Risk Register.	Executive Medical Director	January 2021	Update: Complete, the report provided has had acronyms removed or where not possible they have been explained
TB/2020/090: Integrated Performance Report	Caring: It was agreed that, as well as developing specific communications around nosocomial infections, focused communications would also be developed which addressed visiting and access to the Trust sites.	Executive Director of Communications and Engagement	January 2021	Update: Complete, focused communications around nosocomial infections have been issued and the Trust is continuing to roll out further messaging through its internal and external mechanisms.
	Effective: Mr Husain to provide supplementary information regarding the additional detail around the HSMR mortality figures.	Executive Medical Director	January 2021	Update: Further analysis of the ELHT mortality data has demonstrated that when reviewed against similar peer organisations the Trust is not an outlier for HSMR. Furthermore, other indices of mortality such as SHMI and crude mortality are reassuring. Following the outlier findings in the September 2020 data, the HSMR has returned to 'within

Item Number	Action	Assigned To	Deadline	Status
				<p>expected'. There is a need for further work to improve the accuracy of the recorded diagnosis at the end of the first consultant episode which is being led by Dr C Gardner, Deputy Medical Director, and monitored through Mortality Steering Group. The provision of palliative care in the organisation also needs to be reviewed, including understanding how palliative care on the critical care unit is categorised. This is already the subject of a quality improvement initiative and a wider health economy working group. The trust needs to continue efforts with the wider health economy to address in the long-term health inequalities which may be leading to higher mortality.</p>

TRUST BOARD REPORT

Item

8

13 January 2021

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

January 2021

This report is divided into five sections. Section one details major national headlines, section two reports news from across Lancashire and South Cumbria, 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 Executive's diary.

An additional section has been included in this report to provide an update on nosocomial infections.

One - National Headlines

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

COVID-19 update

New Variant

A new variant of the COVID-19 virus has been detected in the UK, predominantly in the south and east of England. Data from whole genome sequencing, epidemiology and modelling suggest the new variant 'VUI – 202012/01' (the first Variant Under Investigation in December 2020) transmits more easily than other variants.

There is currently no evidence that the variant is more likely to cause severe disease or mortality – but investigations are continuing to understand this better. The way to control this virus is the same, whatever the variant. Hand washing, wearing a mask or face covering, keep 2m distance from others, and reducing social contacts. There is currently no evidence to suggest that the Pfizer vaccine would not protect people against the new variant. Further laboratory work is being undertaken as a priority to understand this.

Third national lockdown

Due to the continued increase in numbers, and in an effort to stem the rapid spread of the new variant, the Government took the decision enforce the third national lockdown during the pandemic. Under these restrictions, all non-essential shops, hairdressers, and leisure and entertainment venues must close, people should work from home (where possible) and

education facilities have been moved to on-line lessons, with the exception of children of key workers. A strong “stay at home” message was issued.

COVID-19 vaccine

As of Jan 5, 1.1 million people in England and over 1.3 across the UK have been vaccinated so far. That includes more than 650,000 people over 80, which is 23 per cent of all the over 80s in England. This is thanks to a huge effort from the NHS to overcome significant logistical challenges.

In just over 3 weeks, the NHS in every part of the UK set up hundreds of vaccination sites to ensure those most in need can receive their vaccines as quickly as possible. Vaccines have been administered to care home residents, those aged 80 and over and health and social care staff.

Over the coming weeks and months, the rate of vaccination will increase as more doses become available and the programme continues to expand. In response to the rapid rise in infections second doses have been delayed and will now be administered up to 12 weeks after the first. This will enable a greater proportion of the population to receive the first dose providing some protection against the virus.

Figures on vaccination uptake for the UK will be published on a weekly basis on the [PHE coronavirus data dashboard](#) along with other COVID-19 information.

Long COVID clinics open to tackle persistent symptoms

A network of more than 40 ‘long COVID’ specialist clinics have been launched to help thousands of patients suffering debilitating effects of the virus months after being infected.

The clinics will bring together doctors, nurses, therapist and other NHS staff to physically and psychologically assess those experiencing enduring symptoms.

The condition, which is thought to affect more than 60,000 people in the UK, can cause continuing fatigue, brain fog, breathlessness and pain.

Ten sites have been earmarked for the Midlands, seven in the North East, six in the East of England, South West and South East respectively, five in London and three in the North West.

Patients will be able to access services through a GP referral or referral from other healthcare professional, allowing doctors an opportunity to rule out any other possible underlying causes for symptoms, such as suspected stroke, lung cancers or respiratory conditions.

Leaving the EU

After months of negotiations, the UK and European Union finally agreed a deal that will define their future relationship.

The UK left the EU on 31 January 2020 but agreed a transition period until 31 December, to allow a deal to be made. The deal contains new rules for how the UK and EU will live, work and trade together. The most important part of the agreement is that both sides agreed:

- No tariffs (taxes) on each other's goods when they cross borders
- No quotas (limits) on the number of things which can be traded

An EU Exit assurance exercise was undertaken in November 2020, with NHS organisations asked to RAG rate their preparedness in the 10 categories, which included operational communications and readiness, supply and procurement, workforce, data and finance.

Based on the assurance submissions received after analysis there is a high degree of preparedness amongst the NHS organisations in the North West with 72% of responses RAG rated as Green. The two areas in which organisations are feeling less prepared are Supply and Procurement and Finance but this is to be expected in the absence of a national decision being made.

Overall, the NHS is as prepared as it can be at this time for an EU exit. The main changes affecting the NHS are summarised [here](#).

NHS to pilot potentially revolutionary blood test

The Galleri blood test, developed by GRAIL, can detect early-stage cancers through a simple blood test. Due to start in mid-2021, the piloted will involve 165,000 patients, 140,000 of which are aged 50 to 79 who have no symptoms but will have annual blood tests for three years.

Research on patients with signs of cancer has already found that the test, which checks for molecular changes, can identify many types that are difficult to diagnose early, such as head and neck, ovarian, pancreatic, oesophageal and some blood cancers.

The test could help meet the [NHS Long Term Plan](#) goal of increasing the proportion of cancers caught early, which can be the key to reducing cancer mortality. Patients whose condition is diagnosed at 'stage one' typically have between five and 10 times the chance of surviving compared with those found at 'stage four'. Results of these studies would be expected by 2023, and if outcomes are positive, then they would be expanded to involve around one million participants across 2024 and 2025.

Cancer patients given genetic test to select best treatment

Patients with cancer will be offered a rapid new test to help decide whether to go ahead with treatment, opt for a lower dose or use a different method of tackling tumours. While most patients undergoing chemotherapy do not suffer severe side effects, a small number taking certain drugs called fluoropyrimidines can suffer nausea, vomiting, diarrhoea, breathlessness and severe skin reactions. In rare cases, the reaction can be fatal.

The blood test detects a particular form of a gene which means that someone is less able to break down chemotherapy drugs in their body. As many as 40% of those who get tested are expected to benefit from starting on a lower dose or have a different treatment altogether.

Eleven new integrated care systems confirmed

In all, there are now 29 “[integrated care systems](#)” (ICS) covering more than 35 million people in England, more than 60 per cent of the population. The NHS aims for ICSs to cover essentially the whole of England by April 2021, with the 13 remaining parts of the country working to achieve designation.

The new ICSs include the remaining three parts of London – North West London, North Central London and North East London – serving around six million people and four areas of the South West serving a further three million.

NHSE/I also announced it was seeking views [on proposals to strengthen ICSs](#), including revised recommendations to the government for putting them on a statutory footing. The document, [Integrating Care – The next steps to building strong and effective integrated care systems across England](#), builds on previous publications that set out proposals for legislative reform and is primarily focused on the operational direction of travel. It opens up a discussion with the NHS and its partners about how ICSs could be embedded in legislation or guidance. Decisions on legislation will of course then be for Government and Parliament to make.

NHS seeks views on next steps for assessing urgent care

Patients, clinicians and the public are being invited to give their views on a comprehensive set of indicators for urgent care. The updated standards aim to capture what matters clinically and to patients, end hidden waits and reduce the risk of spreading COVID-19.

This is the next stage in a developmental process first initiated in 2018. The proposed bundle of measures takes account of changes in the way that urgent care is delivered such as the roll-out of Same Day Emergency Care and strengthening of NHS 111. Hospitals will be expected to see and assess patients within 15 minutes, one of 10 indicators.

Local health systems could receive a rating that reflects the whole patient journey under the bundle, developed as a result of testing those first published in the [interim report of the clinically-led review of NHS access standards](#). They would be scored on measures including 111 performance, ambulance response times and patient handovers, timely assessments and time spent in emergency departments.

People can [have their say](#) until Friday 12 February 2021.

Two - Lancashire and South Cumbria

Headlines

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

Innovations to support local COVID-19 patients

NHS hospital Trusts are working together with GP practices and local providers across Lancashire and South Cumbria to monitor vulnerable patients with COVID-19 from their own homes.

The Covid-19 [‘virtual ward’](#), also known as ‘pulse oximetry at home’, is being rolled out across Lancashire and South Cumbria; set up in response to the significant challenges and impact that the pandemic has had on local residents. This at-home monitoring service will be available for those with a positive COVID -19 test result or clinical diagnosis of COVID-19 (within the last 14 days), who have coronavirus symptoms, and are identified as being particularly clinically vulnerable to having low blood oxygen levels due to their age or a pre-existing condition.

This service is being rolled out through partnership working across the whole of Lancashire and South Cumbria throughout November and December and will be delivered by NHS providers and their local medical and home support provider services.

Recruiting to vaccines delivery programme

East Lancashire Hospitals NHS Trust as lead recruiter is working with colleagues across the Lancashire and South Cumbria Integrated Care System to deliver COVID-19 vaccines to millions of at-risk people across the country.

The process has been challenging but experienced great success in filling a large numbers of posts to enable us to vaccinate as many people as possible, as quickly as possible; whilst ensuring that the NHS can continue to provide other vital services that our patients are relying on.

[ELHT's website](#) holds more information on the types of roles being recruited to.

COVID-19 vaccinations in Lancashire and South Cumbria

Since the vaccines received the green light from regulators health service, local authority, volunteer and forces staff have been working around the clock to manage the huge scale logistical challenge of deploying the vaccine.

There are three main ways in which the vaccine is being delivered:

- **Hospital Hubs**
NHS providers vaccinating staff onsite.
- **Vaccination Centres**
Large scale centres such as sports and conference venues set up for high volumes of people.
- **Local Vaccination Services**
Community/primary care-led in local venues and via GP practices

Norma Roe, 80-year-old hospital volunteer from Blackburn was the first person in East Lancashire to receive the COVID-19 vaccine at the Royal Blackburn Teaching Hospital hub. The vaccine has been made available in priority order as advised by the Joint Committee on Vaccination and Immunisation (JCVI). Broadly, vaccines are being given to the most vulnerable first, as set out in a list of nine high-priority groups, covering around 30 million people. They are thought to represent 90-99% of those at risk of dying from the virus.

Suicide prevention campaign steps up a gear

Partners launched the third phase of the [Let's Keep Talking](#) suicide prevention campaign across Lancashire and South Cumbria, providing physical and digital materials for partners to share across their networks and with local people.

This phase follows two previous successful phases in 2020, and also includes instream radio advertising and bus stop advertising. It encourages residents to talk to friends and family members, helplines and debt support services. This phase focuses on those who may be experiencing COVID-19 related debt problems.

Suicide Prevention Team shortlisted for HSJ awards

The Lancashire and South Cumbria ICS Suicide Prevention Team is celebrating after being shortlisted for two HSJ Awards. The real time surveillance system was shortlisted for the Connecting Services and Information Award, which recognises NHS initiatives where data

sharing has made a real difference. And the suicide prevention programme as a whole was shortlisted for System Leadership Initiative of the Year Award.

Winners will be announced in March 2021.

The importance of knowing signs and symptoms

The Rapid Diagnostic Service at East Lancashire Hospitals NHS Trust gave a pancreatic cancer patient a new chance at life, after spotting the symptoms that had been left untreated for months due to a difficult diagnosis. Pancreatic cancer is seldom detected at its early stages, because it often doesn't cause symptoms until it has progressed. The Rapid Diagnostic Service helps patients who present with vague but worrying symptoms by fast-tracking them to get a diagnosis.

This is part of a Lancashire and South Cumbria wide initiative designed to support earlier diagnosis, with improved patient experience, for all patients with symptoms that could indicate cancer. NHS hospitals across the area are working together with Primary Care and other partners to strengthen cancer diagnostic services in order to confirm or exclude a cancer diagnosis sooner. This will improve outcomes for local people diagnosed with cancer.

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 **1 December 2020** the seal was applied to the letter to Consort Healthcare Ltd regarding essential works packages during the Covid-19 pandemic. The letter was signed by Mr Kevin McGee, Chief Executive and Mr Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive.
- On **1 December 2020** the seal was applied to the Project Agreement between the Trust and Consort Healthcare Ltd regarding the Trust's Phase 6 development (Emergency Department development). The agreement was signed by Mr Kevin McGee, Chief Executive and Mr Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive.
- On **1 December 2020** the seal was applied to the Project Agreement between the Trust and Consort Healthcare Ltd regarding the Trust's Emergency Department works. The agreement was signed by Mr Kevin McGee, Chief Executive and Mr Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive.
- On **1 December 2020** the seal was applied to the Guarantee Release contract and letter between the Trust and Siemens Healthineers AG for the provision of PACS equipment. The contract and letter were signed by Mrs Michelle Brown, Executive Director of Finance and witnessed by Miss Kea Ingham, Corporate Governance Manager.

Caring fundraising boost for ELHT&Me

ELHT&Me received a fantastic £50,000 donation from a charity designer clothes shop launched less than a year ago by a Burnley FC Director. The 'CARES Charity' shop in Burnley town centre, set up by club director John Banaszkiwicz, has donated funds towards purchasing an endoscope and a scope guide for Burnley General Teaching Hospital, to help detect early cancer in adults and children. This is the second donation ELHT&Me has received from the shop, bringing the total raised to £75,000.

Inspiring ELHT medical student joins international campaign

University of Central Lancashire medical student Sai Pillarisetti, who is completing some of his training at ELHT, is to feature in a new campaign in Lancashire highlighting the growing importance of global health in keeping people safe.

The [Health Legends](#) initiative showcases the dedication of individuals from around the world who are passionate about improving health of people in their communities and beyond. The campaign and website features Health Legends stories, [such as Sai's](#), showing the similarities health workers share regardless of where they work.

Deputy Chief Nursing Officer for NHSE visits ELHT

The Trust was delighted to host a visit from Deputy Chief Nursing Officer for NHS England and Improvement, Hilary Garratt CBE, BSc, MSc, RGN, SCPHN (RHV), PGCE, last week.

Hilary visited the Royal Blackburn Teaching Hospital site to meet with Chief Nurse and Executive Director of Nursing, Chris Pearson, and other senior nursing colleagues, to get an insight in to the challenges our staff have experienced whilst working through the pandemic. She was given a tour of our new Acute Medical Unit and several clinical wards, as well as observing a support session at our Spiritual Care Centre, led by Hospital Chaplain, David Anderson and Jasper the Therapy Dog.

Robotic gynaecological surgery first

Robotic surgery is already used across the Trust, but this is the first time it has been used in the Gynaecology department. The robot in the Gynaecology department is one of a pair bought for the Trust by funds from ELHT&Me. The benefits of using the robot are that post-operative pain is reduced for the patient, and the risk of surgical complications is reduced.

A patient with severe endometriosis was given the chance to undergo the first Gynaecological robotic surgery, after years of pain from the condition. It was Gynaecological surgeon, Mr Mark Willet's, first robotic surgery case and he and his patient were incredibly pleased with the outcome.

Vision becomes a £10million reality

ELHT's vision for a single Acute Medical system of care became a reality when the doors of its brand new £10 million Acute Medical Unit (AMU) opened.

Located at the front of the Royal Blackburn Teaching Hospital the state of the art Unit sees the existing AMU's merge into a single facility. This also incorporates the enhanced, short stay Ambulatory Emergency Care Unit to form an 'Emergency Care Village'.

The AMU department is used by patients who present with an acute medical condition. The patients in the department will have on-going clinical supervision and will receive relevant treatment to help them return home more quickly or be transferred to a specialist bed.

Breakout space brings comfort

A re-designed breakout space on ELHT's Blackburn site has provided much needed comfort to critical care patients, their families, and staff, during the pandemic. The little haven gives a glimmer of normality to those who otherwise would not be able to leave the ward.

The space, called the 'T Garden', has been recently redeveloped to improve the environment for patients, and to say a big thank you to the critical care team for all their hard-work this year.

The new design, which has been funded by ELHT&Me, includes a memory garden with butterflies where patients, families and staff can leave messages.

Festive giving

Our patients and staff were delighted with the many generous gifts they received over the festive period through kind donations by patients, relatives, members of the community and local businesses. Once again, we have been overwhelmed by the public's kindness and generosity, which is particularly welcomed for the very different Christmas of 2020. There is no doubt these gifts lifted many people's spirits on Christmas day and aided their recovery knowing that they are thought of at this special time of year.

ELHT&Me played a central position by arranging gifts to be delivered, and supporting local community and business groups, such as Burnley Pendleside Rotary Club, Blackburn Rovers and Burnley Football Clubs with philanthropical acts.

In addition, ELHT&Me provided funding to enable every member of ELHT to receive a complimentary Christmas dinner. After such a challenging year, a free Christmas dinner seemed the perfect way to thank our staff for their hard work and spread a little festive spirit! The charity was able to fully fund the meal due to receiving grant funding from NHS Charities Together.

Two ELHT employees receive New Year's Honours

It was a pleasure to announce two members of the ELHT Family had joined a privileged list of people highlighted for their extraordinary achievements from across the UK in the Queen's [New Year's Honours List](#).

Chief Nurse/Executive Director of Nursing, Christine Pearson, has been awarded a Member of the Order of the British Empire - MBE - for her service to nursing, particularly in response to the pandemic. Susan Henry, Baby Friendly Initiative Lead for Maternity Services, has been awarded a British Empire Medal - BME - for her services to midwifery and family care.

We are proud that Chris and Sue's immense contribution to nursing and midwifery have been recognised nationally. We are very grateful for the significant impact they have both made to the health outcomes of the population of East Lancashire. Their commitment to the NHS, their patients and their families, indeed the community as a whole, is admirable. What better year to receive such an accolade than this, one that has been extraordinary in so many ways.

Announcement of sad loss of colleagues

We have tragically lost some valued members of the ELHT family since the last board report.

Yvonne Grimes, Research Nurse, passed away after a short illness. Cristina Baldwin, Health Care Assistant and Bridget Palmer, Staff Nurse, both passed away from COVID-19. Each of them had dedicated their lives and careers to helping, supporting and caring for their patients and colleagues.

This is a terrible and poignant reminder of the situation our staff are facing every day to help others. We are incredibly thankful for their continued care for our patients and community. Their resilience, courage and commitment to duty is inspirational and a comfort to us all in these difficult times.

Four – Communications and Engagement

A summary of the external communications and engagement activity.

November 2020

Communications and Engagement

Monthly Media Update

Top Stories...

- ELHT&Me receives £50,000 donation from charity designer clothes shop
- Inspiring ELHT Medical Student Joins International Campaign to Champion Better Health Around the World
- Willow Team is a welcome support for Blackburn parents-to-be
- Pancreatic cancer patient shares the importance of knowing signs and symptoms



Vision becomes reality as £10 million Acute Medical Unit opens its doors

Press and Media Relations...



Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- Video requests
- Leaflet approval for various departments
- New AMU
- Flu vaccination campaign
- Staff Survey campaign
- NHS 111 first
- Urgent Treatment Centre direct booking

Website...



Our website got **127,378** page views by **49,261** people.

The most viewed webpage was – Waiting Times



Social media and digital...



The most talked about issues on our social networks..

- Death in service - Cristina Baldwin
- Reinstating parking charges for visitors
- 111 video outside ED
- AMU new build at RBTH
- World Kindness Day

Posts of the month...



Tweet activity



Facebook review rating:

4.6 out of 5

Routine activity:

Weekly staff bulletin
 COVID briefings (3 x weekly)
 Supporting ELHT&Me
 Restoration work

Communications and Engagement

Monthly Media Update

Top Stories...

- Deputy Chief Nursing Officer for NHS England visits ELHT
- Hospital volunteer Norma "delighted" to be the first person to get the Pfizer COVID-19 vaccine at ELHT
- Recognition for hospitals theatre team
- Breakout space brings comfort to Critical Care patients and staff at East Lancashire Hospitals NHS Trust
- ELHT&Me provides fully-funded Christmas dinners for NHS staff



Robotic surgery first at ELHT Gynaecology department

Press and Media Relations...



Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- Video requests
- Leaflet approval for various departments
- COVID vaccination hubs
- ED works
- COAU upgrade works

Website...



Our website got **135,439** page views by **54,826** people.

The most viewed webpage was – Join vaccine team

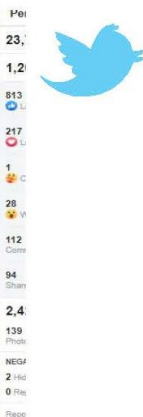
Social media and digital...



The most talked about issues on our social networks..

- ELHT’s first Gynaecology Robotic surgery
- Chris Pearson awarded MBE and Susan Henry awarded BEM, New Year Honours
- Sean Dyche, Manager of Burnley Football Club shares Christmas message
- Death in service announcement of Yvonne Grimes
- Chaplain, Andrew placing angel on the tree in memory of Cristina Baldwin

Posts of the month...



Top Tweet earned 43.1K impressions

An 80-year-old hospital volunteer Norma “delighted” to be the first person to get the Pfizer COVID-19 vaccine at East Lancashire Hospitals NHS Trust.

Read the full story here: ow.ly/Bt0e50CLVC5

[@NHSNW](#) [@NHSEngland](#) [@HealthierLSC](#)
pic.twitter.com/dhwm3bQwtQ



Facebook review rating:
4.6 out of 5

Routine activity:
 Weekly staff bulletin
 COVID briefings (3 x weekly)
 Supporting ELHT&Me
 Restoration work

Five - Chief Executive's Meetings

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

December 2020 Meetings

Date/Frequency	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
1 December	Alan Martyn Vital Signs
1 December	Chorley ED
2 December	LSC ICS Board
8 December	NHS Confed PMIU Round table- elective care
9 December	Trust Board Strategy
15 December	NW System Leaders
15 December	L&SC Pathology Collaboration
16 December	LSC System Leaders Executive
16 December	PL Chairs and Chief Officers

18 December	LSC Pathology Collaboration Board
18 December	HIP2 (Health Infrastructure Plan)
18 December	NHS Providers event
22 December	Christmas message to staff
24 December	RBTH Site walkabout
29 December	North West Hospital Gold Command Escalation Cell Extraordinary Meeting

January 2021 Meetings

Date/Frequency	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
5 January	BGTH site visit
6 January	NW Coast Vaccine Alliance Steering Group
7 January	NW Leadership Academy Board
8 January	LSC Pathology Collaboration Board
8 January	Simon Stevens Regional Roadshow

8 January	Chorley ED meeting
12 January	L&SC Pathology Collaboration
13 January	LSC ICS Board
13 January	Trust Board
20 January	LSC System Leaders Executive
20 January	PL Chairs and Chief Officers
20 January	PL Partnership Leaders Forum
20 January	NHSE/I CEO Advisory Group – Simons Stevens
22 January	HIP2 (Health Infrastructure Plan) Strategic Oversight Group
26 January	David Fillingham
27 January	Neil Turton – AQUA
29 January	LSC Pathology Collaboration Board
29 January	LSC Provider Collaboration Board

Nosocomial Infections Report

NHS England and NHS Improvement have provided a brief summary on the requirements of reporting, reviewing and investigating hospital-onset COVID-19 cases and COVID-19 deaths. A process for the identification, reporting and investigation requirements has been discussed and a standard operating procedure is under development and awaiting CCG approval.

All COVID-19 outbreaks that meet the need for reporting of patient safety incidents on the NRLS as per guidance below have been recorded on DATIX system.

A probable or definite hospital-onset healthcare associated COVID-19 infection is a **patient safety incident** that require incident reporting on DATIX and is defined as:

- Hospital-Onset Probable Healthcare-Associated (HO.pHA) – a positive specimen date 8-14 days after hospital admission
- Hospital-Onset Definite Healthcare-Associated (HO.dHA) – a positive specimen date 15 or more days after hospital

A probable or definite hospital-onset healthcare associated COVID-19 infection **death** is defined as:

- the death of a patient who has a positive specimen result where the swab was taken within 28 days of death and/or COVID-19 is cited on either Part 1 or Part 2 of the death certificate (for example the death resulted from a COVID-19 clinically compatible illness with no period of complete recovery between the illness and death).
- and the COVID-19 infection linked to the death meets the definition of 'probable' or 'definite' hospital-onset healthcare associated infection.

The Trust has agreed the following levels of investigations criteria for Root Cause Analysis (RCAs) and Structured Judgement Reviews (SJRs):

- Where is states on the notification of death 1a COVID-19, and no other cause of death is recorded under other sections, a full RCA investigation will be required unless other concerns are raised though the SJR process
- All other COVID related inpatient deaths where the patients have underlying conditions will have an SJR completed

As of the time of writing of this report the Trust has 44 deaths which meet the above criteria:

- 36 will be reported as death due to underlying conditions and will undergo an SJR
- 8 will be reported as Death/Catastrophic due to COVID-19 and will be StEIS reported and undergo an RCA

Deaths outside of hospital will be reviewed at a later date.

TRUST BOARD

Item TB/2021/00/13.10

13 January 2021

Purpose Information
Action

Title Patient Participation Panel (PPP) Report

Author Mr C McIlveen, Vice Chair ELHT PPP

Executive sponsor Mrs C Pearson, Executive Director of Nursing

Summary: This report provides an update on the activities and observations of the PPP for the last 6 months up to 31st December 2020.

Recommendation: To review the information presented in this report and decide if any actions are needed.

Report linkages

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

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

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 No

Equality No Confidentiality No

Previously considered by: This report has been considered and approved by the PPP.

1. Executive Summary

1.1 This report provides an update on the activities and experiences of the ELHT Public Participation Panel for the last 6 months.

2. Introduction

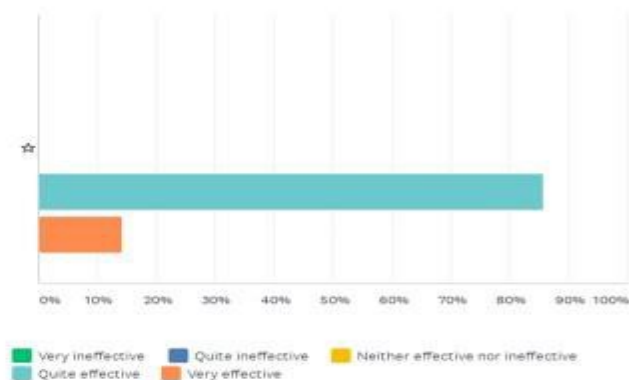
2.1 Data for this report was gathered from a short survey conducted with the current PPP members, to ensure an agreed and collective presentation of the views and experiences of the members to date.

3. Analysis and Observations

3.1. This section of the report presents the analysis of the results of the survey. The survey contained the following questions:

Q1: On the whole, how effective do you think the PPP has been?

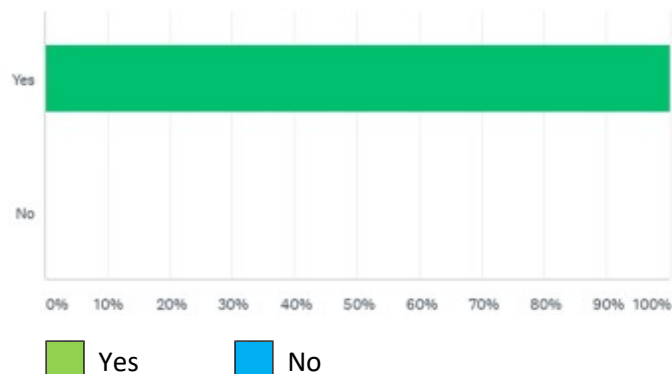
- ☹️ The Trust Board and executive team are responsive/interested and see us as a significant resource.
- ☹️ PPP Members are being asked to get involved with a wide range of topics that are of importance to the Trust.
- ☹️ Bit early to reflect fully and impact of pandemic has meant quite rightly the ELHT staff are prioritising activity in their main job.
- ☹️ We are still growing into the role.



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Q2: Do you think your involvement in Trust activities has been timely and appropriate?

- ☹️ Our opinions are requested and generally acted upon.
- ☹️ Ideally we should be asked to get involved at the early stages of projects, but this is not always possible.
- ☹️ Mainly Yes, but with our new presence some projects were well underway before we were involved.
- ☹️ As you know I am a regular commentator on leaflets and in meetings. I feel my involvement with Phase6 was both but they seemed to forget about communication after August.
- ☹️ OK so far too early to be more accurate.



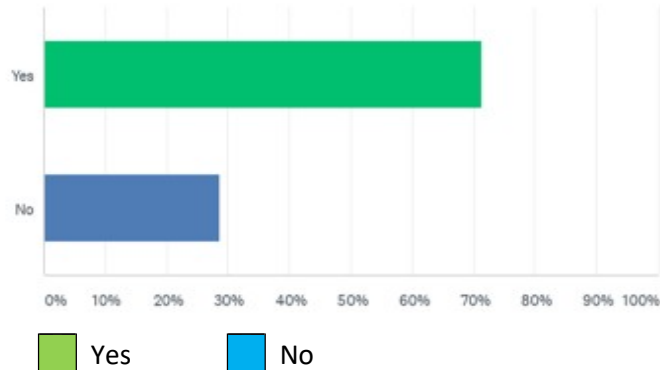
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Q3: Have you been engaged in activities concerning inequality, diversity and inclusion?

☺ Dealing with Asian projects

☺ Phase 6 group - the facility had to be appropriate for all - there was a heavy weighting of those very concerned about patients with functional mental illness and LD. Very good consideration of those with Dementia but less so on the very frail and their usually, frail carers. The Physio project at Barbra Castle way demonstrated the lack of BME staff and cultural awareness by some managers we all felt this.

☺ All the PPP and ELHT staff are mindful of these issues.



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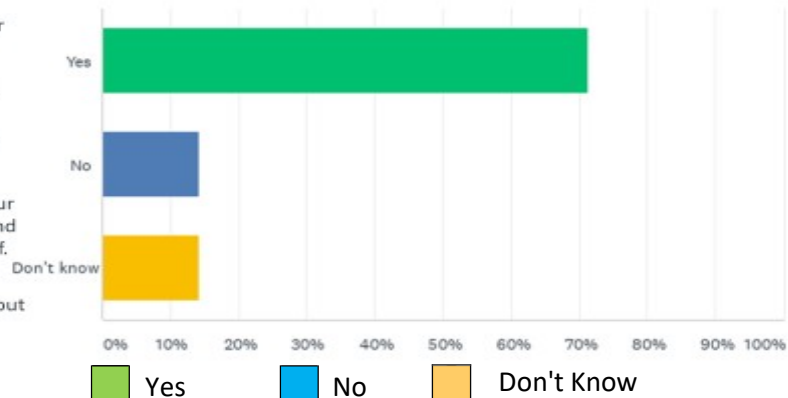
Q4: Do you feel you have been taken seriously as a PPP member?

☺ Always get the impression our thoughts are taken seriously.

☺ I feel that the Trust takes the views of the PPP seriously, otherwise we would not still be being asked to contribute.

☺ We are made welcome and our inputs are well acknowledged and taken seriously by front line staff.

☹☹ Think its not really a panel but just a collection of individuals.



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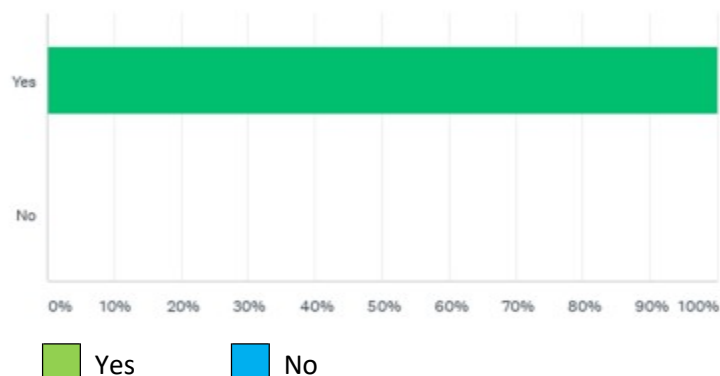
Q5: Have you managed to exert any influence as a PPP member?

☺ I feel that my contribution and comments in various meetings etc has been seen as important, as a 'public' representative .

☺ Some influence in recognising the value of and encouraging the use of Multi Disciplinary Teams.

☺ Within the PPP to get the TOR correct/ within the Trust when talking with Exec Team members to remind them of the PPP role/availability.

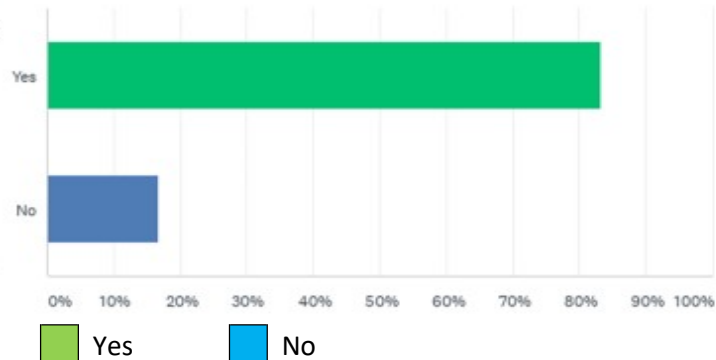
☺ Yes by helping give a patients eye view of certain issues.



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Q6: Do you believe you have been engaged appropriately in project activities?

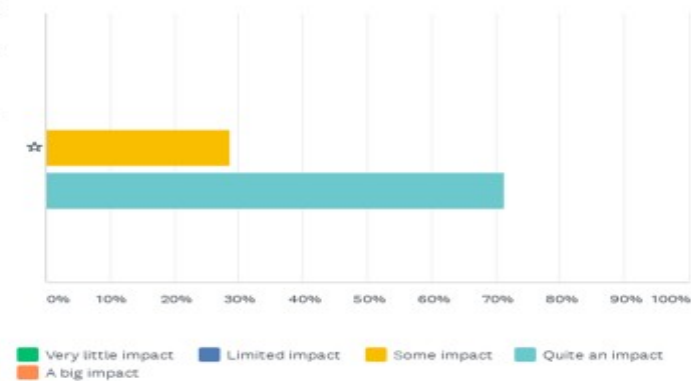
- ☺ The project activities we are invited to take part in are important and relevant and PPP members are able to indicate which projects they want to engage with, which makes any involvement more meaningful.
- ☺ Our time has been well spent and valued in the projects where we have been involved.
- ☹ Phase 6 tail off in communications. We need a clearer process to allocate roles/projects - it is a bit first to speak has it - this is not inclusive.



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Q7: What overall impact do you think the PPP has had on the Trust?

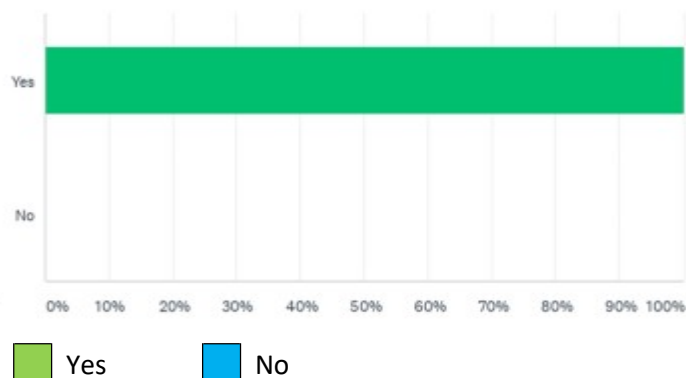
- ☺ The PPP is an important group as it offers a genuine public / patient perspective on Trust activities - this is essential and it was why I became a Shadow Public Governor many years ago now - the PPP has taken on many of the activities that Shadow Governors used to do, and more.
- ☺ Given Covid I think we have done well to exert any influence.
- ☹ Have not really been taken seriously as a panel..just individuals.
- ☺ They certainly listen and take our role seriously.



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Q8: As a group, have we received sufficient support from the Patient Experience team (Barry, Melissa & Sarah)?

- ☺ Good support from the whole team.
- ☺ I think they are excellent and work very hard to ensure we get the support we need.
- ☺ Absolutely - we get full support and encouragement from the PE Team.
- ☺ I'm very impressed with their support.
- ☹ They are really helpful and efficient. Sometimes I feel they are little too polite to tell us to get on with things.



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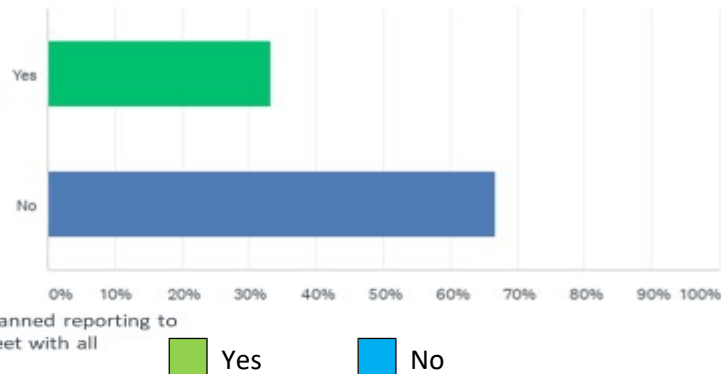
Q9: Are we being exposed to the right areas to make us an effective group?

☺ Yes I think so, as Chris developed the criteria for deciding if our involvement was appropriate and the leadership of the PPP both from the Chair and Vice-Chair has been brilliant.

☹ On the 2 projects I have been involved in with front line staff there were indications that middle and senior management did not engage and fully support the projects.

☹ Still too early to comment fully but feel we need to move up the management tiers to make fullest impact.

☹ Once Covid is diminished we need a planned reporting to the Board as we discussed and also to meet with all directorates as we had hoped to.



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Q10: Finally please add any additional information you would like including in our report.

- Generally the Panel is working well, has a good skill base and the Board and Senior Management Team take our role seriously which can only be in the best interest of the patient and their families.
- I am very impressed with the hard work members put in to support and develop different projects.
- The support and encouragement we get from our Chair & Vice Chair is excellent. They are also nurturing the growing profile of the PPP and our need to be engaged with all layers of management.
- We need more liaising with the board and staff so we are ears to what's going on.
- Not only the Patient Experience Team but both our Chair & Vice Chair make us feel valued and give us extensive support.
- Like most of the Trust our meetings are virtual and work well, but I look forward to the time when we can meet face to face particularly with the senior staff who join the meetings.
- I would value feedback from the Board and any suggestions they might have.

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4. Key Points Arising

4.1 Last year it was agreed that the PPP would be invited to attend meetings with executive leaders of all the main ELHT operating divisions. The purpose of these meetings was to raise overall awareness and to identify proactive opportunities for PPP input. Although one meeting did take place with Emergency Care division, this initiative was put on hold because of the COVID – 19 pandemic. It would be extremely beneficial to reinstate this as soon as circumstances permit.

4.2 PPP members have been actively involved in a variety of project activities this year. A summary of these can be seen in Appendix 1. On the whole, PPP members feel that they have been able to make an effective contribution to these projects, and members feel that their views and input have been taken seriously.

- 4.3 However, some members have identified evidence that 'operator led' initiatives are not always enthusiastically supported by middle or senior management – with some examples of non-participation and even the threat of disciplinary consequences as a result of staff promoting a 'bottoms up' initiative. Further information on this can be provided, and members believe that this should be reviewed by the Board as a matter of urgency.
- 4.4 One of the key activities of the Panel has been to act as a review group for patient information leaflets. Whilst the Panel feels it has added some value in this activity, it also felt that many of the leaflets contained various typographical and language errors many of which could have been corrected by the originators' use of spell checking, prior to circulation. The time spent correcting these errors would have been much better spent adding value from a 'patient/user friendliness' aspect.
- 4.5 In several cases, invitations for the Panel to become involved in activities came too late in the day to allow much meaningful contribution.
- 4.6 It is recognised that there is some work for the Panel to address, in terms of engaging members more as a collective group and not just as a set of individuals.
- 4.7 The process used by the Panel in allocating incoming project activities to members is also in need of some refinement, to maximise the opportunities for members to express an interest, and not just allocating to the first member to raise his/her hand. In addition, more attention needs to be given to project closure, to ensure key lessons and opportunities for improvement are recognised.
- 4.8 There is universal recognition of the exemplary support being provided by Barry Williams, Assistant Director of Patient Experience and his team.
- 4.9 Finally, there is a collective view that the Panel needs to engage the Trust more at senior management level, to ensure that it is involved in activities which are most beneficial to the Trust in terms of achieving its aims and objectives. It is hoped that this will be enabled by the resumption of meetings with divisional senior management.

5. Recommendations

- 5.1 For the Patient Experience team to enable the resumption of regular meetings between the Panel and divisional senior management, to enable the Panel to engage at the appropriate senior management levels with the Trust organisation.
- 5.2 For the Board to review those instances where 'operator led' initiatives are not always enthusiastically supported by middle or senior management.
- 5.3 For the Patient Experience team to work to ensure timely and appropriate engagement of the Panel in new activities.
- 5.4 For the Panel to address the identified issue with certain PPP members' perception that the PPP is operating as a set of individuals and not a group.
- 5.5. For the Panel to revisit the project initiation/allocation process.

Appendix 1 – Summary of PPP Activities (current projects only)

Date of Request	ELHT Project Lead / Sponsor	Project Name	Aims of Project
28/05/2019	Janet Edwards, Improvement Practice Coach	Transition Safely Project	Improvement activity with regard to transition safely from ward / unit to destination. The intention is to reduce the number of safeguarding alerts through the provision of reliable and consistent Safe, Personal and Effective Care with reported excellent patient experience and staff satisfaction.
25/06/2019	Barry Williams	Academic Health Science Network - Patient Safety Initiative	Project is part of NHSE / NHSI joint patient safety strategy - Safer Culture, Safer systems, safer patients with the aim by 2024 that 100,000 lives will have been saved and £100 million in litigation costs saved across Trusts
24/09/2019	Meg Davey / Chris Gardner, Consultant Paediatrician	Diabetes Transition Project	Establish why 17 - 24yr olds fail to attend appointments in the Diabetic clinic. Healthwatch BwD supporting the project.
30/07/2019	Melissa Almond Julie Clift	Carers Charter / Carers contract	Development of a charter / contract for Carers to ensure that carers, and Carers Services associations have an understanding of what is expected and they can expect and that staff are also supported in providing the best care, not just for patients but for carers as well
11/09/2019	Nazir Makda, Equality & Diversity Lead	Patient Access & Experience Forum	To focus on the NHS Accessibility Standards and monitor Trust compliance
29/10/2019	Tracey Hugill	Nutrition & Hydration Project	To improve nutrition and hydration for vulnerable adults
29/10/2019	Robert Tomlinson	10,000 feet Theatre Initiative	Theatre safety initiative

28/01/2020	Frances Tantram	Phase 6 Development Project (New AMU)	<ul style="list-style-type: none"> • Improve patient capacity and flow through the system by developing/updating AMU pathways • To optimise use of AECU • Support patient centred-care and positive patient outcomes by ensuring patients receive the right care at the right time by the right skill mix • Provide safe physical environments by minimising risk such as slips, falls, trips, and improving infection prevention and control • To improve staffing opportunities through effective workforce planning/modelling and Phase 6 integration • To improve and sustain performance across ED against the 4 hour standard • To develop and implement a sustainable recruitment and retention workforce strategy <p>PPP Involvement would be:</p> <ol style="list-style-type: none"> 1. Support the development of a Patient Involvement and Engagement plan 2. Where appropriate, be involved in supporting the delivery of appropriate elements of the Patient Involvement and Engagement plan 3. To support interior design concept meetings for the new AMU 4. Support internal and external communication planning as appropriate 5. Be involved in specific quality improvement initiatives to support the new AMU functionality
28/01/2020	Alison Thorpe	End of Life Steering Group	PPP members asked if they would like to become part of the EoL steering group.
04/05/2020	Kelly Holehouse, Physiotherapist BCW	Physiotherapy BCW Engagement Project	<p>To engage with the local health population, in particular the BAME cohort of the population, to understand their needs and address issues around poor engagement, high DNA rates and re-referral rates. Aims are:</p> <ul style="list-style-type: none"> - Increase patient engagement - Enhance health outcomes - Influencing the overall health & wellbeing of patients as well as the wider health economy.

01/06/2020	Janet Edwards, Improvement Practice Coach	Post ICU COVID MDT Rehabilitation Programme.	To develop and provide a high quality care model for the rehabilitation of patients diagnosed with COVID-19 who, as part of their acute hospital admission required care in the Intensive Care Unit (ICU) at East Lancashire Hospitals NHS Trust
13/08/2020	Barry Williams Melissa Almond	Review of Patient, Carer & Family Experience Strategy	
30/09/2020		Benefits of Vitamin D3/Calcifediol in the treatment of COVID-19	There appears to be a body of evidence including randomised clinical trials, that strongly suggests that administration of Vitamin D3/Calcifediol to COVID-19 patients significantly improves their chances of recovery. This question was raised at a recent ELHT Board Meeting. Further to that there are ongoing discussions on a possible meeting between the PPP and Trust senior management, and hopefully a subject matter expert who has been liaising with the PPP on this matter.

Appendix 2 – Current Membership of PPP

<p>1. Mrs Vicky Bates</p> <p>Currently a Shadow Public Governor with ELHT. Previous career as a nurse, midwife and health visitor and nurse tutor at the University of Central Lancashire. Previously worked with a voluntary organisation.</p>
<p>2. Ms Soheefa Malik</p> <p>TBA</p>
<p>3. Mr Christopher McIlveen (Vice Chair PPP)</p> <p>Retired in March 2017 from job of Director of IT Operations for Fujitsu UK & Ireland. Has since become actively involved in a number of different threads of volunteer activity across the NHS:</p> <ul style="list-style-type: none"> • Chair of Darwen Healthlink Patient Participation Group • Patient Safety Ambassador for Academic Health Science Network in North West • Member of Patient & Public Involvement & Engagement Senate for North West • Vice Chair of Public Participation Panel for East Lancs Hospitals Trust <p>Has been involved in several projects since joining the PPP, most recently the COVID-19 Rehabilitation Pathway programme. Has recently applied for the post of Patient & Public Voice Partner for NHS England.</p>
<p>4. Mrs Mae Morton</p> <p>Recipient of NHS hospital and outpatient services Trained and participated in NHS Peer Review teams throughout England Public Advisor involved in improving neighbourhood/locality services in Pennine Lancs Macmillan Volunteer in their Solutions programme, providing practical and emotional support to cancer patients Founder members of STEPS group, a Macmillan initiative to put forward ideas to East Lancs CCG Member of GP Patient Participation Group. Patient Representative for Peoples Voice on L&SC Palliative and End of Life Care Programme Patient Representative on Lancashire Cancer Partnership Group</p>
<p>5. Mr William Morton</p> <p>Experience as a patient and as a carer Many years' experience participating in and chairing British Standards Committees including Managing the Design of Services and Project Management of Multidisciplinary Teams (MDT's) Recent participation as a Public Adviser in a CLAHRC project across Pennine Lancs to evaluate the impact and effectiveness of Neighbourhood Teams - MDT's for NHS Primary Care. Invited to review and provide comment as a Public Adviser on a CLAHRC NWC project "Effectiveness of Continuous Quality Improvement for Developing Professional Practice and Improving Healthcare Outcomes" Represents and reports back to the PPP on the 10.000ft project and the Nutrition & Hydration project</p>
<p>6. Mr Graham Parr</p> <p>Retired NHS Executive Director 8 years as a NHS Trust/Foundation Trust Chairman</p>

Independent MHA Manager for LCFT and Mersey Care FT
 Shadow Public Governor with ELHT
 Chairman of Board of Trustees of East Lancashire Hospice
 Magistrate

7. Mr Alan Pickup

Previous career as Operations Director & Caldicott Guardian for East Lancs Medical Service (On Call GP Service)
 Member of GP Practice PPG and Patient Representative on Darwen Primary Care Neighbourhood
 Chair of Trustees BwD Carers Service
 Trustee Care Network (BwD Care Hub)
 IMT / Media Consultant & Patient Representative Pennine Lancs Training Hub (Primary Care Clinical Staff Training and Recruitment)
 Parent / Carer Representative:

- o BwD Learning Disability and Autism Partnership Board
- o Pan Lancashire Transforming Care Confirm and Challenge Group
- o LSCFT LD & ASD Workforce Development Group

8. Mr Hamad Saleem

Serves as a Governor in another Trust
 Active work in Darwen as a wellbeing ambassador & strong links with family and NHS staff.
 Vice Chair of Patient Participation Group for the Darwen Healthlink GP Practice
 NHS and Pharmaceutical background
 Experience as a patient

9. Mrs Pauline Walsh

Former Vice Chairman of BHRV NHS Trust and first Chairman of Blackburn with Darwen PCT
 Former Chief Officer of Age UK Blackburn with Darwen
 Chair of Blackburn with Darwen Healthy Living
 Extensive knowledge of local NHS as a patient and carer
 Good knowledge of local community

10. Mr William Ian Woolley (Chair PPP)

Knowledge of the services offered by ELHT
 Former Chairman of BHRV Health Authority and BHRV NHS Trust for 19 years
 Previous member of the Council of Governors
 Professional life as a Pharmacist with a special interest in Quality Control

11. Mr David Whyte

12 years experience as a volunteer / Public Shadow Governor at East Lancashire Hospitals NHS Trust Participation on panels and groups regarding patient experience
 Patient Representative for a three-year frail and elderly project - sponsored and managed by the Royal College of Physicians.
 Involvement in PLACE and CQC mock inspections

TRUST BOARD REPORT

13 January 2021

Item 11

Purpose Assurance
Approval

Title	Ockenden Review of Maternity Services Update
Authors	Mrs T Thompson, Acting Head of Midwifery
Executive Sponsor	Mrs C Pearson, Executive Director of Nursing

Summary: In response to the Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust, each Trust has been tasked with submitting a response. The documents within this report comprise ELHT's response to this requirement.

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

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Royal Blackburn Teaching Hospital
Trust Headquarters
Haslingden Road
Blackburn
BB2 3HH

21st December 2020

Amanda Pritchard
Chief Operating Officer, NHS England and NHS Improvement &
Chief Executive, NHS Improvement

Cc:

Danielle Lax
Regional Maternity Transformation Programme Manager (North East & North West)
Claire Mathews
Chief Midwife for North West

Dear Colleague

RE: OCKENDEN REVIEW OF MATERNITY SERVICES – URGENT ACTION

Thank you for your letter asking us to provide assurance of the quality and safety of our maternity services against the 7 Immediate and Essential Actions (IEAs) of the Ockenden review and specifically the 12 urgent clinical priorities within these. We have reviewed each of the items and supporting detail as summarised below.

	Assured	Comments
1: Enhanced Safety	Overall;	
a) A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly	Partially compliant	PCQSM guidance received on 18 th December 2020. Some elements of the guidance are embedded. The trust is undertaking a gap analysis to produce a smart action plan with dates for implementation in collaboration with the LMS.
b) All Maternity SI's are shared with Trust Boards/LMS/HSIB at least monthly	Compliant	All SI's are Shared with Trust board and HSIB. Not all SIs are shared with LMS at present. All SI's will now be shared with the LMS which will make us complaint

2: Listening to Women and their Families	Overall;	
a) Robust service feedback mechanisms	Compliant	Evidence available on request
b) Exec/Non-Exec directors in place	Compliant	Names available on request
3: Staff training and working together	Overall;	
a) Consultant led ward rounds twice daily (over 24 hours) and 7 days per week	Will be fully compliant as from the 11 th January 2020.	Twice daily ward rounds day and night Monday- Friday, only daily Saturday Sunday at present. As from 11 th January 2021; this will be twice daily, 7 days per week.
b) MDT training scheduled	Compliant	Evidence available on request
c) CNST funding ring fenced for maternity	Compliant	Evidence available on request
4: Managing complex pregnancy	Overall;	
a) Named consultant lead/audit	Compliant	Evidence available on request This will be on the regular audit plan from Monday 21 st December 2020
b) Understand what further steps are required by your organisation to support the Development of Maternal Medicine Centres	Compliant	We understand what further steps are required. ELHT host MDT Maternal Medicine AN Clinics. There are plans for a maternal medicine centre within the LMS although not confirmed at present.
5: Risk assessment throughout pregnancy	Overall;	
a) Risk assessment must be recorded at every contact. This must include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan	Partially compliant	Risk assessment for ongoing antenatal care completed at every patient contact, we need to strengthen linking this to the intended place of birth discussion. LMS agreement for wider Maternity IT system 2021 implementation to further assure compliance. There will be a regular audit plan for PCSP from Monday 21 st December. Evidence available on request
6: Monitoring Fetal Wellbeing	Overall;	
a) Second lead identified	Compliant	Fetal monitoring lead out to recruitment on Wednesday 15 th December 2020

7: Informed Consent	Overall;	
a) Pathways of care clearly described, on website	Compliant	Evidence available on request

As Chief Executive Officer of East Lancashire Hospitals NHS Trust, I am happy to confirm that we are meeting all these standards or have the relevant plans in place for onward work as requested.

This summary and the supporting gap analyses completed have been reviewed by myself and by our Head of Midwifery for our maternity services.

They have then subsequently been overseen and independently validated by Vanessa Wilson, SRO for Lancashire and South Cumbria Local Maternity System, and signed off by Cathy Atherton as the Independent Chair for the LSC Maternity and New Born Alliance Board at an extraordinary executive meeting on 21st December.

Yours sincerely



Kevin McGee
Chief Executive

Ockenden Review December 2020: 12 Urgent Clinical Priorities

Introduction

This document contains the 12 urgent clinical priorities identified in the letter dated 14th December 2020 from Amanda Pritchard, Ruth May and Prof Steve Powis to the NHS Trust and Foundations Trust Chief Executives sets out the immediate response required by all Trusts providing

Immediate Actions

Trusts should proceed to implement the full set of the Ockenden Immediate and Essential Actions. However, 12 urgent clinical priorities from the IEAs were identified which they are asking Trust Chief Executives to confirm they have implemented **by 5pm on 21st December 2020**.

These 12 priorities are taken from the 7 Immediate and Essential Actions:

1. Enhanced Safety
2. Listening to women and their families
3. Staff Training and working together
4. Managing Complex Pregnancies
5. Risk Assessment through Pregnancy
6. Monitoring Fetal well-being
7. Informed Consent

Confirmation of the Trusts compliance with these immediate actions signed off by the CEO, along with confirmation of sign off from the Chair of your local LMS to your Regional Chief Midwife, **by 21 December**. They are available to support Trusts with this request. The individual responses will form part of the presentation and discussion at the NHSEI Public Board in January 2021 when the report, and immediate and longer-term

Please note this template is for the response to the 12 Clinical Priorities for the 21st December 2020 submission. A further template will be circulated which will include all the actions from the 'Immediate and Essential Actions'.

Ockenden Review December 2020: 12 Urgent Clinical Priorities

LMS Name:	Lancashire and South Cumbria
Tool completed by - Name:	Tracy Thompson
Role:	Head of Midwifery
Contact email address:	tracy.thompson@elht.nhs.uk

Essential Action		Action required	Overall LMS Position	TRUST 1	TRUST 2	TRUST 3	TRUST 4	TRUST 5	TRUST 6
			Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>	Current status - compliant, partially compliant, not compliant <i>(drop down box available)</i>
Enhanced safety: Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS)	1a)	A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly		Partially Compliant					
	1b)	All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB		Compliant					
Listening to Women and their Families: Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.	2a)	Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services		Compliant					
	2b)	In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.		Compliant					
Staff training and working together: Staff who work together must train together.	3a)	Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.		Partially Compliant					
	3b)	The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, in the meantime we are seeking assurance that a MDT training schedule is in place.		Compliant					
	3c)	Confirmation that funding allocated for maternity staff training is ringfenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety		Compliant					
Managing complex pregnancy: There must be robust pathways in place for managing women with complex pregnancies. Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine	4a)	All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place		Compliant					
	4b)	Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres		Compliant					
Risk assessment throughout pregnancy: Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.	5a)	A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance		Partially Compliant					
Monitoring fetal wellbeing: All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	6a)	Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.		Compliant					
Informed consent: All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.	7a)	Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.		Compliant					

Compliant
Partially Compliant
Not Compliant

TRUST BOARD REPORT

Item **12**

13 January 2021

Purpose Monitoring

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

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 15/12/2020 these risks have been reviewed at Risk Assurance Meeting (RAM) on the 27/11/2020.

Recommendation: Directors are requested to review and approve the revisions to the register 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
Related to key risks identified on assurance framework	Encourage innovation and pathway reform, and deliver best practice
	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
Impact	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. 2. Mass Vaccination and roll out of Phase 6 vaccination facility.	All actions managed by Tony Mcdonald (Continued actions under development as pandemic progresses through the appropriate meetings)	
Top 5 Controls	<ol style="list-style-type: none"> Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with daily update meetings taking place. ICC meetings currently 3 x a week with a Senior Leadership meeting once a week for key decision making and escalation. Increased staffing during core hours to alleviate pressures - including current winter pressures measures. Regular communications about next steps/working group outcomes to keep staff and patients informed Social Distancing Group in place within the EPRR meeting (Monthly) to review key issues and escalations. Established executive oversight group which will support A) Asymptomatic staff testing B) Mass staff vaccination C) Mass Vaccination. Mass vaccination programme underway as of 15th December 2020. 					
Update since the last report	15/12/2020 – Staff testing continues across the trust with lateral flow tests set up for clinical staff. Mass vaccination programme underway at Phase 6 of the trust starting with vulnerable staff, over 80's and frontline. This will be reviewed regularly along with the ICS to start rolling out the use of other sites such as Blackburn Cathedral.		Date Last reviewed	15/12/2020		
			Current issues	Impacted by COVID-19		

No	ID	Title				
2	8126	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	<ol style="list-style-type: none"> Stable PAS system (albeit 25+ years old) ICE system EMIS system Improved infrastructure (including storage) to maintain and manage existing systems. Register of non-core systems capturing patient information in 					
Update since the last report	15/12/2020 – Contract has been signed and currently answering the last questions needed from NHSE. This is going to National Committee January 20 th . The money should be drawn down in March is fully approved and GO LIVE will be August 2022.		Date Last reviewed	15/12/2020		
			Current issues	The only issue is the possibility of the FBC not being fully approved but there is an alternative business case for another system in the small chance it is not approved.		

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	<ol style="list-style-type: none"> STP leading review of DGH HDU care Review of funding in light of CCG funding 18/19 	<ol style="list-style-type: none"> Vanessa Holme Catherine Vozollo 	<ol style="list-style-type: none"> 09/03/2021 09/03/2021
Top 5 Controls	<ol style="list-style-type: none"> 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. Medical staffing actions have been taken to mitigate risk of medical cover to HDU activity in winter months -specific winter planning takes place. HDU competencies and training completed and co-ordinated in the Directorate to ensure suitable skills. Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level. Medical staffing support monitored and winter planning actions put in place to support increased HDU activity. 					
Update since the last report	14/12/2020 – CCG are not funding level 2 critical care as this requires specialist commissioner funding. The action of reviewing the funding is down with a completion date of March next year but COVID will have a small impact on the achievement of this but is not the full reason this has not been achieved, There is a linked risk for HDU (COVID impacts) 8732 which scores a 12, this includes the temporary solution for HDU.		Date Last reviewed	14/12/2020		
			Current Issues	CCG currently not funding L2 Critical care activity.		


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	<ol style="list-style-type: none"> Weekly review of the holding list 	<ol style="list-style-type: none"> Victoria Bateman 	<ol style="list-style-type: none"> 02/08/2021
Top 5 Controls	<ol style="list-style-type: none"> 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. There is an automated daily report to provide oversight of the holding lists by speciality. 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. Report being provided weekly to the Executive Team. Holding List performance is discussed as part of the weekly performance meetings. 					
Update since the last report	14/12/2020 – Holding list is 14,101 which is a decrease of around 1700 patients since the October review. An action is currently being developed with COAS to improve the RAG rating of patients. Once the action has been agreed with the owner it will be added to the action list.		Date Last reviewed	14/12/2020		
			Current Issues	Impacted by COVID-19		

No	ID	Title				
5	8221	Lack of recurrent investment and review of CNP (Community Neuro developmental Paediatrics) 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 but has been continued at present due to COVID.		Actions	1. Conduct CNP Service review post COVID measures	1. Debbie Mawson	1. 30/11/2020
Top 5 Controls	<ol style="list-style-type: none"> Review meetings with our commissioner monthly. Escalated through CNP spec board and DMB (Divisional Management Board) also SMWRG (Senior Management Group) with DGM (Divisional General Manager) and Lead for Children and Young People Pennine CCG. Risk assessment completed. Funding continuing throughout review period but capacity issues remain the same. 					
Update since the last report	15/12/2020- ELHT is still 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. We currently have 2 vacant posts and other consultants that are off sick which is having an impact.		Date Last reviewed	15/12/2020		
			Current Issues	Funding has been extended because of COVID but that does not mitigate the risk as we still provide the service with no additional funding and uncertainty post COVID.		

No	ID	Title				
6	6190	Insufficient Capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale (Ophthalmology)				
Lead	Victoria Bateman		Current score	16	Score Movement	
Description	<p>Insufficient clinic capacity for patients to be seen in outpatient clinics resulting in unbooked new patients and a very large holding list of overdue patients. In some cases there is significant delay and therefore risk to patients The demand far outweighs capacity, and this has been exacerbated since the covid pandemic, with the requirement for social distancing meaning less patients can be accommodated in waiting areas. All patients are risk stratified (red, amber, green), however still cannot be seen within timescales and additional risk that amber patients could become red over time etc.</p> <p>As of 14/12/2020 there are approx. 500 unbooked new patients and 3978 overdue review patients. This has grown significantly. At best each month circa 1000 are given appointments - however a further 1000 usually drop in as due.</p>		Actions	<ol style="list-style-type: none"> Glaucoma Clinic Imaging Recovery Plan – Increased capacity and staffing Community stable Glaucoma Outsourcing of OCT & Visual Fields Community & diabetic eye clinic 	<ol style="list-style-type: none"> Nicoll ette Webster Joanne Preston Vikas Shankar Vikas Shankar Robert Sutcliffe 	<ol style="list-style-type: none"> 11/12/2020 31/12/2020 01/02/2021 01/02/2021 01/05/2021
Top 5 Controls	<ol style="list-style-type: none"> Failsafe Officer in place - focuses on appointing the red patients and the longest waiters. Validates the holding list. Capacity sessions where doctors willing and available. Used locums previously - however not currently in place due to (i) lack of available space, (ii) calibre of personnel is questionable, (iii) specialised areas of expertise, and (iv) in practice they do not tend to discharge and it therefore adds to holding list concerns at a later date. Flexibility of staff Integrated Eye Care Service in place for specific pathways, keeping relevant patients out of hospital eye services where possible. 					

East Lancashire Hospitals NHS Trust

Update since the last report	14/12/2020- The number of RED patients has increased to 575 from when we last reported on around 400. However, the list is being worked through and there is usually a drop in figures towards the end of the month when bookings have been worked through.	Date Last reviewed	14/12/2020
		Current Issues	Impacted by COVID-19

No	ID	Title				
7	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	<ol style="list-style-type: none"> 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	15/12/2020 – Building works are due to be completed in January. Moving into this new hub will mitigate a really good part of the risk which will bring the overall score down.		Date Last reviewed	15/12/2020		
			Current issues	Building has been delayed by a month due to some contract issues – however move in date expected January 24 th 2021.		

No	ID	Title				
8	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	<ol style="list-style-type: none"> Develop a public participation strategy to support community acceptance of change) Meeting with CCG to look at an appointment system for UCCs 	<ol style="list-style-type: none"> Jonathan Smith Jonathan Smith 	<ol style="list-style-type: none"> 31/08/2020 (Extended to 30/11/2020) Completed
Top 5 Controls	<ol style="list-style-type: none"> Further in-reach to department to help to decrease admission Workforce redesign aligned to demands in ED Review of processes across Acute / Emergency medicine in line with Coronial process and incidents. Work with CCG on attendance avoidance Phase 6 build commenced - completion Nov 2020 					
Update since the last report	15/12/2020 – Continued use of Fracture Clinic is ongoing but unsure how long for. An options appraisal is underway. The use of NHS111 has stumbled upon some IT errors which is being reviewed. Additional staff is being looked at to support the monitoring of the corridor because of overcrowding.		Date Last reviewed	15/12/2020		
			Current issues	Impacted by COVID-19		

No	ID	Title				
9	5791	Aggregated Risk - Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care and finance.				
Lead	Julie Molyneux/Chris Pearson		Current score	15	Score Movement	
Description	Use of agency staff is costly in terms of finance and levels of care provided to patients		Actions	<ol style="list-style-type: none"> Twice yearly professional judgment review of nurse and midwifery staffing requirements Ongoing recruitment, locally, nationally, and internationally 	<ol style="list-style-type: none"> Julie Molyneux Julie Molyneux 	<ol style="list-style-type: none"> 01/12/2020 30/12/2020
Top 5 Controls	<ol style="list-style-type: none"> Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. The use of the Safe Care Tool within Allocate to support decisions regarding acuity and dependency E rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes; Dashboard review of good rostering compliance Monitor red flags, IR1s, complaints and other patient experience data 					
Update since the last	15/12/2020- No change in recruitment since last update but MASS Vaccination programme now underway in the trust bringing new		Date Last reviewed	15/12/2020		

report	nurses into the trust for the programme. We will be going out to advert for a recruitment nurse and going out for 100 new healthcare support workers.	Current issues	Some impact from COVID but risk has been in place for a while and recruitment nationally is still an issue.
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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 5. Investment of Alliance Funding in pathway to improve processes.	William Wood	1. 31/12/2020 2. 31/12/2020 (been deferred due to other pressure in IT) 3. 31/03/2021 4. 31/03/2021 5. 31/03/03/21
Top 5 Controls	<ol style="list-style-type: none"> 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. 					
Update since the last report	01/12/2020 -62 day performance remains at a steady level below the required threshold. We continue to manage and monitor performance via the usual channels of tumour site PTL meetings, trust level performance meetings, and alliance level assurance meetings. Although no scrutiny is being placed on the performance targets for cancer at present we continue to work hard to mitigate any delays and move patients through based on their clinical urgency.		Date Last reviewed	01/12/2020		
			Current issues	Impacted by COVID-19		

No	ID	Title				
11	8257	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: <ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Emergency bloods can be stored in temporary insulated 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	14/12/2020- Tender has been awarded to a new provider for blood sciences equipment (transfusion, haematology). A business case has been established to review how the savings can be used towards purchasing a new electronic banking solution to locate bloods across the trust.	Date Last reviewed	14/12/2020
		Current issues	Business case has been approved but awaiting to see if the savings can be utilised to fund a new electronic record system which will mitigate some existing risk.

No	ID	Title				
12	8243	Absence of an end to end IT maternity system (Family Care)				
Lead	Neil Berry/Tracy Thompson	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 System operational group looking at procuring a IT system for the all the 4 Trusts within the LMS – awaiting the outcome.	1. Andrew Lumsden	1. 31/12/2020
Top 5 Controls	<ol style="list-style-type: none"> 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. Review of equipment used by midwives in the community for accessing systems is underway 					
Update since the last report	14/12/2020 – Business case has been completed and the funding has been put to the side. IT meetings set up for regular review.		Date Last reviewed	14/12/2020		
			Current issues	Business case currently pending but money has been put to the side for the funding of the new system as well as laptops for the staff.		

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 Integrate	All actions managed by Charlotte Henson	All actions due 02/12/2020
Top 5 Controls	<ol style="list-style-type: none"> Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts; 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; Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits; Arrangements to monitor and improve delivery of the Waste Reduction Programme Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure 					

Update since the last report	are made in accordance with delegated limits	Date Last reviewed	Current issues	<p>3. To work across the Trust with non-financial colleague</p> <p>4. To ensure we have a financial training programme in place to support the wider organisation and network</p>		
	<p>15/12/2020- The Trust has submitted a financial plan for Months 7-12 of a £(24.5)m deficit in response to Phase 3 of the Planning guidance. This was prior to the second wave of Covid-19 and we await the impact of the pandemic on our financial position, and next steps. We are working closely with ICS and NHSI colleagues. Since the last update the deficit has been reduced to 17.7m but is under review.</p>	15/12/2020	Deficit under review with NHSI			

No	ID	Title				
14	8543	Fracture Clinic, Capacity & Demand				
Lead	Michelle Turton	Current score	15	Score Movement		
Description	<p>Accommodation is currently being shared with UCC to support COVID green pathway for E/D. Inability to social distance in Fracture clinic due to it being used by 2 different departments. To support social distancing the main waiting room can only safely accommodate 17 patients. The numbers of patients attending both UCC and fracture clinic are increasing month on month. UCC use the waiting room to return patients to while they are waiting for investigations/results. Fracture clinic patients are having to wait on chairs on the corridor. Medical students and trainee ACP's are unable to be accommodated due to lack of space so will impact on learning. ACP's are being moved to the BGH site so will not have the direct supervision they may require. Fracture clinic would be used for training but due to lack of space but is no longer an option.</p>		Actions	<p>1. Carpets removed from spare rooms to use as consulting rooms</p>	<p>1. Michelle Turner</p> <p style="background-color: yellow;">Awaiting further actions</p>	<p>1. Completed</p>
Top 5 Controls	<ol style="list-style-type: none"> 1. Fracture clinic staff have worked on flow through the department so that patients are seen as promptly as possible and are moved from the main wait. 2. A member of staff are placed at the front door to advise patients about infection control measures, advised where to wait and to support waiting patients. 3. Spacing of Fracture clinic appointments to try to prevent over capacity. 4. Fracture clinic making non face to face appointments as much as possible. 5. Patient seating made available of hospital corridor. Move what can be moved to BGH fracture clinic. 					

Update since the last report	15/12/2020- ED have expanded more into fracture clinic with no definitive timescales. Screens have been fitted in the waiting area to socially distant patients. Numbers are increasing in UC which is causing overflow. We are still keeping within the national agreed parameters for treatment but this is tight.	Date Last reviewed	15/12/2020
		Current issues	Impacted by COVID-19

No	ID	Title				
15	8839	Failure to meet performance targets (SAS)				
Lead	Victoria Bateman	Current score	15	Score Movement		
Description	The concern is the Division's ability to meet the performance targets for the referral to treatment time target (RTT) and subsequently the impact this has on the Trust's achievement of the target. Due to covid 19 all surgical specialities are currently significantly challenged for meeting RTT. Failure of the standard means that individual patient care is impacted upon as patients have to wait an extended length of time for treatment. Impact on patient experience and patient treatment plan. Patients may deteriorate waiting for treatment for extended lengths of time. As this standard is monitored externally, failure to meet this standard has reputational issues for the Trust and patients may choose to not be treated at ELHT.		Actions	1. Recovery plan for Ophthalmology 2. Tender for Max Facs Insourcing 3. Initiate Joint surgery on Ward 15 4. Utilise independent sector	1. Joanne Preston 2. Debra Wylde 3. Joanne Swindlehurst 4. Victoria Bateman	1. 06/01/2021 2. 13/01/2021 3. 01/03/2021 4. 31/03/2021
Top 5 Controls	<ol style="list-style-type: none"> 1. Strong monitoring at Trust, Divisional and Directorate Level. 2. Weekly PTL meeting within division to ensure awareness of current position and to ensure controls are continuously put in place to ensure the achievement of the standard. 3. Bi-weekly performance meeting with Directorate Managers led by the Director of Operations. 4. Planning & information produced for trajectories. 5. Monitoring at directorate and divisional level at Directorate meetings and DMB. 6. Recovery plans being updated weekly by Directorate Managers. 7. Attendance of divisional information manager at directorate meetings to provide information regarding current position. 					
Update since the last report	14/12/2020 - Current score is the same as initial rating as despite the controls, the Division is still not achieving performance targets. Action plan has been created and is under regular review.	Date Last reviewed	14/12/2020			
		Current issues	Impacted by COVID-19			

No	ID	Title				
16	5790	(De-escalation from CRR) Aggregated risk – Failure to adequately recruit to substantive medical posts may adversely impact on patient care and finance.				
Lead	Kate Quinn	Current score	12	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	<ol style="list-style-type: none"> 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	14/12/2020 – Recent pension changes have mitigated some of the risk. Risk reviewed with K Quinn and agreed that the likelihood of this happening has come down which has decreased the score to 12. Risk accepted for De-escalation with J Hussain and risk will continue to be reviewed trust wide and divisionally.	Date Last reviewed	14/12/2020
		Current issues	Radiology, Ophthalmology and MFOP have their own risk assessments and are regularly reviewed but recent pension changes have mitigated some issue within the risk.

Risk Heat Map December 2020:

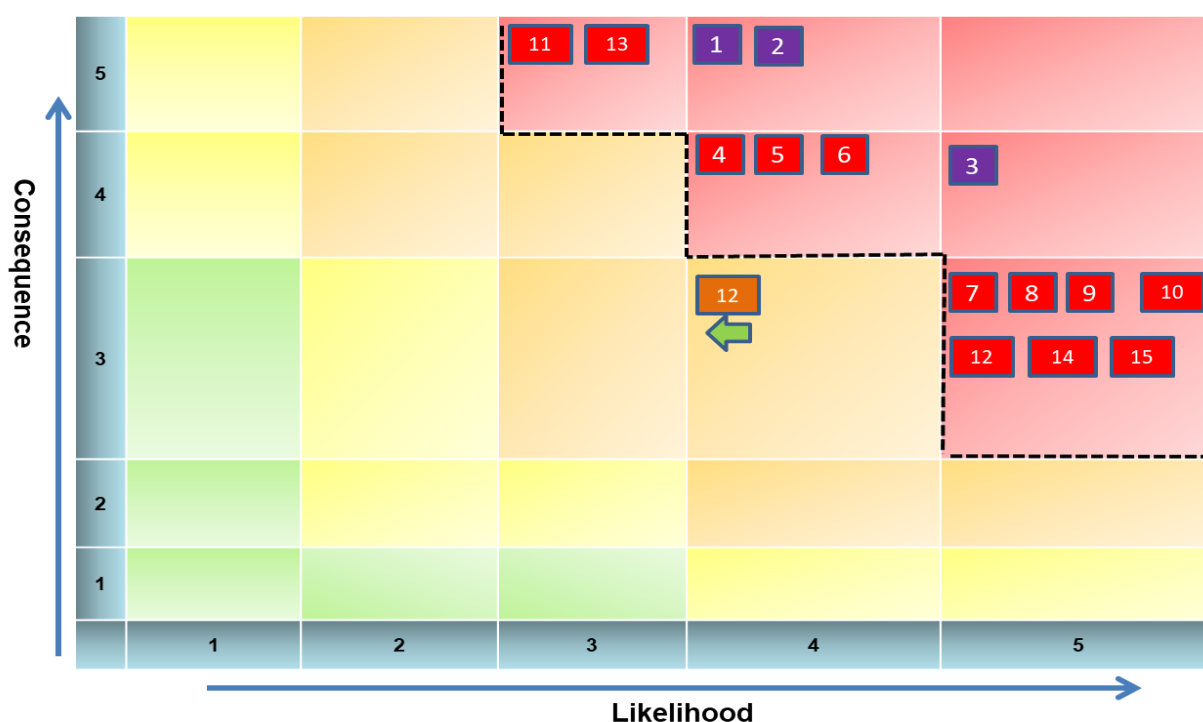


Table A: Risks scoring 15+ not listed on the corporate register

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)
1487	27/09/2012	Live Risk Register	Victoria Bateman	Victoria Bateman	SAS	SAS	Failure to deliver the SRCP	16

Risk Register update (Pages 3 -11):

1. **RISK No 16: (5790)** This risk has now been **de-escalated** from the CRR. In agreement with Kate Quinn the risk has been mitigated down to a more appropriate score of 12. This risk will still be reviewed monthly but will not be formally reported on in the CRR unless there are any changes to score or is escalation is required.

Changes since the last report:

2. Reporting has been updated with a new box in the assurance tables to show if there are any issues which need to be called out. The box has also been used to show where COVID-19 has had impact on the risk.
3. **7 out of 15** Corporate Register Risks are being affected by COVID-19 which is having a significant impact on some of the mitigation activity in those risks.
4. Actions have been reviewed with owners and all risks have actions in place and are being regularly monitored.
5. There are **16** risks which score 15 and above and are LIVE on the risk system. **15** of these risks sit on the corporate register and have gone through appropriate governance (as in pages 3-11). **1** 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:

6. Directors are requested to:
 - a) Review, scrutinise and approve the revised 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

13 January 2021

Item **13**

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 of the BAF has commenced. However, due to the increase in operational pressures during the months of October, November and December 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 Q1 2021. 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 March 2021.

Recommendation: Directors 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

Risk specific consequences	Key Controls	Potential Sources of Assurance	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score				Gaps in Control	Gaps in Assurance	Actions Planned / Update
							2019/20		2020/21				
							Q4	Q1	Q2	Q3			
BAF 4: Finances	Increased Risk of Fraud	Finance, Procurement and LM&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										
	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							Formal development not possible for at least Q1 Financial plans remains not agreed and the Trust is in negotiations with the ICS		Current review of finances being undertaken with a view to reduce revenue costs.	
	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										
Not enough capital finances for Covid secure environment		Workplace risk assessments in place Incidents being managed on a case by case basis								Lack of control regarding central decision			
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) Effects of patient choice		Plans to escalate developed and being reviewed continually	

TRUST BOARD REPORT

13 January 2021

Item **14**

Purpose Information
Action
Monitoring

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

Summary: The Trust Board is asked to receive the 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 October and November 2020

1.1 In the months of October and November the Trust reported 32 Serious Incidents to our commissioners. The top 3 categories:

- 12 Pressures Ulcers
- 4 Slips, Trips and falls
- 4 Diagnosis failure / problem

There has been no change in the top 3 categories for the last 12 months.

1.2 The Trust reported 2 incidents in line with the Never Event Framework in October and November.

- 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.
- A low harm incident regarding retained foreign object, 1cm piece of broken drill on post-operative x ray was found in left angle mandible. Full duty of candour completed with patient and a round table meeting took place on 10th December with staff involved in incident. Final investigation report is due at the Trust SIRI Panel in February 2021.

1.3 A safeguarding incident was raised in October with regards to lack of application of DOLs for 304 patients. A round table and review of all 304 cases has been completed with the CCG, no harm has been identified for any of the patients involved, a number of lessons learnt have been identified and the incident is being requested for de-escalation.

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 82 Serious Incidents open for investigation and learning with the local CCG.

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

- 4 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 7 incidents overdue by 50 days, three under HSIB investigation which sit outside of the control of the Trust. The further 4 incidents have been delayed due to supplementary information being requested following review at the SIRI Panel and due to the impact of the pandemic on staff availability to complete investigations. Of these 2 have now been completed and ready for December SIRI Panel and two will be presented at January SIRI Panel.
- 2.3 The Trust reported 4 incidents outside of the two day reporting requirement with the CCG. It has been agreed with the CCG to extend the legal requirement from 2 working days to 5 working days due to the pressures of the pandemic on clinical staff.
- 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 Serious Incident investigations mainly due to the pandemic and the impact this is having on staffing. An overarching extension of 2 months has been agreed with the CCG for all RCA reports as long as reason for the delay has been explained with patient/carer/family first.

3 SIRI Panel Overview

- 3.1 October SIRI Panel 10 investigation reports were discussed:
- 3.1.1 6 reports were approved with learning and sent to CCG for closure
 - 3.1.2 4 deferred as further work required
- 3.2 November SIRI Panel 18 Investigation reports were discussed:
- 3.2.1 5 reports were approved with learning and sent to CCG for closure
 - 3.2.2 9 reports for de-escalation with CCG
 - 3.2.3 4 deferred as further work required
- 3.3 Summary of themes, lessons learnt and actions identified at the two SIRI panels included staff understanding of the difference between pressure relieving and pressure reducing equipment, Pressure Ulcer Steering group to take forward.

4 Serious Incident Governance Arrangements COVID 19 Second Wave

- 4.1 A new Pressure Ulcer Concise report has been approved by the CCG for the use of all StEIS reported Pressure Ulcers, this has been disseminated with the

Divisions after approval at the Trust Wide Governance Meeting. The new template should help to reduce the workload required to complete an investigation whilst still capturing any lessons learnt or themes.

4.2 Due to the increasing agenda on the Trust SIRC Panel it has been agreed to split the meeting and set up a new Pressure Ulcer Serious Incident Review Panel from January. This will allow more time for in depth conversations and identifying lessons learnt within both panels.

4.3 NHS England and NHS Improvement have provided a brief summary on the requirements of reporting, reviewing and investigating hospital-onset COVID-19 cases and COVID-19 deaths. A process for the identification, reporting and investigation requirements has been discussed and a standard operating procedure is under development and will be approved with CCG.

Jacquetta Hardacre, Assistant Director Safety and Risk, 17th December 2020

Appendix A: Serious Incident Dashboard produced by East Lancashire CCG on 10th December 2020



TRUST BOARD REPORT

Item

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13 January 2021

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 23 December 2020

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

Report linkages

Related strategic aim and corporate objective	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>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.</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Finance and Performance Committee Update

At the meeting of the Finance and Performance Committee held on 23 December 2020 members considered the following matters:

1. 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
2. Integrated Performance Report
3. COVID-19 and restoration Update (Finance and Operations Element)
4. Committee Specific Risk Report
5. Board Assurance Framework

TRUST BOARD REPORT

Item

18

13 January 2021

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 23 December 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



East Lancashire Hospitals NHS Trust

Equality

No

Confidentiality

No

Quality Committee Update

At the meeting of the Quality Committee held on 23 December 2020 members considered the following matters:

1. Infection Prevention and Control Update
2. Mortality Report
3. Serious Incidents Assurance Report
4. Maternity Services Update
5. Corporate Risk Register

TRUST BOARD REPORT

Item

19

13 January 2021

Purpose Information

Title Trust Charitable Funds Committee Information Report

Author Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary

Executive sponsor Professor E Fairhurst, Chairman

Summary: This document provides an overview of the agenda items that were discussed at the Trust Charitable Funds Committee meeting held on 21 December 2020.

Recommendation: Directors are asked to note the content of the 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

Impact

Legal No Financial No

Equality No Confidentiality No

Trust Charitable Funds Committee Information Report

At the meeting of the Trust Charitable Funds Committee on 21 December 2020, the following matters were discussed:

1. Charitable Funds Strategy, including ELHT&Me Workforce Update
2. Draft 2019/20 Annual Accounts
3. Annual Report Update

TRUST BOARD REPORT

Item

20

13 January 2021

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 3 December 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) Joint Executive Director of Communications Appointment and Remuneration – please note this item was discussed with the Remuneration Committee of Blackpool Teaching Hospitals NHS Foundation Trust, as the post is a joint appointment between the two Trusts.
 - b) Review of Deputy Chief Executive Remuneration
 - c) Change of Designation for the role of Director of Integrated Care and Partnerships

TRUST BOARD REPORT

Item **21**

13 January 2021

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 11 November 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	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
Related to key risks identified on assurance framework	<p>Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>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.</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 11 November 2020, the following matters were discussed in private:
 - a) HIP2 Programme Update
 - b) Lancashire and South Cumbria Pathology Collaboration Update
 - c) ICS/ICP Update
 - d) ICS Clinical Strategy
 - e) Cerner Contract (Electronic Patient Records)
 - f) Performance: Field Tested Standards
 - g) Award of External Audit Contract
 - h) 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.