

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD MEETING (OPEN SESSION)
10 MARCH 2021, 13.00
VIA MS TEAMS
AGENDA

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

OPENING MATTERS				
TB/2021/026	Chairman's Welcome	Chairman	v	
TB/2021/027	Apologies To note apologies.	Chairman	v	
TB/2021/028	Declaration of Interest Report To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2021/029	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 13 January 2021.	Chairman	d✓	Approval
TB/2021/030	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2021/031	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2021/032	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2021/033	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2021/034	Patient/Staff Story To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2021/035	Ockenden Review of Maternity Services Update	Executive Director of Nursing / Executive Medical Director	v	Information/ Assurance
TB/2021/036	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/2021/037	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/2021/038	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/2021/039	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	d✓	Information/ Assurance
TB/2021/040	Flu Vaccination Programme Final Report 2020/21	Executive Director of HR & OD/Operational Director of HR & OD	d✓	Information/ Assurance
STRATEGIC ISSUES				
TB/2021/041	Black and Minority Ethnic (BAME) Big Conversations Report	Executive Director of HR & OD/Operational Director of HR & OD	d✓	Information/ Assurance
TB/2021/042	Capital Overview	Executive Director of Finance	p✓	Information/ Assurance
GOVERNANCE				
TB/2021/043	Finance and Performance Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2021/044	Quality Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information

TB/2021/045	Trust Charitable Funds Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2021/046	Trust Board Part Two Information Report To note the matters considered by the Committee in discharging its duties.	Chairman	d✓	Information
FOR INFORMATION				
TB/2021/047	Any Other Business To discuss any urgent items of business.	Chairman	v	
TB/2021/048	Open Forum To consider questions from the public.	Chairman	v	
TB/2021/049	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/2021/050	Date and Time of Next Meeting Wednesday 12 May 2021, 1.00pm, via MS Teams	Chairman	v	

TRUST BOARD REPORT

Item **29**

10 March 2021

Purpose Approval

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 13 January 2021 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, 13 JANUARY 2021
MINUTES**

PRESENT

Professor E Fairhurst	Chairman	Chairman
Mr K McGee	Chief Executive/Accountable Officer	
Mrs T Anderson	Non-Executive Director	
Professor G Baldwin	Non-Executive Director	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
Mr H Catherall	Associate Non-Executive Director	Non-voting
Mrs S Gilligan	Chief Operating Officer	
Mr M Hodgson	Executive Director of Service Development/ Deputy Chief Executive	
Mr J Husain	Executive Medical Director	
Miss N Malik	Non-Executive Director	
Mr T McDonald	Executive Director of Integrated Care, Partnerships and Resilience	
Mr K Moynes	Joint Executive Director of HR and OD (ELHT and BTHT)	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
Miss S Wright	Joint Executive Director of Communications and Engagement (ELHT and BTHT)	Non-voting

IN ATTENDANCE

Mrs M Almond	Senior Patient Experience Facilitator	Item TB/2021/010
Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr B Butterfield		Observer
Mr D Byrne	Corporate Governance Officer	Minutes

IN ATTENDANCE cont.

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 S McGirr	Director of Clinical System Analytics	
Mr C McIlveen	Vice Chair of ELHT Patient Participation Group	Item TB/2021/010
Mrs J Parnell	Customer Relations Manager	Item TB/2021/009
Mr M Pugh	Corporate Governance Officer	Observer
Mrs K Quinn	Operational Director of HR and OD	
Mr B Williams	Assistant Director of Patient Experience	Item TB/2021/009

APOLOGIES

Mr S Fogg Non-Executive Director

TB/2021/001 CHAIRMAN’S WELCOME

Professor Fairhurst welcomed Miss Wright, Executive Director of Communications and Engagement who had recently been appointed for both East Lancashire Hospitals NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust and to Mr McIlveen, Vice Chair of the Patient Participation Panel.

She also extended her congratulations to Mrs Pearson on her recent Member of the Order of the British Empire (MBE) award and to another colleague working in the Trust’s maternity services, Mrs Susan Henry, on her British Empire Medal (BEM), awarded in recognition of her work with new-borns and mothers.

TB/2021/002 APOLOGIES

Apologies were received as recorded above.

TB/2021/003 DECLARATIONS OF INTEREST REPORT

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

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

TB/2021/004 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 11 November 2020 were approved as a true and accurate record.**

TB/2021/005 MATTERS ARISING

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

TB/2021/006 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 Hospital Standardised Mortality Ratio (HSMR) mortality figures. The following updates were provided:

TB/2020/084: Chief Executive's Report - Mrs Pearson informed Directors that the Care Quality Commission (CQC) would not be providing a report following their recent visit to the Trust's emergency department (ED) as they had felt sufficiently assured that it was managing the risks and pressures safely. She explained that the CQC's only real concern during their visit had been with regard to medical staffing shortages and confirmed that this had been fully addressed at the most recent engagement meeting with them.

TB/2020/090: Integrated Performance Report - Professor Fairhurst advised that, as it had been determined that more work was required on the recording of diagnoses and palliative care, a further update on the progress made would be provided at the next Board meeting in March 2021.

RESOLVED: **A further update on the progress made with the accuracy of recorded diagnoses at the end of first consultant episodes and the recording of palliative care in the Trust is to be provided at the next meeting.**

TB/2021/007 CHAIRMAN'S REPORT

Professor Fairhurst updated Directors on the work she had been involved in since the previous meeting, including an invitation to a roundtable exercise on transition to systems working and to chair a Good Governance Institute (GGI) seminar on ICS systems and the

role of Integrated Care Providers (ICP) as anchor institutions. She also informed Directors that she had recently been invited to become a member of the Lancashire Local Enterprise Partnership Health Sector Board.

Professor Fairhurst clarified that, as it had not been possible to invite volunteers to the Trust's Christmas dinner as in previous years, she had ensured that every volunteer had been sent a personal thank you card to acknowledge their significant contributions throughout the year.

RESOLVED: Directors received and noted the update provided.

TB/2021/008 CHIEF EXECUTIVE'S REPORT INCLUDING UPDATE ON NOSOCOMIAL INFECTIONS

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

Mr McGee reported that the Trust and the wider NHS, was still under severe pressure as a result of post-Christmas surge in COVID-19 infections. This had been exacerbated by infection rates in the local populace remaining high since the second wave in September 2020.

He reported that the Trust was currently treating in excess of 300 COVID-19 positive patients and had now filled all of its additional capacity, adding that it was now essentially operating even beyond its super surge capacity limits. Mr McGee explained that other Trusts in the Lancashire and South Cumbria System were experiencing similar pressures and that numbers were continuing to rise in both Greater Manchester and Cheshire and Merseyside. He stated that while it was difficult to know for sure when the current peak would pass, it was clear that the mass vaccination programme, which was now well underway across the wider Pennine Lancashire region would undoubtedly have a beneficial impact.

Mr McGee reported that the vaccination hubs at Royal Blackburn Teaching Hospital (RBTH) and Burnley General Teaching Hospital (BGTH) had now rolled out the vaccine to significant numbers of Trust staff, care home staff and residents, and the most vulnerable members of the local population. He confirmed the vaccination hub at Blackburn Cathedral was due to open imminently and advised that a significant effort was being made for another site to be set up in Burnley in order to ensure that the greatest number of people could be vaccinated in the shortest amount of time possible.

Mr McGee informed Directors that some routine elective work needed to be stood down as a result of the ongoing pressures, but confirmed that urgent cancer and other major work

continued to take place.

Professor Fairhurst thanked Mr McGee for his update and advised that a substantial amount of additional detail regarding the pressures currently being faced by the Trust would be provided later in the meeting.

RESOLVED: Directors received the report and noted its content.
An update on the status of the Burnley Mass Vaccination Centre opening to be provided to the Board in March 2021.

TB/2021/009 PATIENT/STAFF STORY

Mrs Pearson introduced Mrs Parnell and Mr Williams and explained that the staff story related to the service put in place during the early days of the pandemic to enable personal belongings to be passed on to patients when visiting was not permitted.

Mrs Parnell advised that the story had been provided by one of the Trust's volunteers who had worked in the service throughout the pandemic. The volunteer had initially been apprehensive, but felt assured that the policies and procedures in place would ensure their safety as much as possible. There were three volunteers on duty to collect any personal belongings or items from relatives and clear instructions were provided as to how this could be done safely, with hand gel and Personal Protective Equipment (PPE) provided. Initially activity was fairly low, but it soon increased and carers and family members who used the service were extremely thankful that it was being offered. The volunteers working for the service also visited several wards and had received thanks from the staff.

Mrs Pearson stated that she had found the story particularly touching and that it was a clear example of a relatively small thing that had made a significant difference to the people involved.

Mr Williams advised that the service had gone from strength to strength since its inception, reporting that the numbers of bags being dropped off had risen from 33 in the first week to 176. He added that the service had originally been offered from 10am to 1pm from Monday to Friday, but that the opening hours had been extended due to the demand and the service had now been running from 9.30am to 4pm, seven days a week.

Mrs Quinn informed Directors that a significant number of the Trust's regular volunteers were part of a vulnerable group and reported that consequently there had been a reduction in the services being offered. She confirmed that every effort was being made to get volunteers back into the Trust where possible but stated that it was proving difficult with the restrictions currently in place.

Mr Barnes stated that he had found the story to be very humbling and extended his thanks to the volunteers who had taken part. He suggested that it could be worthwhile to brief some of the volunteers on how patients and other visitors could contribute to the Trust's charity, ELHT&Me, in order to make the most of the goodwill currently being offered.

Mr Smyth stated that he hoped the sincere thanks of all Board Directors could be conveyed to as many volunteers as possible, noting that the service had clearly been invaluable and would continue to be so going forward.

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

TB/2021/010 PUBLIC PARTICIPATION PANEL (PPP) REPORT

Mrs Pearson introduced Mr McIlveen to Directors, explaining that he was currently serving as the Vice Chair of the Trust's Public Participation Panel (PPP).

Mr McIlveen presented the previously circulated report and took the opportunity to extend his thanks on behalf of the PPP to all Trust staff for their ongoing efforts in tackling the pandemic. He explained that the report was intended to convey a collective view of the PPP and its activities. Mr McIlveen went on to report that a small survey of the PPP members had recently been carried and confirmed that the feedback provided had been very positive, with members feeling that they had had the opportunity to get involved in a range of activities and that their views and input were taken seriously. He added that PPP members had also commended the exemplary support provided by Mr Williams and his team.

Professor Fairhurst extended her thanks to Mr McIlveen and the other members of the PPP for their ongoing contributions to the Trust, noting that it was widely considered to be an important link to local communities.

In response to a question from Mr McGee as to whether PPP members were being exposed to the right areas, Mr McIlveen confirmed that during the early days of the panel there had been a plan in place to invite members to meetings with Executive leadership and the Divisions in order to explore where it could potentially make a contribution. He confirmed that a meeting had taken place with Emergency Department colleagues in early 2020 but due to the pandemic, this process had not been able to continue. Mr McIlveen stated that he was eager for these meetings to be reinstated as soon as it was possible to do so, to ensure that the PPP was being engaged at the right levels going forward.

Mrs Anderson stated that the commentary in the report relating to the observed lack of enthusiasm around initiatives was cause for concern and enquired if the Board could take any action to encourage this and support staff.

Mr McIlveen responded that members had wanted the matter to be raised in the report as there had been evidence of a lack of enthusiasm in some areas regarding what the PPP had considered to be worthy initiatives, although he stressed that it was based on the perception of the members involved and may not accurately reflect all of the relevant facts. He added that he would be happy to discuss the matter in more detail outside this meeting.

Mr Hodgson noted that suggestions had previously been raised around linking the work done by the PPP in with the Trust's Vital Signs work and stated he would discuss this with Mrs Pearson in more detail after the meeting.

RESOLVED: Directors received the report and noted its content.
Mr Hodgson and Mrs Pearson to discuss the ways in which the
PPP could be involved in the Trust's Vital Signs work.

TB/2021/011 OCKENDEN REVIEW OF MATERNITY SERVICES UPDATE

Mrs Pearson provided a brief overview of the Ockenden review, noting that it had been published following a comprehensive assessment of maternity services at Shrewsbury and Telford Hospital NHS Trust after a number of serious concerns had been raised over the preceding years. She explained that, following the publication of its findings, every NHS Trust had now been asked to submit its own response and identify any urgent clinical priorities.

Mrs Pearson advised that the Trust's letter of response was included in the meeting papers and showed assurance in relation to the actions from the Ockenden review. She explained that further confirmation was still required in the form of an assessment tool that would need to be submitted to NHS England (NHSE) by 15 February 2021. Members noted that Mrs Pearson and Mr Wedgeworth had been working closely with colleagues around the Trust's response.

Mrs Pearson advised that a further update would be provided at the next meeting of the Quality Committee and that she would be able to provide assurance to Directors at the next Board meeting in March.

In response to a query raised by Mr McGee, Mrs Pearson clarified that initially the Trust had been asked to submit its completed assessment tool in January 2021, but advised this had been pushed back to February following consultation with other organisations in the wider LSC Integrated Care System.

Mrs Anderson provided assurances to Directors that the Quality Committee maintained strong links with the Trust's maternity services and continued to receive regular updates at

each meeting, adding that the Committee had great confidence in the service and the care provided by maternity colleagues.

RESOLVED: Directors received the report and noted its content.
An update on the response to the Ockenden Report will be provided to the Board in March 2021.

TB/2021/012 CORPORATE RISK REGISTER (CRR)

Mr Husain referred Directors to the previously circulated report and proposed that it be taken as read. He confirmed that amendments requested at the previous meeting had been made to the format of the report.

Mr Rehman praised the report and agreed that it was easier to understand following the amendments made. He requested additional clarification on the risk relating to the lack of an end to end maternity system, specifically what the expected timeframes were around the implementation of a new system.

Mr Husain explained that colleagues working in community areas had now been provided with laptops and iPads in order to alleviate some of the ongoing issues. He also confirmed that the new BadgerNet Maternity System was due to be implemented over the coming weeks and months, but advised that there were likely be some bridging issues with the Trust's wider electronic patient records system once it was also in place.

Mrs Brown confirmed that funding was available for the new maternity system and that work was underway to procure and implement it.

Mr Catherall requested more information in relation to the risk about the failure to comply with the 62-day cancer waiting time, in particular what efforts were being made to ensure that patients requiring cancer treatments were still being seen to.

Mr Husain acknowledged that there was a considerable amount of anxiety around cancer treatments and confirmed that every effort was being made to encourage patients to come in for treatments via the Trust's partners in the Cancer Alliance. He reported that there had been a dip in referrals over the last year but advised that numbers had now recovered to the expected levels with the exception of lung cancer referrals. Mr Husain provided assurance that robust monitoring systems were in place and stated that credit needed to be given to colleagues for their efforts in working to reduce the backlog of patients despite the ongoing capacity issues, particularly by those working in gastroenterology.

Mrs Gilligan confirmed that referral levels had now broadly returned to expected levels and had in some cases exceeded the figures over the same period in the previous year. She

informed Directors that she had been working with Mrs Brown and the finance team to secure additional capital and equipment replacements for the endoscopy team as they were consistently working to 100% of the activity levels. Mrs Gilligan also advised that other work was underway to support the unit at Rossendale Health Centre as it was very popular with local communities.

Mr Barnes drew Directors attention to risk 13, relating to the potential failure to meet internal and external financial targets for 2020-21, advising that the Trust had not yet been able to agree a control total for the year. He explained that it would be difficult to achieve this with the limited time remaining, but stated that members of the Trust's Finance and Performance Committee had given approval to support the system in negotiating a good settlement with NHS Improvement (NHSI) and NHSE whilst also ensuring the Trust received its fair share of funding.

Mr McGee informed Directors that the financial allocations for the 2021-22 financial year had been discussed at the most recent meeting of the ICS Board, although he stressed these had been largely hypothetical in nature. He stated that he felt the Trust was in a strong position to plead its case due to the health inequalities it faced, but emphasised the need to actively influence these conversations as much as possible.

Professor Fairhurst referred Directors to risk 5 on the CRR, relating to the lack of recurrent investment and review of Community Neurodevelopmental Paediatrics (CNP) services, and enquired if any consideration had been given to providing the service in conjunction with colleagues at Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT).

Mr McGee agreed that the general principle of CNP becoming a wider service was a sound one, but stated that he would like to discuss potential options for developing it with the hospital cell before taking it through the Provider Collaboration Board (PCB) at a later date.

Professor Fairhurst noted that the risk relating to timely mental health treatments, had been a prominent issue for a significant length of time and enquired whether the associated building works would be completed and ready to be opened by the end of the month as originally expected.

Mr McDonald advised that the new mental health urgent assessment centre was due to be opened by 8 February 2021 and would be operated by Lancashire and South Cumbria NHS Foundation Trust (LSCFT) due to them being the primary mental health provider for the area. He also confirmed that the Trust was working with LSCFT colleagues on a separate redevelopment project for the RBTH ED in order to provide additional dedicated mental health assessment capacity for patients.

Professor Fairhurst thanked Mr McDonald for his update and stated this was good news as capacity within mental health services was a pressing problem with significant implications for patient experience. She echoed the praise given earlier in the meeting regarding the new format of the CRR report and enquired if Directors felt appropriately assured that corporate risks were being dealt with and changed where necessary. Directors confirmed that they were.

RESOLVED: Directors approved the register.

Further information to be provided regarding the risk around failure to comply with the 62 day cancer waiting time and the efforts made to ensure that patients requiring cancer treatments were seen.

Mr McGee will request a discussion on potential options for Community Neurodevelopmental Paediatrics (CNP) through the hospital cell at an appropriate time, prior to discussion at the Provider Collaboration Board.

Mr McDonald to provide a progress update on the redevelopment project for the RBTH ED to provide additional dedicated mental health assessment capacity for patients.

TB/2021/013 BOARD ASSURANCE FRAMEWORK (BAF)

Mr Husain referred Directors to the previously circulated report and requested that, in the interests of time, it be taken as read. He noted that the majority of the BAF was still devoted to COVID-19 as well as the risks and actions associated with it, ranging from PPE supply to the availability of equipment.

Mr Husain reported that critical care capacity remained under significant pressure and that availability of oxygen was still an area of concern. He confirmed that teams were working to expand capacity but, had so far successfully managed to work within the currently available resources. This had meant patients occasionally being transferred to other hospitals.

Mrs Bosnjak-Szekeres explained that due to the ongoing operational pressures within the Trust, the BAF workshops planned for January were to be rescheduled. She confirmed that the work being undertaken with colleagues from the Good Governance Institute (GGI) in the interim would continue to ensure that the revised format could be delivered as quickly as possible.

Professor Fairhurst requested confirmation from Directors of the assurance received from

the BAF, in addressing the matters raised and that they were content with the actions taken in mitigation.

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

TB/2021/014 SERIOUS INCIDENTS ASSURANCE REPORT

Mr Husain referred Directors to the previously circulated report and requested that it be taken as read. He reported that two Never Events had been recorded in the current financial year, one relating to the incorrect administration of morphine and, the other, to a small screw being left in a patient's mouth following a maxillofacial procedure. Mr Husain reported that no harm had been caused to the patients involved in either incident. He confirmed that both cases would be presented to the Serious Incidents Requiring Investigation (SIRI) panel in February 2021. He drew Directors' attention to the information on the final page of the report regarding nosocomial infections and deaths in relation to them, advising that there had been more seriously unwell patients in the current wave of the pandemic as a direct consequence of the new variants of COVID-19. Mr Husain reported that approximately 22% of recent COVID-19 deaths were associated with hospital acquired infections, although he stressed that this did not mean that they had passed away as direct result of contracting the virus as they may have been affected by other co-morbidities. He advised that NHSE/I had not yet confirmed how they wanted to move forward in this matter, but that in the interim the Trust had developed its own process to review these deaths to determine whether they had been due to a definitive or a probable COVID-19 infection.

Mr Husain went on to explain that any deaths determined to have been caused directly by COVID-19 infection would have a Root Cause Analysis (RCA) carried out on them and that others, where COVID-19 had been determined to be a contributing factor, would have Structured Judgement Reviews (SJR) instead.

Mr McGee informed Directors that a regional group had also been established to look at COVID-19 deaths across the region in more detail and that additional guidance around this area was expected soon. He confirmed that colleagues from the Trust would be linking in with this group and stated that the work being done by Mr Husain and his team would be an invaluable part of the process.

Mr Smyth observed that the figures in appendix A: Serious Incident Dashboard, seemed to indicate an increase in the numbers of serious incidents, mainly in relation to pressure

ulcers, being reported between October and December 2020. He enquired if there were any obvious reasons for this. Mr Husain commented that the decision had recently been taken to separate pressure ulcers out from the rest of the areas covered at the SIRI panel, so they could be examined in more detail. He went on to explain that, although there had been an increase in the numbers of reported pressure ulcer incidents, there had also been a corresponding increase in the numbers being de-escalated after discussions with the local Clinical Commission Groups (CCG).

Mrs Pearson confirmed that more work was underway to examine pressure ulcers in more detail and advised this was due to be taken through the Quality Committee taking place in February 2021.

Professor Fairhurst stated that, although she was mindful of the significant pressures on colleagues, she would like to see a return to a focus on the lessons learned from incidents in future iterations of the report. In response to a request from Professor Fairhurst, Directors confirmed that they were sufficiently assured that any questions of safety were being addressed.

RESOLVED: **Directors received the report and noted its content.**
An update will be provided on the recently established regional group regarding COVID-19 deaths.
Mrs Pearson to provide an update at the Joint Quality and Finance and Performance Committee in February 2021 on the work underway to manage pressure ulcer incidents.
The next iteration of the report to the Board will include a focus on lessons learned and incidents.

TB/2021/015 INTEGRATED PERFORMANCE REPORT (IPR)

a) Introduction

Mr Hodgson introduced the item and confirmed that it covered the period to the end of November 2020. He advised that a separate slide deck had also been produced that summarised the main headlines and gave Directors a clearer picture of the pressures currently being faced by the Trust. In the interests of time, it was agreed that where possible the items within the IPR would be combined.

b) Safe, Caring and Effective

Mr Husain updated Directors on the recent developments in relation to the Trust's Hospital

Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). He reported that at the Quality Committee meeting in October 2020 it had been reported that the Trust was showing as being outside its expected HSMR range but advised that, following meetings with the Dr Foster team and comparisons with peers, it had ultimately been determined to be within expected levels. Mr Husain reported that crude mortality levels fell substantially, from 4.5% to 1.3%, when COVID-19 deaths were factored out. Mr Husain added that the Trust's appraisal process had been stood down for the immediate future due to the ongoing operational pressures, but stated that it was hoped that it would be back in place from April 2021 onwards.

Mrs Pearson reported that nurse staffing continued to be a challenge and that this was being compounded by staff sickness and the opening of additional critical care beds.

Mr Husain reported that there had been two confirmed cases of Methicillin-resistant Staphylococcus Aureus (MRSA) bacteraemia in November 2020. He noted that both cases had been investigated but the sources of infection had not yet been identified.

Mrs Pearson informed Directors that considerable precautions had been put in place to prevent the spread of COVID-19 and reduce the chances of further nosocomial outbreaks, for instance rapid analysis was carried out on any confirmed incidents in order to identify any immediate learning or omissions of safe practice. She confirmed that strict Infection, Prevention and Control (IPC) measures remained in effect and that regular terminal cleans of wards and use of fogging machines continued to take place.

Directors confirmed that they felt they had received appropriate assurance around the actions being taken.

RESOLVED: Directors noted the information provided within the Safe, Caring and Effective sections of the Integrated Performance Report.

c) Responsive

Mrs Gilligan reported that there had been 344 COVID-19 positive patients in the Trust as of the previous afternoon, 201 more than the peak reached during the first wave. She reported that performance in accident and emergency (A&E) department was not where it needed to be, but explained that this was due to the acute operational pressures placed on the Trust since Christmas.

Mrs Gilligan reported that there had been a reduction in attendance numbers in A&E but that this had not been as severe as the drop seen during first wave. She confirmed that ambulance handovers had remained steady but advised that trolley waits, despite the best

efforts of staff, had deteriorated through January with 12 physical breaches of the 12-hour trolley wait reported.

Mrs Gilligan also reported that increasing numbers of operations were being cancelled to free up theatre staff to support critical care but stressed that every effort was being made to avoid inconveniencing patients and to reschedule new procedures for them within 28 days. She explained that, in addition to the existing super surge capacity bed base, eight additional enhanced care beds had been opened and reported that these had been filled by Monday evening. Mrs Gilligan confirmed that restoration efforts were still taking place, noting that several clinics had either needed to be reduced or stood down to free up physicians to manage COVID-19 patients. Both elective and day case were reported as achieving trajectory in December and diagnostics performance for magnetic resonance imaging (MRI) and endoscopy was reported at 100% for November.

Mrs Gilligan concluded her update by reporting Referral to Treatment (RTT) and cancer as being on trajectory for incomplete pathways, although she advised the numbers of patients waiting 52 weeks or more for a procedure was an ongoing area of concern.

Mr McGirr advised that the Trust's A&E performance was to be expected to an extent, as the patients still choosing to attend would likely be more severely unwell and would therefore take longer to treat. He added that colleagues working in community areas across East Lancashire had gone above and beyond over recent weeks to ensure that patients were seen.

Mrs Anderson commented that it was clear that finding enough beds for the numbers of patients coming into the Trust had been a significant challenge. She enquired if the Trust had encountered any difficulties with getting patients home or discharged to suitable accommodation.

Mrs Gilligan reported that the response from community colleagues had been very positive and that the wider system had been flexible with regards to referrals from the Trust. She added that a considerable amount of work was also being done to prevent patients from coming into the Trust. In response to a further query from Mrs Anderson regarding the virtual COVID-19 wards, Mrs Gilligan confirmed that they had been a great help and suggested providing a more in-depth update at the next meetings of the Quality and Performance Committees.

Mr McDonald informed Directors that lateral flow testing kits had first been deployed to staff around ten weeks prior and reported that over 7,800 had now been distributed. He advised that, of the 136 positive results submitted to occupational health colleagues, 115 had been

confirmed as COVID-19 infections following further testing. Mr McDonald went on to inform members that the vaccination hubs based at RBTH and BGTH had now administered over 76,000 vaccines, 6,700 of which had been given to Trust staff, and were exploring the possibility of expanding their opening hours. He explained that by vaccinating the top four priority groups it was projected that the Trust could reduce deaths by up to 88%. Mr McDonald advised that an additional vaccination hub was currently being mobilised at Blackburn Cathedral and that another was being considered for Burnley, as it currently had the highest rate of community transmissions in the region. He concluded his update by informing Directors that a mutual aid system was in place across the ICS.

Professor Baldwin commented that the update from Mrs Gilligan had been very informative and that he had found the comparisons with the data from previous years to be particularly helpful, adding that he would like to see similar information provided in future reports. He stated that, although there were clearly significant challenges facing the region, the news regarding restoration should be taken as a positive.

Professor Fairhurst offered her congratulations for the Trust's achievements against its restoration targets and its work in repurposing wards to ensure that patients could be treated.

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

An update on the virtual COVID-19 wards will be provided at a future meeting of the Joint Quality and Finance and Performance Committees.

d) Well-Led

Mrs Moynes reported that the Trust had reached a final total 94.9% for flu vaccinations and that current sickness levels stood at 8.9%, 4.5% of which was due to COVID-19 related reasons.

Mrs Quinn informed Directors that the final staff survey result for the year stood at 54.8%, a significant increase on the previous year, and stated that this clearly demonstrated that the workforce still felt engaged with the Trust. She reported that over 1,000 people had applied to support the mass vaccination programme across the LSC region, 413 of which had been offered positions and were currently undergoing employment checks.

Mr Williams enquired if there was any scope in the mass vaccination scheme to provide additional support for more vulnerable older members of the public. Mr McDonald agreed he

would discuss this with Mr Williams outside the meeting.

Mr Catherall enquired if steps were being taken to ensure that testing for staff having to self-isolate was being fast tracked to get them back to work as quickly and safely as possible.

Mrs Quinn confirmed that the occupational health team was closely monitoring any staff having to self-isolate.

Mrs Brown informed Directors that the Trust was currently being monitored against a deficit of £17,700,000 but explained that, as it had not yet been able to agree its end of year control total, it would likely be asked to try and improve its position further. She confirmed that the Trust was working with other organisations across the ICS to see what more could be done in this regard. Mrs Brown reported that, despite the current operational difficulties, the Trust continued to achieve its Better Payment Practice Code payments and highlighted the ongoing work being done by colleagues to improve the Trust's estate across several areas.

Directors confirmed that they were content to receive and note the information provided and were assured around the actions being taken to address the consequences of COVID-19 on the delivery of the Trust's services.

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

Mr McDonald and Mr Williams to discuss the opportunities for the mass vaccination scheme to provide additional support for more vulnerable and older members of the public.

TB/2021/016 RESPONSE TO NHS ENGLAND/IMPROVEMENT CONSULTATION ON INTEGRATED CARE

Mr McGee informed Directors that the Trust had been asked to respond the consultation from NHSE/I and confirmed that this had been submitted earlier in the month. He stated that the Trust's response had been very much in line with other providers, ICPs and the overall response from the ICS. He extended his thanks to Mr Hodgson for leading this work on behalf of the Trust.

RESOLVED: Directors received the report and noted its contents.

TB/2021/017 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/2021/018 QUALITY COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

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

TB/2021/019 TRUST CHARITABLE FUNDS COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

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

TB/2021/020 REMUNERATION COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

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

TB/2021/021 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/2021/022 ANY OTHER BUSINESS

There were not further matters of business raised.

TB/2021/023 OPEN FORUM

Mr McIlveen stated that there had been substantial assurance provided throughout the meeting that the Trust was doing an exemplary job in managing the ongoing situation and encouraged colleagues to maintain the high standard of care currently being delivered.

TB/2021/024 BOARD PERFORMANCE AND REFLECTION

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

Mr Catherall stated that overall, the Board had felt assured by the updates provided. He noted that there were recurring reports in the national media of post-traumatic stress disorder (PTSD) among NHS staff and suggested that an update on the support in place for them could be provided at a future meeting.

Professor Fairhurst commented that it was impressive to see colleagues' commitment to receiving the flu vaccine and providing feedback via the staff survey whilst also going above

and beyond to care for patients.

RESOLVED: Directors noted the feedback provided.

TB/2021/025 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday, 10 March 2021, 12.30pm, Via MS Teams.

TRUST BOARD REPORT

Item

31

10 March 2021

Purpose Information

Title

Action Matrix

Author

Mr D Byrne, Corporate Governance Officer

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/2020/090: Integrated Performance Report	A further update on the progress made with the accuracy of recorded diagnoses at the end of first consultant episodes and the recording of palliative care in the Trust is to be provided at the next meeting.	Executive Medical Director	March 2021	Update: A verbal update will be provided at the meeting.
TB/2021/008: Chief Executives Report	An update on the status of the Burnley mass vaccination centre opening is to be provided to the Board.	Executive Director of Integrated Care, Partnerships and Resilience	March 2021	Complete: The mass vaccination centre based in Burnley opened on 17 February 2021.
TB/2021/010: Public Participation Panel (PPP) Report	Mr Hodgson and Mrs Pearson to discuss the ways in which the Patient Participation Panel could be involved in the Trust's Vital Signs work.	Deputy Chief Executive/Executive Director of Nursing	TBC	Update: The Trust is developing a three-year Improvement Plan and the involvement of the PPP will be included within the plan.

Item Number	Action	Assigned To	Deadline	Status
TB/2021/011: Ockenden Review of Maternity Services Update	An update on the response to the Ockenden Report will be provided to the Board in March 2021.	Executive Director of Nursing	March 2021	Update: An update on the Trust's response to the Ockenden report was provided to the Joint Quality, Finance and Performance Committee on 24 February 2021. This update was circulated to all Board members following the Committee.
TB/2021/012: Corporate Risk Register	<p>Further information to be provided regarding the risk around failure to comply with the 62-day cancer waiting time and the efforts made to ensure that patients were seen.</p> <p>Mr McGee will request a discussion on potential options for community neurodevelopmental paediatrics (CNP) services through the hospital cell at an appropriate time prior to discussion at the Provider Collaboration Board (PCB).</p>	<p>Executive Medical Director/Chief Operating Officer</p> <p>Chief Executive</p>	<p>March 2021</p> <p>TBA</p>	<p>Update: An update will be provided under the Integrated Performance Report item at the next meeting.</p> <p>Update: This item will be requested for inclusion in the hospital cell agendas at a date to be advised</p>

Item Number	Action	Assigned To	Deadline	Status
	Mr McDonald to confirm that the opening of the Mental Health Urgent Assessment Centre has taken place.	Executive Director of Integrated Care, Partnerships and Resilience	March 2021	Update: The Mental Health Urgent Assessment Centre was opened on 15 February 2021.
TB/2021/015: Integrated Performance Report	<i>Well-Led</i> An update on the virtual COVID-19 wards will be provided at a future meeting of the Joint Quality, Finance and Performance Committee (JQFP).	Executive Medical Director/ Executive Director of Integrated Care, Partnerships and Resilience	March 2021	Update: This information will be provided at the next meeting of the JQFP Committee.
TB/2021/014: Serious Incidents Assurance Report	An update will be provided on the recently established regional group regarding COVID-19 deaths. Mrs Pearson to provide an update at the Joint Quality, Finance and Performance Committee in February on the work underway to manage pressure ulcer incidents.	Executive Medical Director Executive Director of Nursing	March 2021 February 2021	Update: A verbal update will be provided at the meeting. Complete: An update was provided by Mrs Pearson at the February JQFP Committee.

Item Number	Action	Assigned To	Deadline	Status
	The next iteration of the report to the Board will include a focus on lessons learned from incidents.	Executive Medical Director	March 2021	Agenda Item: March 2021
TB/2021/015: Integrated Performance Report - Responsive	Mr McDonald and Mr Williams to discuss the opportunities for the mass vaccination scheme to provide additional support for more vulnerable and older members of the public.	Executive Director of Integrated Care, Partnerships and Resilience/Assistant Director of Patient Experience	March 2021	Update: Arrangements are in place for additional support where required for more vulnerable and older members of the public. These include disabled access, chaperones, quiet spaces, BSL and Interpreting services, hearing loops and appropriately trained staff for individuals to raise wider concerns with.

TRUST BOARD REPORT

Item

33

10 March 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

March 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.

National vaccination programme reaches milestone

Figures released on February 15 showed that across the UK the NHS had vaccinated 15 million of the most vulnerable people in the country, in line with the deadline set by the Government.

The NHS vaccination programme is the biggest in the health service's history and chief executive Sir Simon Stevens praised the "extraordinary" efforts of GPs, nurses, pharmacists, volunteers and thousands of others in protecting millions of people in just 10 weeks.

Sir Simon said: "Hitting this milestone just 10 weeks after the NHS made history by delivering the first COVID vaccination outside of a clinical trial is a remarkable shared achievement.

"The NHS vaccination programme is the biggest and fastest in Europe – and in the health service's history – and that is down to the skill, care, and downright hard work of our fantastic staff, supported by local communities, volunteers and the armed forces.

"On behalf of the whole country its right to mark this successful first phase with a huge thank you to everyone involved in this extraordinary team effort."

Simon Stevens thanks NHS staff after a ‘year like no other’

Sir Simon also paid tribute to NHS staff for their “extraordinary work” on the first anniversary of the country’s first COVID patients.

Speaking in January he said: “On behalf of families and patients across the country, we thank staff across the NHS for their extraordinary work in a year like no other. The coronavirus pandemic is the greatest public health emergency in NHS history, but in the past 12 months the NHS has achieved things many would have thought impossible – from quarantine centres and Nightingale hospitals in a matter of days after the pandemic was declared, to expanding hospitals’ critical care capacity by 50%, developing new COVID treatments and services, and delivering the first vaccination outside of a clinical trial.

“It is the vaccination programme, the biggest in NHS history, combined with the prospect of new therapies and treatments that offer us hope for the future.

“Our brilliant NHS staff have been on the frontline of the intense and relentless battle against coronavirus, but no health service could cope with the virus alone. They are part of this country’s greatest peacetime mobilisation. We are also hugely grateful to all those who have played their part in cutting infections and slowing the spread of the virus, which has undoubtedly saved many lives.”

Strong decline in COVID figures

On February 15 Scientists reported a "strong decline" in levels of coronavirus infections in England since January.

Imperial College London's React study found infections have dropped by two-thirds across England since lockdown began, with an 80% fall in London. But virus levels are still high, with one in 200 testing positive between February 4 and 13. This is similar to levels seen in late September 2020.

Although these are interim findings, based on more than 85,000 swab tests from randomly selected people, they suggest social distancing and restrictions are having an impact.

White Paper for NHS and social care reform

In February the Department of Health and Social Care (DHSC) published a White Paper - [Integration and Innovation: working together to improve health and social care for all](#), which sets out new proposals to build on the successful NHS response to the pandemic.

The proposals will bring health and care services closer together to improve care and tackle health inequalities through measures to address obesity, oral health and patient choice.

The measures will modernise the legal framework to make the health and care system fit for the future and put in place targeted improvements for the delivery of public health and social care.

It will support local health and care systems to deliver higher-quality care to their communities, in a way that is less legally bureaucratic, more accountable and more joined up, by bringing together the NHS, local government and partners together to tackle the needs of their communities as a whole.

The proposals build on the NHS' recommendations for legislative change in the [Long Term Plan](#) and come a decade on from the last major piece of health and care legislation.

NHS England backs framework as route to reduce hospital stay length

A framework agreement managed by NHS Shared Business Services (NHS SBS) which helps NHS trusts and hospitals acquire additional capacity from external providers has been recommended for use by NHS England and NHS Improvement (NHSEI) as a solution to reducing the length of stay for people in hospital.

The national [Patient Discharge Services Framework](#) can be used to secure capacity from independent providers of 'hospital at home' and rehab services.

Use of this framework, [NHSEI recommended in a letter to trusts](#), can be funded from the [£588m hospital discharge 'scheme two'](#) up until March 31, 2021.

As a pre-approved framework agreement, the Patient Discharge Services Framework can be used by NHS and other public sector organisations to commission support quickly and easily, reducing hospital bed occupancy and relieving pressure on inpatient services.

Across England, general and acute bed capacity is being routinely filled by patients staying two weeks or more and NHS systems have been pressed to find safe and appropriate ways to reduce patients' length of stay in hospital.

Major rise in nursing applications

Nursing applications have soared by nearly a third over the past year, new data suggests.

More than 60,000 people have applied to study nursing from this Autumn, an increase of almost a third (32 per cent) on the previous year.

Data shows that interest has increased across all age groups, with a new high of 16,560 school leavers opting to study nursing - an increase of 27 per cent from last year.

And for the first time ever more than 10,000 applications were made by mature students looking to study the profession - an increase of 39 per cent.

This new levels of interest from applicants of all ages could not have come at a better time, according to industry professionals, with Ruth May, chief nursing officer for NHS England.

She described the latest figures as "incredible and great news for the public and the health service".

"The so-called 'nightingale effect' has seen interest in the NHS trumping lots of other careers and that speaks volumes about how people recognise our profession particularly following our most challenging year," she said.

"From speaking to young people, schools are seeing how the pandemic has redefined and elevated the status of nursing."

NHS will take months to return to normal says NHS Providers boss

NHS Providers has warned that the NHS will take "months" to return to normal service after the COVID crisis is finally over, because its workforce is "exhausted and traumatised."

Hundreds of staff members are being denied the chance to decompress after working intensely and seeing huge numbers of patients dying during the brutal second wave, and as a result "very large numbers" will go on long-term sick leave or leave their jobs, said Chris Hopson, the Chief Executive of [NHS Providers](#).

MPs or patients should neither expect nor pressurise the NHS to immediately resume speedy diagnostic and treatment services because that is "not possible." Cancelled surgeries, thousands of which have been repeatedly postponed since March 2020 for ailments such as cancer, will also take time to return to normal.

Almost 4.5 million people in England are waiting for hospital care – the highest number on record – and in theory should be treated within 18 weeks. But the widespread disruption to non- COVID care wreaked by the pandemic means waiting times have plummeted and the number of people forced to wait more than a year for sometimes urgent care has soared from 1,398 to 192,169 in just a year.

“There’s potentially quite a tension between giving staff who are completely exhausted the space and support they need to recover, and at the same time the NHS recovering the backlogs of care that have built up, particularly in the hospital sector,” said Hopson.

He added: “We cannot expect the NHS to carry on at the intensity we’ve been running at. We’ve completely run the tank dry and need to give people the chance to recover.”

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.

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.

The winners will be announced in March 2021.

Supporting young people's mental health

The ICS launched a campaign to promote the Lancashire and South Cumbria Healthy Young Minds website (www.healthyyoungmindsisc.co.uk) to mark Time to Talk Day in February.

The site contains a wealth of information and resources to boost and support the resilience, emotional wellbeing and mental health of local children and young people. It has been developed with children and young people, their families, and professionals to make it as easy as possible for them to access advice, help and support quickly, whenever they need it. The site is for young people and anyone who comes into contact with them – so can include scout leaders, community support officers, librarians, teachers, and sports coaches

Smear for Smear campaign

The message that cervical screening is still running during the pandemic has been promoted by health leaders across Lancashire and South Cumbria. Women and people with a cervix were encouraged to attend screening if they receive an appointment invitation.

Dr Neil Smith, GP and Primary Care Director for Lancashire and South Cumbria Cancer Alliance, said: “Having cervical screening is one of the most important things you can do to protect yourself from the risk of cervical cancer. Cervical screening saves lives by finding early abnormalities that can be treated even before cancer begins.” Dr Smith also recorded a [video](#) explaining why it is important to attend cervical screening appointments.

A cough could be a sign of cancer, not just COVID

Doctors in Lancashire and South Cumbria are urging residents to not ignore a persistent cough, not every cough is coronavirus, it could also be a symptom of lung cancer. Lung cancer is one of the most common and serious types of cancer. Around 47,000 people are diagnosed with the condition every year in the UK.

The number of people contacting their GP with suspected lung cancer in Lancashire and South Cumbria remains low; and in 2020, there were 29% fewer referrals to hospital for lung cancer compared to the previous year. If this continues, more people will be diagnosed later, resulting in a lower chance of survival. Finding and treating lung cancer at an early stage saves lives.

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 **9 February 2021** the seal was applied to the Supplemental Agreement between the Trust and Consort Healthcare (Blackburn) Ltd. for the provision of the Premium SPECT CT System. The agreement was signed by Mr Kevin McGee, Chief Executive and Mr Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive.

It's everyone's problem

Kevin McGee, Joint Chief Executive of ELHT and Blackpool Teaching Hospitals NHS FT, also chairs the Lancashire and South Cumbria group outlined the true extent of the challenge faced by the NHS in Lancashire and South Cumbria. He called on everyone in the community to help by following the restrictions in place.

Speaking on Radio Lancashire Kevin described the intense pressure being felt by staff because of the rapidly rising number of people needing hospital treatment for COVID -19. He said the NHS team was tired and frustrated as well as dealing with the impacts of COVID-19 on their own lives and he urged local people to support them by following the rules.

You can read the transcript [here](#).

Inspiring nurse wins Chief Nursing Officer for disability inclusion

Joanne Mohammed, respiratory nurse at ELHT, has been awarded a silver Chief Nursing Officer award. Joanne received the tribute for her work to make nursing a career of choice for people with disabilities, particularly those with hearing impairment or deafness.

Joanne, who herself has been profoundly deaf since the age of 6, was awarded the prestigious accolade after being nominated for her work to create a culture of inclusion to ensure every member of staff has a voice and visibility. She has worked at ELHT for over 20 years, and currently works as a Patient Flow Matron.

ELHT to start its EPR Journey, locally and across the region

The Trust was delighted to announce the decision to implement the Cerner Millennium EPR solution as our new Electronic Patient Record (EPR) system.

The multi-million-pound investment will replace paper-based records and other electronic processes, enabling access to a single, reliable and integrated source of clinical information. The new EPR system will provide clinicians with instant and full access to a patient's history and treatments so they can make the best decisions about their patient's care.

All patient information will be available electronically, on a screen, at any of our sites, or in any location, at any time, all of the time! It will transform the way we admit, care for, and discharge our patients, while also greatly improving the patient experience. It's a great example of ELHT's ongoing investment to improve our patients' care.

£3M investment in new MRI scanners at Burnley

Patients across East Lancashire are now reaping the benefits of **two** new, state of the art MRI scanners that have been installed at Burnley General Teaching Hospital.

The new machines provide more advanced and high-quality images and offers outstanding clinical performance. Due to the enhanced technology, the time a patient spends in the scanner is significantly reduced. This means we are able to perform more scans, reducing our patient waiting times. The system is also 'whisper quiet', giving the patient improved comfort and a much better experience overall.

The scanners are housed in a purpose-built modular building next to the new £10m Fairhurst building. There is a dedicated entrance for outpatients so they do not need to enter the main hospital building and a connecting corridor from the main building provides easy access for inpatients.

First employee of the month for 2021

Lisa Danielle Franco Thomas, who works in the Diagnostic and Clinical Support (DCS) team based at St Peter's Centre, Burnley, was surprised and overwhelmed to receive the award.

Nominated by team members for displaying safe, personal and effective care both in and outside of work, Lisa was also praised for her part in two distressing incidents. The first took place as Lisa was on her way home from work, when she witnessed a car accident involving a child. Those at the scene described how Lisa took the initiative and control of the situation,

safely coordinating people and supporting those involved until help arrived. In the second incident, Lisa cared for an elderly gentleman who sadly fell whilst visiting the centre. Colleagues said Lisa showed kindness and compassion to the man again taking control of the situation to ensure everyone remained calm.

The team at St Peter's Centre said the award was a credit to Lisa's professional and helpful approach when dealing with patient concerns and described here as 'going above and beyond' each and every day.

'Quran Cube' project supports Muslim patients across East Lancashire

Generous donations of Quran Cubes and MP3 players to the Chaplaincy Department at ELHT, has enabled them to provide welcomed support for their Muslim patients.

Quran Cubes are small, portable devices that play recitations and prayers from the Quran, the Muslim holy book. These, alongside MP3 players pre-loaded with Islamic prayers and Quran recitations, have been used by the Spiritual Care Team to support patients at the Trust's five hospital sites.

Imam Fazal Hassan, Muslim Chaplaincy Co-ordinator, said: "We were delighted to receive these donations, which go a long way to provide the emotional support and spiritual healing for our Muslim inpatients. Having prayers and Quran recitation played next to their beds, particularly for end of life patients during the pandemic, who are too weak to pray for themselves, can make a big difference."

New app to support cancer patients

The Trust has launched a new smartphone app to provide essential support and information to people living with cancer and their families.

Developed by the Cancer Services Team, the app is available for the residents of East Lancashire and Blackburn with Darwen on both apple and android devices. It covers a broad range of information from benefits and welfare advice through to support groups and services to promote wellbeing. And, when events can start again, it will be used to advertise fundraising events, support events and other such activities.

The app can also be used to ask any questions about living with cancer via the 'Cancer Information and Support' section. All queries will be responded to by one of the local specialists in the team.

COVID Virtual Ward receives praise

The Pennine COVID-19 Virtual Ward was set up in response to the significant challenges and impact that the pandemic has had on local residents. This at-home monitoring service is available for those with a positive COVID-19 test result or clinical suspicion of having COVID-19 illness, who have COVID-19 symptoms, and are identified as being clinically vulnerable to developing low blood oxygen levels due to age, a pre-existing condition or other significant risk factors.

One of the 1,500 patients supported by the Virtual Ward has shared her experience. Debbie Lentell, 42, who has suffered from asthma since her early to mid-20s, explained how the virtual ward enabled her to remain at home, whilst receiving treatment and support.

You can read her full account [here](#).

100 new Healthcare Assistants recruited

At the beginning of the year, the Trust committed to recruiting 100 new Healthcare Assistants over the course of three months. Our focus was to help those who may have become unemployed due to the pandemic and those who are looking for a career change, with a desire to become part of our ELHT family. Within first day of the advert being placed, the recruitment team was inundated with expressions of interest, fulfilling our target.

The new recruits will join a network of Healthcare Assistants who hold a key role on our wards, responsible for providing a range of personalised care for patients in support of, and supervised by, a registered Nurse. They will be trained to support the effective operation of the ward environment by undertaking a range of non-clinical activities to provide a comfortable and stress-free experience for patients. In short, they will become vital in creating happy, effective and efficient wards.

Trust's "exemplary" catering team nationally recognised

Tim Radcliffe, Facilities Manager for the Trust is so proud of the Catering Department being chosen as one of only eight Trusts nationally to join the NHS Exemplary Trusts Programme and Hospital Food Network. The Trust was selected for its innovation, good practice, high food

standards and consistent service of food provision for patients, staff and visitors across all hospital sites.

The Network has been set-up to host discussions and pilots on topics like menu choices, staff training, food safety management, food waste controls and more. It is a collaborative approach, to share ideas and best practice, to improve food standards in the NHS nationwide. Some examples of our good practice include our use of venison on our menus, and the fact that we follow the Soil Association 'Food for Life' Award scheme, which means we only use British meat and free-range eggs and other fresh produce.

Listening Lounges to help student nurses

Chaplaincy colleagues at ELHT have offered their 'Listening Lounges' to returning nursing students, to enable them to discuss their experiences of working during the pandemic in an open, relaxed and honest atmosphere.

The sessions, which are led by Chaplain and Counsellor David Anderson, alongside his therapy dog, Jasper, were set up at the beginning of the pandemic to allow staff a safe space to come together and discuss their experiences, promoting their mental health and wellbeing. Whilst continuing these sessions for staff, David and Jasper now offer these sessions to returning nursing students, to help them cope with the pressures of work and their University studies.

The Listening Lounges, which are described as a "lifeline" by staff who attend, offer a facilitated open and honest discussion with nursing colleagues, and provide access to trained therapy dog Jasper. They are held in an 'Oasis' room, which provides comfortable and socially distanced seating available to all staff 24 hours a day.

Consultant Medical Oncologist wins award for third year in a row

Consultant Medical Oncologist at ELHT, Dr Hassan Shikhrakab, has been presented with a Certificate of Excellence in the 2021 IWantGreatCare Awards, which recognises those clinicians who are most highly and consistently recommended by their patients.

The award is presented to leading clinicians, clinics and surgeries across the UK in recognition of the great care they deliver to their patients. The award winners are chosen by reviews on the [IWantGreatCare](https://www.iwantgreatcare.co.uk/) website, which now features over 6 million reviews, making it the largest independent source of patient feedback in the UK.



East Lancashire Hospitals

NHS Trust

A University Teaching Trust

Four – Communications and Engagement

A summary of the external communications and engagement activity.

January 2021

Communications and Engagement

Monthly Media Update

Top Stories...

- This is everyone’s problem says hospital Chief in latest interview
- £3m investment in new MRI scanners for Burnley General Teaching Hospital
- ‘Quran Cube’ project supports Muslim patients across East Lancashire
- New app for cancer patients
- Reflections of a Chaplain; in the darkest moments...
- Macmillan Pod still open



Nurse striving for disability inclusion wins Chief Nursing Officer award

Press and Media Relations...

52 Mentions
in all media



40
Media enquiries
handled



9
Media releases
issued this
month



90%
of stories were
positive or neutral



+47
The monthly
media net score
(positive minus negative)

Projects the Communications Department has supported...

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

Website...



Our website got **174,052** page views by **65,536** people.

The most viewed webpage was – Join vaccine team



Social media and digital...



The most talked about issues on our social networks..

- Bridget Palmer death in service announcement
- LSCFT wellbeing and mental health texting line service
- Joanne Mohammed awarded silver CNO
- AVCH minor injuries temporary closure
- Kevin McGee interview with BBC Radio Lancashire talking about hospital pressures

Posts of the month...



Top Tweet earned 21.9K impressions

We are so proud of Joanne Mohammed, who has been awarded a silver Chief Nursing Officer (CNO) award for her work to make nursing a career of choice for people with disabilities, particularly those with hearing impairment or deafness. 🎉

ow.ly/Yg4f50DccPK

@NHSEngland
pic.twitter.com/zBhAoHCcAg



↩ 13 ↪ 15 ❤ 121

[View Tweet activity](#)

[View all 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

Saf

February 2021

Communications and Engagement

Monthly Media Update

Top Stories...

- Consultant Medical Oncologist wins IWantGreatCare award for third year in a row
- Minor injuries unit to reopen in Accrington
- East Lancashire resident praises Pennine Covid Virtual Ward after beating virus at home
- New app for cancer patients



Trust's "exemplary" catering team nationally recognised

Press and Media Relations...



Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- Video requests
- COVID vaccination hub
- International womens day
- Maternity webpages and online referral form

Website...



Our website got **128,696** page views by **47,776** people.
 The most viewed webpage was – Waiting times ↓

Social media and digital...



The most talked about issues on our social networks..

- AVCH Minor Injuries Unit, a reminder of reopening date
- Chemotherapy Unit - invite for the COVID vaccine
- AVCH Minor Injuries Unit reopening announcement
- Jasper the Therapy Dog visits the COVID vaccination centre at Blackburn Cathedral
- In case you missed it post, David Anderson's interview with Global

Posts of the month...



Top Tweet earned 14K impressions

Our Listening Lounge's offers students returning to work the chance to talk openly in a safe space. At ELHT we really value the mental health and wellbeing of all our staff and students, and we wanted to share what we do with you.

View our training video: ow.ly/L11c50DyLNB
pic.twitter.com/b6E1hbB1ts



3 replies 14 retweets 57 likes

[View Tweet activity](#)

[View all Tweet activity](#)

Safe

Facebook review rating:

4.6 out of 5

Routine activity:

Weekly staff bulletin
 COVID briefings (3 x weekly)

Five - Chief Executive's Meetings

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

February 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
Weekly Tuesday	STP Hospital Cell – Bill McCarthy
Weekly Tuesday	David Flory, Independent Chair, LSC ICS
3 February	Formal ICS Board
12 February	NW Capacity Oversight Meeting
16 February	NHSE/I CEO Advisory Group – Simons Stevens
17 February	LSC System Leaders Executive
17 February	NW Coast Vaccination Steering Group
19 February	NW Capacity Oversight Meeting
19 February	HIP2 (Health Infrastructure Plan)
22 February	Vital Signs Transformation Guiding Board

23 February	L&SC ICS PCB Clinical Haematology Planning Meeting
25 February	LSC Diagnostics Programme Board
25 February	Lancashire and South Cumbria Pathology Collaboration with Jonathan Stephens
25 February	Developing the Vascular Network Board
26 February	LSC Pathology Collaboration Board
26 February	LSC Provider Collaboration Board
26 February	HIP2 Strategic Oversight Group

March 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
Weekly Tuesday	STP Hospital Cell – Bill McCarthy
Weekly Tuesday	STP Hospital Cell – Bill McCarthy
2 March	Clinical Strategy Session
3 March	Formal ICS Board
4 March	ICP/ICS Development
5 March	NW Capacity Oversight Meeting
9 March	Chairs and Chief Officer discussions
10 March	Trust Board
11 March	Diagnostic Imaging Clinical Lead interview
11 March	NHSE/I CEO Advisory Group – Simons Stevens
12 March	NW capacity Oversight Meeting
12 March	L&SC Clinical Haematology Working Group

16 March	Team Brief
16 March	Councillor Mohammed Khan
17 March	LSC System Leaders Executive
17 March	PL ICP Peer to Peer Session
19 March	NW Capacity Oversight Meeting
24 March	Julie Higgins, Chief Officer
25 March	LSC Diagnostics Programme Board
26 March	NW Capacity Oversight Meeting
26 March	HIP2 Strategic Oversight Group
26 March	LSC Pathology Collaboration Board
26 March	LSC Provider Collaboration Board

TRUST BOARD REPORT

Item **36**

10 March 2021

Purpose Assurance

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

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 01/03/2021 these risks have been reviewed at RAM on the 26/02/2021 and will be reviewed in the next meeting on the 26/03/2021.

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

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
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	<ol style="list-style-type: none"> Continuous actions managed and monitored through the ICC meetings and regular OCC meetings throughout the trust. Mass Vaccination rollout 	All actions managed by Tony Mcdonald (Continued actions under development as pandemic progresses through the appropriate meetings)		
Top 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 2 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 and launched 18/01/2021 Enhanced monitoring of Oxygen flow and capacity. Regularly reported on and discussed in Patient Flow meetings/ICC. 						
Update since the last report	01/03/2021 – Continued staff testing using the Lateral Flow kits are still in place throughout the trust, plans being developed to transition to LAMP testing from April. Blackburn and Burnley Mass Vaccination sites are in place and daily reviews are in place between ELHT and the ICS teams. Weekly ICC meetings have moved to twice a week given the drop in pressure on the trust and the strengthening of the vaccination roll out across the UK. Following recommendation of the Critical Care Network and approval by the hospital cell, critical care capacity has now reduced from 48 beds to 44 beds. Planning to support the recovery and restoration of services and elective/diagnostic waiting lists on a system basis has commenced which is led by operational colleagues.		Date Last reviewed	01/03/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
			Current issues	<div style="background-color: red; color: white; padding: 5px; text-align: center;">Impacted by COVID-19</div>			

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	All actions completed – awaiting new update for the risk as this has now become a project risk expected to last until September 2022.			
Top 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	01/03/2021 - EPR has now been approved and the contract has been formally signed. The project goes LIVE Monday 5 th July and will run through to 26 th September 2022. Further discussion about this risk will take place to review it within the project timeline.		Date Last reviewed	01/03/2021			
				Q1	Q2	Q3	Q4
			Current issues	<div style="background-color: red; color: white; padding: 5px; text-align: center;">15</div>	20	20	20
			Current issues	The risk is currently moving into a Project so further discussions will take place about the future management of this.			

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 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	01/03/2021- Continue to await outcome of ICS review and decision re location of HDU's and specialist commissioning		Date Last reviewed	01/03/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
				20	20	20	20
Current Issues			CCG currently not funding L2 Critical care activity. Awaiting decision from the ICS.				

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 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	01/03/2021- Holding list remains stable at 13, 711.COAS are continuing to roll out the RAG system for ward referrals but due to sickness in the team this has been slightly delayed. Ongoing review of the holding list is taking place at specialty level which is being monitored through weekly ptl meetings.		Date Last reviewed	01/03/2021			
				Q1	Q2	Q3	Q4
				16	16	16	16
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. 22/03/2021 (was 30/11/2020)	
Top 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		11/2/21 No change. Virtual review has not been approved yet by the Royal College of Paediatricians (RCP). They will advise when they can do this. Contact is due end of March between ELHT and RCP. In the meantime the service improvement work is continuing which does involve our commissioner.		Date Last reviewed	11/02/2021			
					Q1	Q2	Q3	Q4
					16	16	16	16
				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		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.		Actions	<ol style="list-style-type: none"> Glaucoma Clinic Imaging Community stable Glaucoma Outsourcing of OCT & Visual Fields Community & diabetic eye clinic 	<ol style="list-style-type: none"> Nicolette Webster Vikas Shankar Vikas Shankar Rober Sutcliffe 	Dates to be reviewed in the system	
Top 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. 						
Update since the last report		01/03/2021 - A business case has been approved in early January to allow Ophthalmology to use a 4th area for patients which will support social distancing and increase number of patients seen in clinic. Recruitment is ongoing and there is a start date of 26th April to have everything in place.		Date Last reviewed	01/03/2021			
				Risk by Quarter	Q1	Q2	Q3	Q4
					x	x	15	15
				Current Issues	Impacted by COVID-19			

No	ID	Title					
7	8892	Patient safety and staff wellbeing may be compromised in Critical Care areas					
Lead	Allison Duerden	Current score	16	Score Movement			
Description	Due to COVID-19 pressures and increasing demand for critical care capacity it has become necessary to work outside of the Guideline for the provision of intensive care services(GPICS)standard for nurse staffing. A relaxed standard published by the United Kingdom Critical Care Nursing Alliance (UKCCNA)has been published which outlines relaxed staffing levels which have been agreed nationally. There is currently an inability to consistently provide these relaxed nurse staffing levels to patient ratios outlined within this UKCCNA guidance.		Actions	New risk added, actions being developed.			
Top Controls	<ol style="list-style-type: none"> There will always be a mixture of critical care trained nurses and redeployed registered nurses to each pod of 8 patients. The number within each pod will be determined by the number of level 3 and level 2 patients within them. This number will therefore be fluent and will change according to clinical need Daily 8am executive team meeting discussing current patient numbers, levels of care required, number of patients ready for ward care, number of patients expected, staff available both medical and nursing for the 24 hr period, ratios of staff to patient discussed and recorded for all levels of care Any shortfalls in staffing over the 24hr period are highlighted and supported Twice daily review of staffing by critical care triad 						
Update since the last report	01/03/2021 – Risk is being reviewed in line with the changing guidance, further update expected by next report with full action plan.		Date Last reviewed	01/03/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
				x	x	x	15
Current issues	Impacted by COVID-19						

No	ID	Title					
8	7067	Aggregated Risk - Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and quality					
Lead	David Simpson	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	<ol style="list-style-type: none"> Review impact of MH service provision with opening of MHUAC 			
Top Controls	<ol style="list-style-type: none"> Daily system mental health teleconference, attended by ELHT Clinical Site Managers. Discussion and review at four times daily clinical flow meeting Expanded mental health liaison team service based in emergency department. 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. Mental Health Shared Care Policy including out of hours escalation process for MH patients. 						
Update since the last report	02/02/2021- Risk reviewed, and remains the same until a review of the MHUAC impact, when open in April 2021.		Date Last reviewed	02/02/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
				15	15	15	15
Current issues	Move in date expected April 2021						

No	ID	Title					
9	1810	Aggregated Risk - Failure to adequately manage the Emergency Capacity and Flow system					
Lead	David Simpson		Current score	15	Score Movement		
Description	Lack of capacity across the Trust can lead to extreme pressure resulting in a delayed delivery of the optimal standard of care across departments. At times of extreme pressure this increase in the numbers of patients within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow		Actions	1. Nursing Assurances to be provided regarding care delivery to patient in ED 2. Develop a public participation strategy to support community acceptance of change	1. Jacqueline Murray 2. David Simpson	1. 31/03/2021 2. 11/06/2021	
Top 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	02/02/2021 – Risk currently remains an issue as we are still seeing delays in patients transferring to other departments. Review risk in 30 days to ascertain if gaps and plans have had an impact on performance.		Date Last reviewed	02/02/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
			Current issues	15			

No	ID	Title					
10	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	1. Twice yearly professional judgment review of nurse and midwifery staffing requirements 2. Ongoing recruitment ,, locally, nationally, and internationally	1. Julie Molyneux 2. Julie Molyneux	1. 01/03/2021 (was 01/12/2020) 2. 01/03/2021 (was 30/12/2020)	
Top 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 an 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 report	01/03/2021 No change in recruitment since last update but Mass Vaccination programme is bringing more staff into ELHT employment. Actions to be re-reviewed and dates may need extending due to COVOID impacts.		Date Last reviewed	01/03/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
			Current issues	15			

No	ID	Title					
11	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	<ol style="list-style-type: none"> Implement Secondary Care Patient Choice Post Card Creation of comprehensive Cancer PT and automated Hot list Implementation of Rapid cancer diagnostic and assessment pathways Capacity & Demand Review Investment of Alliance Funding in pathway to improve processes. 	All actions managed by William Wood	<ol style="list-style-type: none"> 31/03/2021 31/03/2021 (Was 31/12/2020) 31/03/2021 31/03/2021 31/03/03/21 	
Top Controls	<ol style="list-style-type: none"> CNS engagement with virtual PTL Cancer escalation process modified and re-issued Cancer Hot List issued twice weekly Additional theatre capacity with additional capacity being attained throughout other hospital services. Lancashire Cancer Tactical Group, Trust and CCG colleagues discuss performance, progress, and ideas for improvement. Cancer Performance Improvement group has been established and is chaired by the Lancashire/South Cumbria Alliance. 						
Update since the last report	01/03/2021 -As the COVID-19 numbers begin to reduce following the most recent wave and the vaccination program continues to increase, talk has again turned to restoration of the cancer performance position. Specifically focusing on the KPIs identified in the phase 3 letter – Two week wait Referrals (TWW), Treatment Activity, 62 Day Backlog. The TWW Referrals have restored and maintaining even during the most recent wave. However, the treatment volumes have decreased and the 62 day backlog has increased. Trajectories will be created and submit to the region setting out our plans to return these numbers to pre-COVID levels		Date Last reviewed	01/03/2021			
			Risk By Quarter	Q1	Q2	Q3	Q4
			Current issues	Impacted by COVID-19			

No	ID	Title					
12	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:		Actions	All actions have been completed this month, awaiting purchase of the fridges which will reduce the score down and the risk will then be managed in the division.			
Top Controls	<ol style="list-style-type: none"> Planned evacuation due to fire alarm test. Unplanned evacuation, in response to local fire alarm activation Evacuation due to actual fire within the laboratory. Emergency bloods can be stored in temporary insulated boxes for a period of time The BMS (Bio Medical Scientist) would either station themselves outside the entrance to the laboratory, where they could issue emergency units out If level 0 was out of bounds, clinical flow room would be point of contact skilled staff. Hospital Transfusion Committee in place and review of meeting still underway. 						
Update since the last report	01/03/2021 - A capital bid has been successful and the fridges have been purchased. Once these have gone through the change control the risk can be reduced.		Date Last reviewed	01/03/2021			

		Risk by Quarter	Q1 15	Q2 15	Q3 15	Q4 15
		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					
13	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	All actions completed, awaiting further actions as risk is close to mitigation.			
Top 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	15/02/2021- The business case is almost complete and will go to SLG on the 23rd February 2021 for final approval. The IT equipment requirements have been submitted to Amanda Claeys for order. The project kick-off meeting with the supplier is scheduled for the 3rd March 2021. Process mapping our current state is on-going however challenging due to the current pandemic influencing staffing and workloads.		Date Last reviewed	15/02/2021			
			Risk by Quarter	Q1 x	Q2 15	Q3 15	Q4 15
			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				
14	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	<ol style="list-style-type: none"> Submit monthly financial monitoring returns to NHSEI To ensure we have a financial training programme in place to support the wider organisation and network 		
Top 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 are made in accordance with delegated limits		3. To work across the Trust with non-financial colleagues			
			4. Submit Planning financial monitoring returns to Healthier Lancashire and South Cumbria Integrated Care System (ICS) as required			
Update since the last report	08/02/2021- The Trust is reporting a £9.0m deficit as at 31st January 2021. The Trust is continuing to strive to meet the likely case forecast outturn position of a £17.9m deficit. From an ICS perspective all partners are continuing to work together with the ultimate aim to meet the aggregated L&SC target of a £61.1m deficit. It must be noted that there is risk attached to meeting this target and will depend on managing expenditure levels and slippage in partner's positions.	Date Last reviewed	08/02/2021			
		Risk by Quarter	Q1	Q2	Q3	Q4
			x	x	15	15
		Current issues	Deficit under review with NHSI			

No	ID	Title					
15	8543	Fracture Clinic, Capacity & Demand					
Lead	Michelle Turton	Current score	15	Score Movement			
Description	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.		Actions	No actions provided this month, awaiting update.			
Top 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	01/03/2021- Screens are working well. Regular review of fracture patients to try and get people into correct slots works well but may		Date Last reviewed	01/03/2021			
			Risk by	Q1	Q2	Q3	Q4

need to look at additional resource to do this. This has been the best method of mitigating overcrowding so far. Fracture clinic is busy and over the past month we have breached the parameters of the national standard. Estates team are still working on a plan to keep the corridor patients safe and warm. (No change since last report)	Quarter	x	x	15	15
	Current issues	Impacted by COVID-19			

No	ID	Title					
16	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. Utilise independent sector	1. Joanne Preston 2. Victoria Bateman	Dates to be reviewed in the system	
Top Controls	<ol style="list-style-type: none"> Strong monitoring at Trust, Divisional and Directorate Level. 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. Bi-weekly performance meeting with Directorate Managers led by the Director of Operations. Planning & information produced for trajectories. Monitoring at directorate and divisional level at Directorate meetings and DMB. Recovery plans being updated weekly by Directorate Managers. Attendance of divisional information manager at directorate meetings to provide information regarding current position. 						
Update since the last report	01/03/2021- 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. No change since the last report. The Division are currently working with the ICS looking at system level recovery plans and trajectories.		Date Last reviewed	01/03/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
				x	x	15	15
Current issues	Impacted by COVID-19						

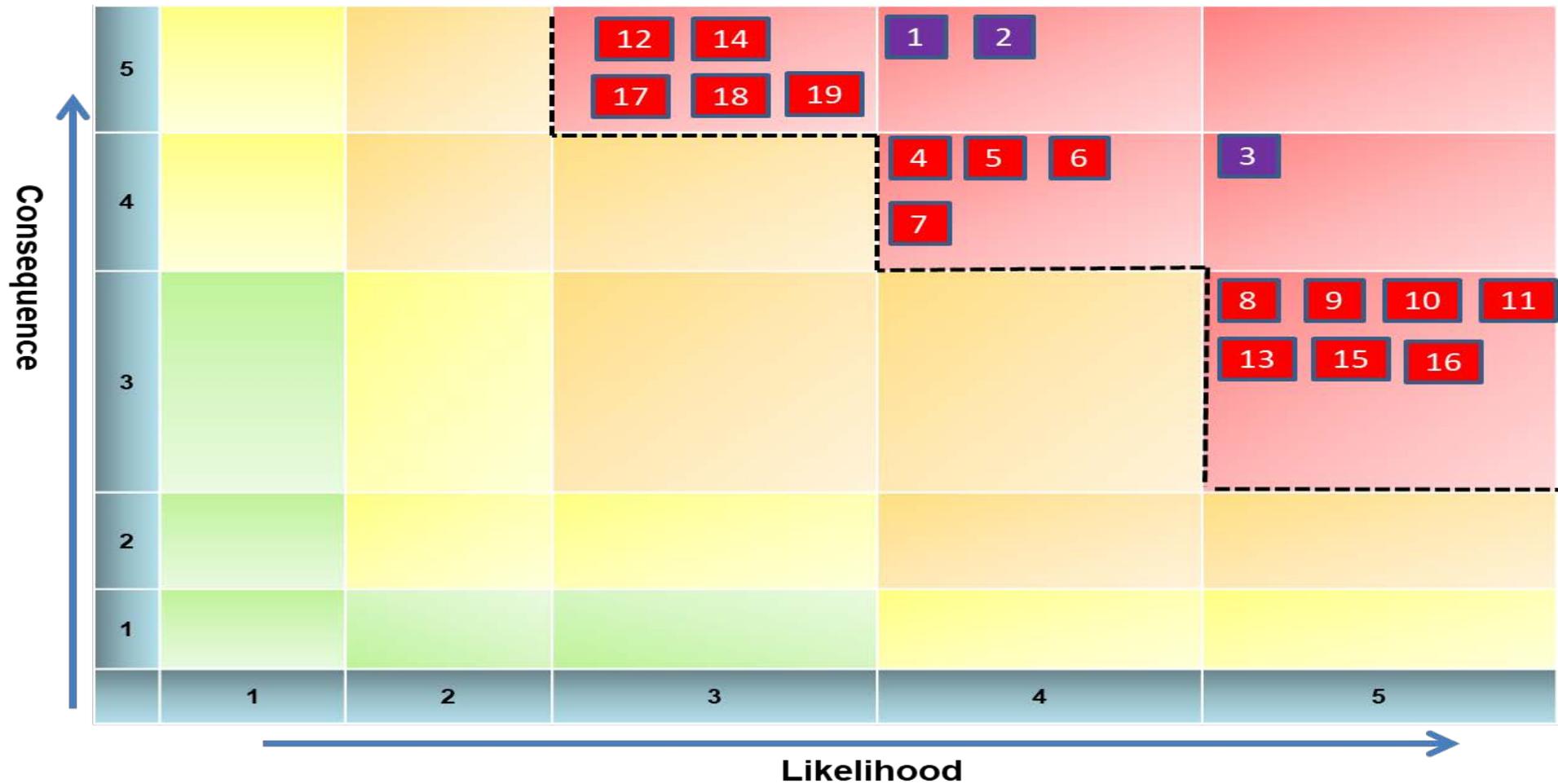
No	ID	Title				
17	8914	Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH				
Lead	Susan Chapman/Andrew Appiah	Current score	15	Score Movement		
Description	Risks to continuity of medical oxygen supply from the VIE due to inadequate resilience in current infrastructure. The designed maximum oxygen flow limits of the current VIE tank and vaporisers has been near enough exceeded during this pandemic. This could have potentially led to an interruption of essential treatment of critically ill patients, such as invasive ventilation and low- and high-flow oxygen therapies. When the total oxygen draw from the patients and devices exceed the designed limit of the vaporisers, the system would not be able to turn liquid oxygen into gas quickly enough; hence it could start drawing liquid oxygen into the system potentially damaging it.		Actions	New risk added but action place underway and being monitored through trust Incident Co-ordination Centre weekly.		

Top Controls	<ol style="list-style-type: none"> 1. Protocols for the Management of Oxygen During Periods of High Demand has been developed. 2. Elevated clinical demand for oxygen is monitored throughout the day and escalated. 3. Appropriate escalation measures have been allocated to various departments to avoid interruption of supply for patient's clinical care 					
Update since the last report	01/03/2021 - Capacity situation has been improving in line with the reducing number of Covid positive patients on RBH site.. However there is still the need to address this single point of failure and the capacity breaches that have occurred during the peak of the pandemic. Consort have submitted a non-binding provisional estimate for implementing this solution at £ 447,265.05. This cost would cover design and implementation of necessary upgrades/enabling to services and grounds and complete installation of a new VIE plant.	Date Last reviewed	01/03/2021			
		Risk by Quarter	Q1	Q2	Q3	Q4
		Current issues	Impacted by COVID-19			
		x	x	x	15	

No	ID	Title					
18	8808	Burnley Hospital (BGTH) - Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke.					
Lead	Tony McDonald/Michelle Brown		Current score	15	Score Movement		
Description	Deficiencies in provision of fire barriers in external cavity walls in Area 7 Phase 5, BGTH. This is a PFI building, not owned by the Trust. Excess gaps around fire doors have been identified, with inadequate fire stopping. Additionally issues have been identified within the Fascial Cavity Barrier & External Wall survey. Kingspan render/insulation is present but no test evidence to show fire resistance properties have been provided by Project Co or Kingspan. This has been requested by the Trust. The Trust has currently suspended fire stopping work internally due to COVID.		Actions	New risk added, action plan is in place and being monitored through a monthly collaboration meeting. Some individual actions will be added by the next report.			
Top Controls	<ol style="list-style-type: none"> 1. Fire alarm system throughout the building to provide early warning in case of fire. Tested, serviced and maintained. 2. External monitoring of fire alarm and connected to RBTH switchboard. 3. Staff completes fire safety training. 4. Fire Policy in place. 5. Engie Fire Risk Assessments for non-Trust locations, these include Plant Room areas which are not occupied by the Trust. 6. Contractual arrangements in place between PFI and the Trust for maintenance of systems and PPM's. 7. Monthly meeting between lead execs and support team to review this risk and outstanding fire stopping issues. Meeting will review the trust position on fire stopping each month and all parties aware of contractual agreements. 						
Update since the last report	01/03/2021 – The Trust is in active discussion with PFI partners to restart the Fire Stopping programme at ELHT. All mitigations and controls remain in place and are regularly reviewed. This risk is only expected to stay on the corporate register whilst the Fire Stopping works have been suspended.		Date Last reviewed	01/03/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
			Current issues	Impacted by COVID-19			
			x	x	x	15	

No	ID	Title					
19	7764	Royal Blackburn Hospital (RBTH) Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke					
Lead	Tony McDonald/Michelle Brown		Current score	15	Score Movement		
Description	<p>There has been a Covid suspension of planned fire stopping works on site from March 20 but this will be reviewed in a regular monthly meeting with the Exec Director of Finance, PFI Partners, H&S (Fire) and Estates. The exception is for capital and restore and restoration work only. Additional issues have been identified in a recent 3rd party sample survey -Fascial Cavity Barrier & External Wall Internal lining Investigations. The decision to stop such works transfers the risk of fire on the main site at Blackburn to the Trust. Project Co (PFI) cannot be held responsible until the Trust decides to reinstate such works which is being reviewed monthly.</p>		Actions	<p>New risk added, action plan is in place and being monitored through a monthly collaboration meeting. Some individual actions will be added by the next report.</p>			
Top Controls	<ol style="list-style-type: none"> 1. Fire alarm system throughout building providing early warning of fire 2. Evacuation procedures in place 3. Fire Wardens in most areas 4. All staff trained in awareness of alarm and evacuation methods 5. Fire policy in place 6. On site fire team response 7. Total Fire Safety Ltd have also started the programme of works on phases 1-4 8. Balfour Beatty carrying out work in Phase 5. 9. Monthly meeting in place with executives and senior management to review the trust position on the works being stopped and deal with escalations. First meeting 23/11/2020. The trust will review the position of this each month. 10. Contractual arrangements in place between PFI and the Trust for maintenance of systems and PPM's. 						
Update since the last report	<p>01/03/2021 – The Trust is in active discussion with PFI partners to restart the Fire Stopping programme at ELHT. All mitigations and controls remain in place and are regularly reviewed. This risk is only expected to stay on the corporate register whilst the Fire Stopping works have been suspended.</p>		Date Last reviewed	01/03/2021			
			Risk by Quarter	Q1	Q2	Q3	Q4
				x	x	x	15
			Current issues	Impacted by COVID-19			

Risk Heat Map March 2021:



Changes since the last report:

1. 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.
2. **11 out of 19** Corporate Register Risks are being affected by COVID-19 which is having a significant impact on some of the mitigation activity in those risks.
3. Actions have been reviewed with owners and all risks have actions in place and are being regularly monitored. Some risks that are new will not have a full action plan in place or has not been provided by the risk owner in advance of this report.
4. A new section 'Risk by Quarter' has been added to each risk table. This shows the risk progression since it was added to the Corporate Risk Register.

Conclusion:

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

TRUST BOARD REPORT

Item

37

10 March 2021

Purpose Approval

Title	Board Assurance Framework
Author	Mr I Brandon, Good Governance Institute
Executive sponsor	Mr J Husain, Executive Medical Director

Summary: This report provides the Board with an updated Board Assurance Framework set out in a new format. It brings together a best practice format for the Trust that has been maturing in its approach to risk management and supports the Trust in its strategic, outward looking focus going forward.

There will be continued work with the Executive Directors to further refine the document, so it focuses on the key controls, assurances, gaps and actions.

Recommendation: The Board is asked to review, discuss and approve the new approach to the Board Assurance Framework.

Report linkages

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

Impact

Legal	Yes	Financial	No
Equality	No	Confidentiality	No

Previously considered by:

Introduction

This report provides the Board with an updated Board Assurance Framework (BAF). It brings together a best practice format for the Trust that has been maturing in its approach to risk management and supports ELHT in its strategic, outward looking focus going forward. There will be continued work with the Executive Directors to further refine the document, so it focuses on the key controls, assurances, gaps and actions.

Context

The Good Governance Institute (GGI) were commissioned to conduct a review of the Trust's risk systems as part of a detailed corporate governance development review in summer 2020. It found that although the risk systems at the Trust had improved and developed since the last CQC inspection and MIAA audit, there was a need for further refinement of the Board Assurance Framework, particularly to ensure there is a strategic focus and to incorporate the COVID-19 risk into the appropriate areas of the principle risks so that the BAF remains strategically focused.

In autumn 2020, it was agreed by the Board during a development session to refine the BAF rather than complete a full refresh considering the continuing COVID-19 pandemic. GGI were therefore commissioned by the Trust to support a refinement of the BAF in winter 2020/21.

Progress to date

GGI have agreed a revision of the BAF template to improve accessibility and utilise best practice from the other BAFs across the NHS. Best practice shows that BAFs normally contain the following:

- Strategic Objectives
- Links between BAF and Corporate Risk Register
- Strategic/principle risks
- Risk scoring
- Risk appetite
- Key controls and their effectiveness
- Internal and external lines of assurance and their effectiveness
- Gaps in controls and assurance



GGI have produced a template that brings all these together in a more accessible format. GGI then reviewed the existing BAF and updated utilising recent committee papers in January and February 2021. This was then presented to the Executive Directors for their review and updates, culminating in today's paper.

Key changes

The previous risk in relation to COVID-19 (previously BAF 6) has been incorporated into the previously existing BAF risks.

Next steps

The Trust will need to further refine the controls, assurances, gaps and actions so they are focused on those that are key to mitigating and assuring on the principle risks.

An updated risk appetite statement that can be linked to each principle risk will need to be produced.

The Board will receive the draft risk appetite at its meeting in March for agreement.

Recommendations

The Board is asked to review, discuss and approve the new approach to the Board Assurance Framework.

Appendix – Board Assurance Framework (Full)

BAF Risk 1

<p>Objective theme: Quality, Delivery, Workforce and Finance</p>	<p>Executive Director Lead: Deputy Chief Executive, Director of Finance and Medical Director, Director of HR and OD and Director of Nursing</p>						
<p>Risk Description: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust’s ability to deliver safe personal and effective care.</p>	<p>Date of last review: March 2021</p>						
<p>Risk Rating: Initial Risk Score: 4 x 4 = 16 Current Risk Score: 4 x 4 = 16 Target Risk Score: 2 x 5 = 10</p> <p>Legend: Initial Risk (blue), Current Risk (red), Target Risk (green)</p>	<p>Effectiveness of controls and assurances:</p> <table border="1" data-bbox="1369 571 2041 691"> <tr> <td>X</td> <td>Effective</td> </tr> <tr> <td></td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite:</p>	X	Effective		Partially Effective		Insufficient
X	Effective						
	Partially Effective						
	Insufficient						
<p>Controls:</p> <ul style="list-style-type: none"> The programme is monitored through the Improvement Practice Office reporting to the Senior Leadership Group (SLG), Finance and Performance Committee, Quality Committee, and the Executives through the Executive Leadership Wall. The Quality Improvement programme is monitored through the Trust Wide Quality Group. A QI register details the projects by Division and Harm (if applicable). Contained within the Quality Improvement programme is the Harm Free Care programme which includes Falls, Deteriorating Patient, medication errors, Pressure Ulcers, Infection Prevention. Divisional improvement is monitored through the Divisional Governance structures. IMT Strategy Estates Strategy Improvement Practice Priorities and development strategy – three-year plan Patient Participation Panel involvement in transformation projects Refreshed Clinical Strategy 2021/26 Implementation of digital solutions to reduce footfall ICP has used and adopted the improvement methodology e.g. in the Regulated Care Sector Cell 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> The Trust planning process has been designed to enable the identification of a single set of improvement and transformation priorities for the Trust in conjunction with ICP Partners. The priorities identified are aligned to the Trust’s Clinical Strategy, the ICP priorities as outlined in the Pennine Plan, to key ICS priorities and to the NHS Long-Term Plan. The Trust has adopted and is implementing (and building capacity to undertake) improvement (incorporating quality improvement, transformation/service development and improvement) utilising a consistent improvement approach based on Lean. The Trust has invested in external expert advice and support via the NHS Improvement Vital Signs Programme to ensure improvement is delivered to a high standard. The Trust has invested in dedicated improvement capacity through the development of the Improvement Practice Team/Office and seeks, through the planning round, to align capacity across the organisation to the delivery of a single plan. Through alignment of priorities to the Improvement Practice Office there will be oversight of all improvement work. Operational and Executive oversight is provided via: <ul style="list-style-type: none"> Executive Visibility Wall – reviewed by the Executive Team every two weeks 						

Appendix – Board Assurance Framework (Full)

BAF Risk 1

	<ul style="list-style-type: none"> • Senior Management Team Meeting - weekly • Senior Leadership Group • Monthly Board assurance is provided via reporting to: <ul style="list-style-type: none"> • Finance and Performance via IPR and bi-monthly reporting of the Waste Reduction Programme • Quality Committee • Trust Board (bi-monthly reporting) • The revised clinical divisional structure includes the community services and intermediate care division to ensure adequate leadership and capacity to support transformation and partnership working with the wider system. <p><u>External Assurances</u></p> <ul style="list-style-type: none"> • System-wide reporting of improvement and transformation priorities in through the Healthier Pennine Lancashire Integrated Care Partnership (ICP). • Work is on-going to align improvement approaches and deliver associated training to upskill across the ICP. • There has been good participation by system partners in several system-agreed improvement events. • There is ongoing alignment of improvement resources across the ICP including commissioning portfolios. • System-wide Programme Boards have been developed to focus on delivery of system priorities and dovetail to Trust's information and transformation plans. These Boards cover Urgent and Emergency Care, Scheduled Care, Integrated Community Care and Mental Health. A Programme Co-ordination Group, consisting of senior responsible officers and delivery leads, established to oversee delivery. 				
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • Capacity and resilience building in relation to improvement is in early phase • Dependency on stakeholders to deliver key pieces of transformation • Financial constraints • Transformation priorities not yet fully aligned to appraisal and objective setting 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>There will be a re-focus on delivery and impact via the Executive Visibility Board which will improve assurance to Trust Board subcommittees.</td> <td>Q1 2021/22</td> </tr> </tbody> </table>	Action	Target Date	There will be a re-focus on delivery and impact via the Executive Visibility Board which will improve assurance to Trust Board subcommittees.	Q1 2021/22
Action	Target Date				
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Appendix – Board Assurance Framework (Full)

BAF Risk 1

<ul style="list-style-type: none"> • Capacity and time to release staff to attend training related to improvement in order to build improvement capability across the organisation. • Linking between clinical effectiveness/quality improvement and the Improvement Office needs to be further developed • Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. • Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system. • Costs associated with the ICP/ICS 5-year plan may have an effect on Trust finances. • Impact of Electronic Patient System on improvement plans • Impact of ICP/ICS governance changes on improvement plans. 	Continued alignment of improvement approach for the Trust.	Q1 2021/22
	Trust Wide Electronic Patient System approval and implementation	August 2022

Appendix – Board Assurance Framework (Full)

BAF Risk 2

<p>Objective theme: Workforce</p>	<p>Executive Director Lead: Director of HR and OD</p>						
<p>Risk Description: Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Risk Rating:</p> <p>Initial Risk Score: 4 x 4 = 16 Current Risk Score: 4 x 5 = 20 Target Risk Score: 2 x 5 = 10</p> <p>Legend: Initial Risk (blue), Current Risk (red), Target Risk (green)</p>	<p>Date of last review: March 2021</p> <p>Effectiveness of controls and assurances:</p> <table border="1"> <tr> <td>X</td> <td>Effective</td> </tr> <tr> <td></td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite:</p>	X	Effective		Partially Effective		Insufficient
X	Effective						
	Partially Effective						
	Insufficient						
<p>Controls:</p> <ul style="list-style-type: none"> • Workforce Transformation strategy in place and associated Divisional and Trust-wide plans monitored through the Workforce Solutions Group. • Divisional Workforce Plans aligned to Business & Financial Plans through the planning process. • Divisional Performance Meetings and SLG monitor on-going performance, actions and risks. • Regular reports to Finance & Performance Committee and Board on delivering the People Strategy. • Trust Workforce Controls group in place to review all vacancies and support the Workforce Transformation strategy. • One Workforce Planning Methodology across Pennine Lancashire • Workforce planning at ICS level, e.g. Apprenticeships, recruitment and retention initiatives, collaborative medical banks and talent management. Pennine Lancashire People Board. • People Strategy aligned to deliver National ICS, ICP and Trust workforce objectives and is cognisant of the NHS People Plan. • Increased staffing during core hours to alleviate pressures. • Staff upskilling and re-location of staff across the Trust to support in other areas of the Trust during increased demand. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> • On-going monitoring of vacancies and bank/agency usage via Trust IPR, performance measures, time limited focus groups with action plans, Board and Committee reports, regulatory and inspection agencies, stakeholders, internal audit. • WRES and WDES action plans with timelines in place. Regular reporting to the Board on progress. Ongoing monitoring of workforce diversity through the re-establishment of the Diversity and Inclusion Steering Group and Trust staff networks. • Joint Medical and Non-Medical Agency Group in place. Dashboard giving overview of bank/agency usage presented monthly. Additional scrutiny from a nursing perspective. • Integrated Performance Report, Performance Assurance Framework, Workforce Dashboard reporting key performance indicators within division on a monthly basis, Details of these reported on a quarterly basis to the Finance & Performance committee. • Lean Programme (Vital Signs) overall linking into workforce transformation. Improvement priorities are now being identified as part of the delivery of the People Strategy, working to embed in culture. • Completion rates of the annual staff survey and low rates of turnover, uptake of flu vaccine across the workforce. • Workforce dashboard developed and showing on Power BI (Business Intelligence System). 						

Appendix – Board Assurance Framework (Full)

BAF Risk 2

<ul style="list-style-type: none"> • Workforce tools such as Safe Care, e-rostering and dashboards to monitor safe staffing levels, revised in light of winter and COVID-19 • International, band 5 nurse and HCA recruitment • Vaccinations and lateral flow testing of staff groups • Mutual aid arrangements in place across ICS • Job planning in light of service demands • Medical Training Initiative Scheme • COVID-19 implemented agile working schemes • Daily medical and workforce huddles to identify gaps in staffing levels • Resourcing hub established for responding to staffing needs 	<ul style="list-style-type: none"> • Implementation of new absence management process to support staff attendance and to mitigate need for use of bank and agency. • A Senior Medical Staffing Performance Review Group established - responsibility for reviewing all consultant job plans, consultant vacancies etc. adding further rigor on our appropriate use of resource. Workforce Solutions Board now aligned to deliver Trust Business Plan & Clinical Strategy. • Revised appraisal process linked to talent management and succession planning. • E&D Action Plan updated. • Culture and Leadership Programme. • The Equality and Inclusion Group has been established to consider the wider diversity agenda. Four staff networks established (BAME, LGBTQ, Mental Health and Disability) • First Shadow Board cohort completed, with participants being offered Talent Conversations and a second cohort planned. • Reverse mentoring scheme commenced and will be a perpetual scheme. • Occupational Health team supporting testing and isolation advice • Ongoing international and domestic recruitment <p><u>External Assurances</u></p> <ul style="list-style-type: none"> • Friends and family test (further detail in BAF risk 5) • Benchmarking of agency spend is available through the Model Hospital data. • Collaboration across the ICS on agency usage. Participation in ICS Bank and Agency Collaborative to manage agency rates across the region. ICS collaboration on Careers, International Recruitment and Workforce mobility. ICS wide People Board - looking at nurse recruitment across the whole system. • Joint work taking place across the ICS to consider implications and options to mitigate the impact on pensions. The Trust has agreed a range of measures with ICS colleagues to help address the pensions challenges along with implementation of NHSE's interim solution for financial year 2019/20. Pensions link to Finance and Performance 'Gaps in Assurance'. • Broader equality and diversity group and a better understanding of workforce demographics in relation to the over 55 workforce. • Establishment of a Pennine Lancashire and a Lancashire and South Cumbria People Board. • Improving staff survey 2020 results
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Appendix – Board Assurance Framework (Full)

BAF Risk 2

<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions. Reduction of CPD monies from HEE (could be offset by the apprenticeship levy). Varying incentive schemes/packages across provider sector. Integrated Workforce Assurance Group The impact of the changes to the pension rules and taxation has resulted in a significant reduction in capacity and additional work being undertaken by senior medical staff. This has resulted in a reduction in clinical capacity. Inability to control external factors (COVID-19, Brexit, visas etc). Regulators stance on safe staffing and substitution of roles in place of registered workforce. Lack of data/intelligence regarding the number of nurses and clinical staff in the 55+ age category and the related risk of 'brain drain' in the coming years. Work has been done by ICS across the system but it does not contain the level of detail needed for each Trust. Efforts need to be made to understand and refine the workforce data in order to address the issues in the Trust. Increasing staff sickness from COVID-19 COVID-19 impact on appraisals COVID-19 impact on Black and Minority Ethnic (BAME) population 	<ul style="list-style-type: none"> WRES/WDES results 								
	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Annual Festival of Inclusion planned for October 2021.</td> <td>October 2021</td> </tr> <tr> <td>An ICP workforce strategy has been developed An ICS wide mobility agreement to assist with the movement of staff across the region.</td> <td></td> </tr> <tr> <td>HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 100 HCA applicants being processed following recent campaign and are currently in pre-employment stages with envisaged start dates in Q1 2021/22</td> <td>Q1 2021/22</td> </tr> </tbody> </table>	Action	Target Date	Annual Festival of Inclusion planned for October 2021.	October 2021	An ICP workforce strategy has been developed An ICS wide mobility agreement to assist with the movement of staff across the region.		HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 100 HCA applicants being processed following recent campaign and are currently in pre-employment stages with envisaged start dates in Q1 2021/22	Q1 2021/22
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Appendix – Board Assurance Framework (Full)

BAF Risk 3

<p>Objective theme: Quality, Delivery, Workforce and Finance</p>	<p>Executive Director Lead: Deputy Chief Executive, Director of Finance, Director of Service Development and Medical Director</p>						
<p>Risk Description: 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>Date of last review: March 2021</p>						
<p>Risk Rating:</p> <p>Initial Risk Rating: 4 x 4 = 20 Current Risk Rating: 3 x 4 = 12 Target Risk Rating: 3 x 4 = 12</p> <p>Legend: Initial Risk (blue), Current Risk (red), Target Risk (green)</p>	<p>Effectiveness of controls and assurances:</p> <table border="1" data-bbox="1315 641 1992 755"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite:</p>		Effective	X	Partially Effective		Insufficient
	Effective						
X	Partially Effective						
	Insufficient						
<p>Controls:</p> <ul style="list-style-type: none"> • Pennine Lancashire System Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decisions on key actions. • Number of senior clinicians involved with ICS work groups. Professional Leadership Committee (PLC) has ELHT representation. • The ELHT Accountable Officer is the senior responsible officer (SRO) for the Pennine Lancashire Transformation Programme, sits on the System Leaders Forum and on the Integrated Care System for Lancashire and South Cumbria (ICS) Programme Board. • Vital Signs Programme ensures the ICP as a system is having a significant participation as part of the transformation programme. • Working relationships with stakeholders in relation to mental health services including shared policies • Multiple COVID-19 initiatives at ICP level 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> • Standing agenda item at Trust Board where approvals will be established and permissions are provided by the Board to let Executives progress the generation of ideas and options with external stakeholders. Standing agenda item at Executive meetings. • Potential gains in strengthened reputation with regulators and across the ICS footprint with regular reporting to the Board via the Finance and Performance Committee on progress, milestones and risks linked to the gateway process. • Mitigation in place for creating single teams across the system, e.g., 'one workforce' with timelines for implementation. Progress covered under BAF risk 2. • Community Integrated Board established to discuss models of care. Senior representation from the Trust were at the meeting and positive feedback received. 						

Appendix – Board Assurance Framework (Full)

BAF Risk 3

<ul style="list-style-type: none"> • Strategic planning • Pathology collaboration programme • ICS Clinical strategy • Long COVID clinics in partnership with the local CCGs and Lancashire and South Cumbria Care NHS Foundation Trust – move to BAF risk 3 • Strategic / Annual Planning Process • Socialisation of the refreshed Clinical Strategy which has a system focus. • ELHT input into the ICP maturity matrix report and subsequent task and finish group (Deputy Chief Executive) and development plan. • Chairman / Chief Executive / Deputy Chief Executive input to ICS Board / Provider Collaboration Board / System Leaders Executive and New Hospitals Programme • Hospital cell led by the Chief Executive with ELHT represented by Deputy Chief Executive • ICP Providers meeting on a regular basis • Provider Chief of Operations (COO) / Director of Operations group led by ELHT COO 	<ul style="list-style-type: none"> • Call to action by senior clinicians regarding the ownership by medical staff on the financial position of the Trust. An action plan has been agreed including the Trust and local GP's and will be launched by Trust and CCG Accountable Officers. • Action plans developed to reduce the number of face to face outpatient appointments in line with the NHS Long Term Plan. • Board CEO report including updates on system developments and engagement • Phase three reporting to Board and committees • Refreshed Clinical Strategy – presented at Board Strategy Session <p><u>Internal/External Assurances</u></p> <ul style="list-style-type: none"> • The Pennine Lancashire and ICS Cases for Change have been published. • Community Integrated Board established to discuss models of care. Senior representation from the Trust was at the meeting and positive feedback was received. • Fostering good relationships with GP practices through Primary Care Network development and wider out of hospital working. • Pennine Lancashire ICP MoU agreed by stakeholders workplan in place after Tripartite Board session. Revised governance and delivery standards. Programme Boards established with good ELHT representation. • ELHT hosting the Providers Programme Director for the ICS Provider Board who reports to the Chief Executive of ELHT. Director of Service Development leading on the construction of the work programme with the Directors of Strategy from all the providers. Component business cases at Pennine Lancashire level forming a draft overarching ICP plan. Plan on a page for the ICP, connecting to the Plan on a page for ELHT completed and shared with the Commissioners. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire ICP Programme. Cultural development programme for system level leadership established with involvement of all senior leaders across the ICP. • ICS architecture on clinical services is developing (e.g. pathology, stroke and frailty). Positive feedback from service reviews (stroke and endoscopy). Structures in place for the Out of Hospital stream with the Trust significantly contributing to the workstream. Across the ICS footprint the Medical Directors of the four Trusts agreed to focus on urology, vascular services, stroke, emergency department, interventional radiology and gastrointestinal bleed, and neonatology. Meetings are ongoing regarding the acute Programme and more focused work is
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Appendix – Board Assurance Framework (Full)

BAF Risk 3

	<p>taking place in Stroke, Vascular, Head and Neck and Diagnostics. At ICS level all providers met to formulate work programme - 3 categories of services agreed</p> <p>a) services that are fragile now</p> <p>b) services where there is no immediate risk but possible in the not too distant future</p> <p>c) services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed. Prioritisation of diagnostics, pathology and cancer work streams agreed.</p> <ul style="list-style-type: none"> • Developed work programme discussed by the Provider Board at ICS level. and work on developing future configuration continues, no timelines for completion set at this stage. Revised set of governance arrangements in place. • Clinical leadership through the Professional Leadership Committee (PLC) at Pennine Lancashire ICP level giving consistent message about the importance of working as a system. Strengthening the relationship with primary care networks' leadership. Associate Medical Director for Service Improvement appointed, increasing our capacity for clinical leadership in relation to service improvements. • Vital Signs is a system wide transformation programme across the Pennine Lancashire ICP. Patient experience strategy envisages good patient and public involvement to support the collaborative transformation. Progress with work covered under BAF risk 1. A system financial and investment group for the ICP looking into the priorities and aligning them with the financial envelope for the local system. • Pennine Lancashire ICP Programme Co-Ordination Group is the engine/delivery room for the ICP. The group has been given delegated authority from the Pennine Lancashire Leaders' Forum and the planning process is driven through this group. The Pennine Lancashire system planning reports into the ICP Programme Co-Ordination Group. Executive Director of Service Development is the Co-Chair. • Joint accountable officer for CCG and joint executive team in place. Creation of single teams to deliver the transformation agenda at ICP system level. Priorities of the individual organisations and those of the system aligned/agreed. • Underpinning governance of the ICS Provider Board recently reviewed with a view to expedite decision making for improved provider collaboration. • Regular communication with NHS England, NHS subsidiaries, Commissioners and Senior/Exec Management between teams. (BAF 5)
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Appendix – Board Assurance Framework (Full)

BAF Risk 3

	<ul style="list-style-type: none"> • Increased funding from the government, the government has stated 'any means necessary ' to tackle COVID 19 (BAF4) • Overall figures provided daily from the ICC to show testing numbers, fatalities and recovered patients. • ICP Provider Board being developed • HIP2 work • ICS Board • ICS Senior Leadership Executive • ICS Provider Collaboration Board • New Hospitals Programme (NHP) • Emergency Care Recovery Group (ECRG) leading on recovery and restoration planning. 				
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • There is a need for consistent leadership across the system. in order to ensure that we continue prioritising in line with system affordability. • Building trust and confidence and agreeing collaborative approaches to service provision • Point being reached relating to ICS workstreams (e.g. Head and Neck services) where dependent on scoring implications there may be an impact on priorities and risks to the Trust. • Lack of clarity regarding the investment priorities across the ICP have the potential to destabilise acute services. • Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level. • Lack of unified approach in relation to procurement by Commissioners. • Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. • Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system. • It is unclear what the impact of the changes in senior leadership in partner organisations will be. • Understanding what is happening to providers with regard to financial milestones in the ICS. • Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances. 	<p>Mitigating actions:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Action</th> <th style="width: 20%;">Target Date</th> </tr> </thead> <tbody> <tr> <td>Developing relationships with the ICP and ICS</td> <td>Ongoing work</td> </tr> </tbody> </table>	Action	Target Date	Developing relationships with the ICP and ICS	Ongoing work
Action	Target Date				
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Appendix – Board Assurance Framework (Full)

BAF Risk 4

<p>Objective theme: Finance</p>	<p>Executive Director Lead: Director of Finance</p>																																																														
<p>Risk Description: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework</p>	<p>Date of last review: March 2021</p>																																																														
<p>Risk Rating: Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 5 x 4 = 20 Target Risk Rating: 3 x 4 = 12</p> <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Initial Risk</th> <th>Current Risk</th> <th>Target Risk</th> </tr> </thead> <tbody> <tr> <td>February</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>March</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>April</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>May</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>June</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>July</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>August</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>September</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>October</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>November</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>December</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>January</td> <td>20</td> <td>20</td> <td>20</td> </tr> <tr> <td>February</td> <td>20</td> <td>20</td> <td>20</td> </tr> </tbody> </table>	Month	Initial Risk	Current Risk	Target Risk	February	20	20	20	March	20	20	20	April	20	20	20	May	20	20	20	June	20	20	20	July	20	20	20	August	20	20	20	September	20	20	20	October	20	20	20	November	20	20	20	December	20	20	20	January	20	20	20	February	20	20	20	<p>Effectiveness of controls and assurances:</p> <table border="1"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p>Risk Appetite:</p>		Effective	X	Partially Effective		Insufficient
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<p>Controls:</p> <ul style="list-style-type: none"> Budgetary controls (income & expenditure) in place including virement authorisation, workforce control and variance analysis. Measures to mitigate financial risk overseen by Finance and Performance Committee. Financial Assurance Board in operation, which reviews the financial position, making recommendations for improvement. Financial investment/recovery strategy Robust financial planning arrangements supported by financial reporting Standing Financial Instructions enforcement Waste Reduction Programme National block contract in place Capital programme COVID-19 restoration Draft financial plan based on normal requirements Dedicated accountant to report on all costs liaising with divisions relating to COVID-19 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> Monthly reporting to Finance and Performance reports and the Board to reflect financial position. Financial objective included in individual appraisals. Setting of financial objectives in senior management appraisals. Budget setting Financial Forecasts Briefings on risk Pipeline of schemes to reduce cost. Use of data sources (e.g. Model hospital and PLICS data) to drive improvement and mitigate deterioration. Evidencing the routine use of benchmarking data to drive positive change. Alignment and involvement in all ICS collaborative working opportunities including agency group, pathology etc. Regular monthly updates to Board and Finance and Performance Committee. Actions and risk relating to the achievement of 'incentivised funding' (e.g. Provider Sustainability Funding) will be routinely reviewed. Counter fraud updates 2020-21 Financial plans - control total agreed for year end, with financial costs being reviewed in order to achieve the required position. 																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 4

	<p><u>External Assurances</u></p> <ul style="list-style-type: none"> External audit view on value for money. Model Hospital benchmarking (including cost per Weighted Activity Unit). ICS Led Theatre Productivity analysis. Getting It Right First Time (GIRFT) Programme Shared Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) group established with the CCGs. 								
<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> Additional workforce controls to remain in place. Policies and procedures may require amendments where they are no longer fit for purpose. Controls around transformation schemes and WRP to be monitored by the FAB and the Finance Department with Divisions to be held to account via the FAB. Lack of standardisation in applying rostering controls. Weaknesses in discretionary non-pay spend. Deterioration in the underlying financial position outside of NHSI/E request requiring additional transformation schemes in 2021/22. WRPs delivering efficiencies at reduced value to previous years Officers operating outside the scheme of delegation. Inadequate funding assumptions applied by external bodies (pay awards). Hidden costs of additional regulatory requirements - highlighted with NHSI. Cost shunting of public sector partners increasingly managed through ICS and ICP. Failure to meet Provider Sustainability Fund requirements both as a Trust and an ICS. Agency and locum sign off with escalation of cost. Significant external pressures which may intensify internal financial pressure. Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level. Lack of unified approach in relation to procurement by Commissioners. Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases. Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Greener NHS Campaign Trust Strategy</td> <td>Q2 2021/22</td> </tr> <tr> <td>Review funding with CCG on level 2 critical care and CNP</td> <td>End of March 2021</td> </tr> <tr> <td>2021/22 financial forecasting being reviewed for robustness</td> <td>Q4 2020/21</td> </tr> </tbody> </table>	Action	Target Date	Greener NHS Campaign Trust Strategy	Q2 2021/22	Review funding with CCG on level 2 critical care and CNP	End of March 2021	2021/22 financial forecasting being reviewed for robustness	Q4 2020/21
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Greener NHS Campaign Trust Strategy	Q2 2021/22								
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Appendix – Board Assurance Framework (Full)

BAF Risk 4

<ul style="list-style-type: none">• It is unclear what the impact of the changes in senior leadership in partner organisations will be.• Understanding what is happening to providers with regard to financial milestones in the ICS.• Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.• Impact of operational one year guidance and plan to achieve one year Financial Improvement Target (FIT).• Lack of funding to meet provision of HDU capacity and Community Neuro developmental paediatric services (CNP)• Concerning cash position post April 21 due to removal of COVID-19 costs from forecasts• Lack of planning guidance for 21/22• Impact of COVID-19 wave three and restoration could impact the forecast position.	
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

<p>Objective theme: Quality, Delivery and Finance</p>	<p>Executive Director Lead: Chief Operating Officer, Director of Nursing and Medical Director</p>																																																														
<p>Risk Description: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil the regulatory requirements defined in the NHS Constitution and relevant legislation.</p>	<p>Date of last review: March 2021</p>																																																														
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<p>Controls:</p> <ul style="list-style-type: none"> Weekly operational performance meeting covering RTT, holding lists and key operational indicators. Separate dedicated weekly cancer performance meetings. Fortnightly deep dive at the Executive team meetings. Engagement meetings with CQC in place monitoring performance against the CQC standards. Quality and safety compliance assessed by each division and assurance through the Divisional Quality and Safety Boards (DQSB) reporting into the TWQG. Divisional assurance boards feeding into the operational sub-committees and the Quality Committee. Nursing Assessment Performance Framework reporting through to the Quality Committee and involvement of NEDs on the SPEC Panels. Board approval for the award of SPEC awards. A&E Delivery Board with Emergency Care Pathway assurance feeding into it. System-wide Scheduled Care Board with elective pathway assurance feeding into it. Daily nurse staffing review using safe care/allocate Nursing and Midwifery. 	<p>Assurances:</p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> IPR reporting to the SLG and at Board/Committee level. Regular deep dive into the IPR through Quality and Finance and Performance Committees including RTT, all cancer standards and the emergency care standards. Performance monitoring provided through the weekly operational meeting, Scheduled Care Board (joint Board with CCG) Regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignment with national priorities through the quality and safety governance mechanisms. Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues. Rolling programme of assessments under the framework planned for all inpatient wards and departments including Community Services. Significant reduction in the number of complaints upheld by the Ombudsman. Comprehensive system for addressing complaints. Reduction on overall number of complaints, 50+ and 40+ 																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> Weekly Medical Staffing Review - Nursing and Midwifery staffing review feeding into the annual professional judgement review for all wards. Professional Judgement Review deferred until October 2021 due to COVID-19 response. Daily operational flow meetings at 08.30, 12.30, 15.30, 18.00 and 19.30 Weekly ED / urgent care performance and improvement meeting. Appointed Clinical Scheduled Care Lead (Deputy Medical Director) who will work with Clinical Leads to create and monitor improvement plans for the RTT and holding list positions. Refreshed the Trust's long length of stay process to provide increased scrutiny at Divisional level. Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with twice weekly update meetings taking place. All decision making is run through this central function. Twice weekly meetings. NHS 111 referral measures - including home testing and support to alleviate UCC/ED (Urgent Care and Emergency Department) pressures. Government guidelines - although these may add further pressures, dependant on any changes or no relaxation of targets/usual work. (BAF 5) Cancer performance improvement group chaired by Alliance Older People Rapid Assessment (OPRA) Unit Emergency Surgery Unit is assisting patient flow and reducing medical outliers. Extended ED and plans for restoration. Performance and restoration update provided weekly to Executive team and SLG as well as monthly to Finance and Performance Committee and each Trust Board. Insourcing supporting endoscopy, pain management and oral surgery. Weekly Medical and Clinical Directors meeting Joint Leadership Clinical Forum 	<p>days continues with regular reporting at operational and Board level. Independent Complaints Review Panel being established with Non-Executive Director chairing.</p> <ul style="list-style-type: none"> Quality Committee will oversee the CQC action plan. Reduction in use of nursing agency staff continues. The Trust is also part of the ICS-wide agency staffing collaborative. Staffing escalation process for nursing including forecast gaps in staffing and senior decision making. Standard Operating Procedure (SOP) developed and monitoring through Nursing and Midwifery Leaders' Forum. Maternity Floor to Board report presented to the Quality Committee at each meeting. The Trust also has named Maternity Champions, one Executive Director and one Non-Executive Board member. Virtual Quality Walk rounds in all clinical areas. Weekly monitoring of complaints and reporting to the Patient Experience Committee and End of Life Care Group, focusing on reducing any 50+ day complaints (non-currently in the system). Staffing (nursing/midwifery) report to Quality Committee. NAPF - operational monitoring through the Nursing and Midwifery Leaders' Forum monthly, receiving assurance from the Assistant Director of Nursing and NAPF team and monitoring by matrons at ward level where they carry out mini-NAPFs on a weekly basis to keep up the improvement work and report to Quality Committee (every other meeting). Escalation area in the Victoria Wing at BGTH is now in place. Complaints reviewed weekly by the Executive team. Trust response to Ockenden Review of Maternity Services covering the seven immediate and 12 urgent clinical priorities Assessment against GIRFT and national audits Regular daily briefings are underway with the scope of the meeting changing regularly to allow further discussion on impacts within division and across the trust. Single points of contact being set up across all divisions/directorates to ensure smoother communication and delivery. <p><u>External Assurances</u></p> <ul style="list-style-type: none"> Trust rated 'Good' by CQC in 2018 with improvements in various areas and some outstanding services.
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

	<ul style="list-style-type: none"> • Nurse staffing review as part of the IPR. Staff Care Allocate and daily monitoring of allocation for staff and three times daily matrons’ meetings to monitor. Audit carried out by MIAA for nurse staffing received significant assurance. • MIAA have carried out an emergency care risk assessment audit which gained an assurance rating of 'Significant Assurance'. • Cancer Alliance commissioned a review of internal processes for cancer performance management and patient tracking. Highly commended with strong processes in place. <p><u>Internal / External Assurances</u></p> <ul style="list-style-type: none"> • System wide approach to Emergency Care Pathway, as part of monthly A&E Delivery Board • PLACE assessments - percentage improved in all areas and monitoring continues. Annual PLACE report presented to the Quality Committee for assurance. Nursing and Midwifery Leaders' Forum also monitor. Patient Experience Committee receives minutes of the PLACE Steering Group. NAPF Team also monitors environmental issues linking to PLACE Assessments. • Positive responses to Friends and Family Test and patient surveys with improvement areas identified. Monitoring at ward level, local divisions prepare monthly patient experience action plans that feed into the Patient Experience Committee that reports to the Quality Committee. Monthly monitoring is provided by the Nursing and Midwifery Leaders' Forum. • Positive response and results from the 2019 National Staff Survey, awaiting results from most recent survey. • Inpatient survey 2019/20 results were presented to the Executive team by Quality Health. Inpatient survey for current year deferred due to COVID-19. • Daily Incident reporting from the central governance team - daily updates and analysis sent through to the ICC (Incident Co-ordination centre) who collate and share this information. • Nosocomial Infections Report highlighting patients who have died following COVID-19 and requiring a structured judgement review • Mental Health Assessment unit opened.
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

<p>Gaps in controls and assurance:</p> <ul style="list-style-type: none"> • Restrictions in the supply of medical, nursing, midwifery and other staff groups to meet demand. Reference in BAF risk 2. • Risk of mental health providers not being able to ensure sufficient assessment and treatment capacity. • Restrictions in the primary care system to ensure sufficient capacity. • Insufficient capacity to deliver comprehensive seven day services across all areas. • Insufficient bed capacity to ensure there are no delays from decision to point of admission. • Histopathology pressures affecting cancer performance. Outsourcing in place but external firms are unable to deliver within the required timeframes. • Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level. • Lack of unified approach in relation to procurement by Commissioners. • Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases. • Future role of NHSE/NHSI merged teams to be determined. • Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. • Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system. • It is unclear what the impact of the changes in senior leadership in partner organisations will be. • Understanding what is happening to providers with regard to financial milestones in the ICS. • Costs associated with the ICP CS 5 year plan may have an effect on Trust finances • Capacity to manage COVID patients • Capacity in critical care beds. 	<p>Mitigating actions:</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>NAPF assessments currently paused due to COVID-19 with a planned recommencement date of April 2021.</td> <td>April 2021</td> </tr> <tr> <td>Systems are in place to monitor audits to provide ongoing assurance in relation to the CQC action plan. The Action Plan is monitored by the CQC and through the Quality Committee.</td> <td>Ongoing</td> </tr> <tr> <td>PLACE assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee.</td> <td>TBC – Deferred as a result of COVID-19</td> </tr> <tr> <td>Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2020/21.</td> <td>Q1/2 2021/22</td> </tr> <tr> <td>Capacity and demand review</td> <td>March 2021</td> </tr> <tr> <td>Investment of Alliance Funding in cancer pathways</td> <td>March 2021</td> </tr> <tr> <td>Utilisation of independent sector for planned surgical capacity</td> <td>March 2021</td> </tr> </tbody> </table>	Action	Target Date	NAPF assessments currently paused due to COVID-19 with a planned recommencement date of April 2021.	April 2021	Systems are in place to monitor audits to provide ongoing assurance in relation to the CQC action plan. The Action Plan is monitored by the CQC and through the Quality Committee.	Ongoing	PLACE assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee.	TBC – Deferred as a result of COVID-19	Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2020/21.	Q1/2 2021/22	Capacity and demand review	March 2021	Investment of Alliance Funding in cancer pathways	March 2021	Utilisation of independent sector for planned surgical capacity	March 2021
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Utilisation of independent sector for planned surgical capacity	March 2021																

TRUST BOARD REPORT

10 March 2021

Item 38

Purpose Information Assurance

Title	Serious Incidents 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

Serious Incidents Reported from 20th Jan 2021 to 25th Feb 2021

1. From 20th January 2021 to 25th February 2021 the Trust reported 22 Serious Incidents to our commissioners. The top 3 categories:
 - a) 13 Pressures Ulcers (PUs) (of these 10 Unstageable at time of reporting)
 - b) 3 Slips, trips and falls
 - c) 2 Treatment problem / Issue
2. The Trust reports a high number of PUs and has flagged as an out layer under the PU category with NHSE. In 2020 the Trust reported 73 StEIS PUs, of these as of 26th Feb 2021, 41 have been closed, of which 30 have been de-escalated (24 in the CIC Division). The Trust has identified that other Trusts are not StEIS reporting PUs in the community in the following areas, which this Trust is currently required to report by our CCG.
 - a) unstageable are not StEIS reported until damage verified
 - b) where the District Nurse only visits the patient in their own home on a set monthly or 3 monthly basis.
 - c) If the patient is in a care home and it is not visited by the DN on a daily/weekly basis
 - d) all grade 3 / 4 are STEIS reported, a Rapid Review (RR) is completed. If RR finds to be unavoidable a request is then sent to CCG to de -STEIS. If it is classed as avoidable a full RCA commenced.
3. Action taken: the information has been shared with the CCG requesting a discussion to look at ELHT reporting requirements.
4. In February the Trust reported a Never Event in line with the national Never Event Framework.
 - a) A moderate harm incident regarding wrong site surgery of tooth. The surgery was performed on the 19/12/19 as a GA day case. This has only been identified in a clinic visit with the orthodontist on the 22/2/21 which appears to be the first dental appointment following this surgery. Duty of candour completed with patient; round table being arranged to support the full investigation.
 - b) This is the third NE reported by the Trust for 2020/21.
5. There have been no breaches of duty of candour reported in January 2021

CCG Assurance Dashboard (Appendix A)

6. 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 102 Serious Incidents open for investigation and learning with the local CCG.
- a) 72 are under investigation
 - b) 11 investigations have been completed and awaiting closure or de-escalation by the CCG
 - c) 16 investigation reports further information has been requested from divisions before closure agreed
 - d) 3 are HSIB investigations
7. The CCG dashboard highlights a number of rapid reviews not being received within 3 working days. 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.
8. There have been 60 extensions given by the CCG on RCA investigations. This is in line with the Patient Safety Covid-19 update 12th June 2020 which states that investigations need to be completed as soon as practicable but are not expected to meet the 60-day timeframe until further notice.

SIRI Panel Overview

9. February SIRI Panel(s) 15 investigation reports were discussed:
- a) 5 reports were approved with learning
 - b) 3 reports approved and de-escalation from CCG to be requested
 - c) 1 not approved as further work required
 - d) 4 Pressure Ulcers approved, and de-escalation requested
 - e) 2 Pressure Ulcers approved for closure with actions
10. A summary of themes is conducted at each Serious Incidents Requiring Investigation Panel (SIRI), at the February meeting the following themes were identified:
- a) Mental Capacity Act training and support. An action to take forward under the 'Treat as One' initiative.
 - b) Family Care – NICE Guidance for reduced foetal movements learning. The learning from NICE Guidance is being shared with the regional Maternity and Neonatal Boards.
11. A separate Pressure Ulcer (SIRI) panel is conducted each month, at the last meeting the following themes were identified:
- a) Pressure relieving cushions. This was shared with divisions to ensure the most appropriate cushion is provided to patients to reduce incidents of this type.
 - b) Documentation and governance around MUST and WATERLOW scores.

12. A thematic review is currently being completed on 46 PU RCA investigation reports and will be presented to the Quality Committee in April.

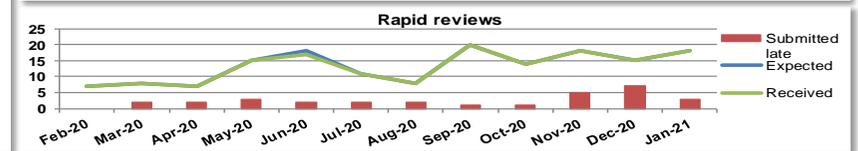
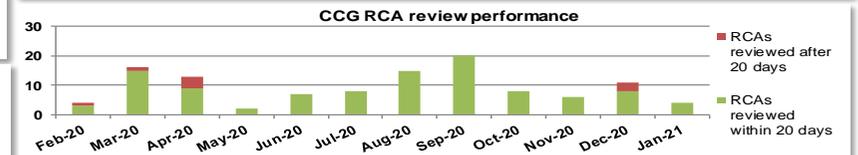
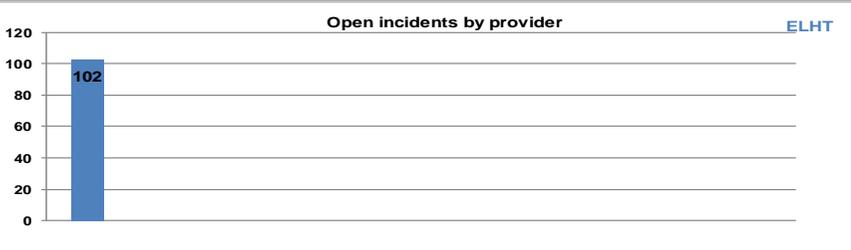
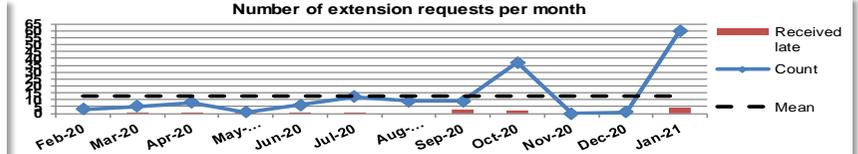
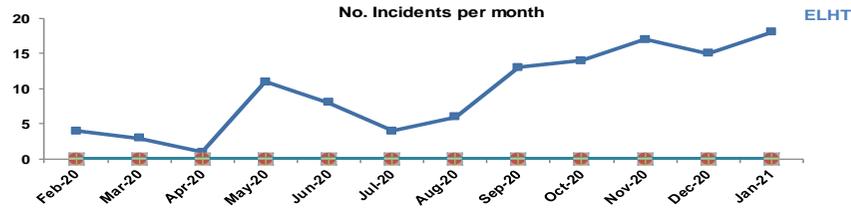
Serious Incident Guidance Updates

13. NHS Patient Safety update – 23 Feb 2021 states that from 1st April 2021 the removal of the wrong tooth will be excluded from the definition of ‘wrong site surgery’ Never Event.

Jacquetta Hardacre, Assistant Director Safety and Risk, 26th February 2021

Appendix A: Serious Incident Dashboard produced by East Lancashire CCG on 12th Feb 2020

Provider: ELHT					12/02/2021					Dashboard developed and produced by Lewis Wilkinson, Quality & Performance Support Officer, MLCSU (Embedded)									
Total number of incidents					Total number of incidents closed					Total number of incidents open					ELHT extension requests: January 2021				
595					493					102					60				
2020/21		2019/20			2020/21		2019/20			2020/21		2019/20			Difference from rolling 12 month mean		Rank		
111		69			14		64			97		5			↑ 47.4		1		
2018/19	2017/18	2016/17	2015/16		2018/19	2017/18	2016/17	2015/16		2018/19	2017/18	2016/17	2015/16		Month	Count	Difference from rolling 12 month mean	Rank	
54	64	66	76		54	64	66	76		0	0	0	0		Dec-20	1	↓ -11.6	10	
Overdue from initial date					Top 5 Incident Types (12 month rolling)					Status of all open StEIS incidents					Never Events				
0-10: 6					12 February 2020: -					12 February 2021: -					2020/21: 3				
11-20: 6					Pressure ulcer (grade unknown): 51					Awaiting additional information: 16					2019/20: 5				
21-30: 5					Maternity/Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant): 12					Awaiting closure: 11					2018/19: 1				
31-40: 8					Slips/Trips/Falls: 11					Under HSIB investigation: 3					2017/18: 7				
41-50: 2					Diagnostic incident including delay (including failure to act on test results): 8					Awaiting RCA: 72					2016/17: 10				
51-60: 0					Treatment delay: 7					LAT Managed: 0					2015/16: 1				
61-70: 1					Reported in 2 working days of SI identified: 2020/21					RCAs due (all years)					2020/21: 3				
71-80: 1					Yes: 133					More than 14 days till due: 73					2019/20: 5				
81-90: 0					No: 15					Due within 14 days: 2					2018/19: 1				
91-100: 1										Stop the clock in place: 0					2017/18: 7				
>100: 3										Overdue: 0					2016/17: 1				
										Total: 75									



TRUST BOARD REPORT

Item **39**

10 March 2021

Purpose Information
Assurance

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

Summary: This paper presents the corporate performance data at January 2021

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

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	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

Board of Directors, Update

Corporate Report

Executive Overview Summary

Positive News

- There were no confirmed post 2 day MRSA bacteraemia in January.
- There were no never events.
- There were no medication errors causing serious harm.
- The SHMI has remained as expected at 1.09.
- The Referral to Treatment (RTT) number of total ongoing pathways is below trajectory at 26,604 and the number over 40 weeks has reduced to 2525.
- The complaints rate remains below threshold.
- There were 52 operations cancelled on the day (non clinical). This is showing a significant reduction on previous levels.

Areas of Challenge

- There was one maternal death in January. (previously reported as December)
- There were 5 healthcare associated clostridium difficile infections detected during January ('Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)').
- There were 18 steis reportable incidents in January.
- The HSMR is 'above expected'.
- The weekend HSMR is above expected.
- Friends & family scores for maternity & community have deteriorated.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in January at 72.4%
- There were 35 breaches of the 12 hour trolley wait standard in January (3 mental health and 32 physical health), due to operational pressures in the first half of January.
- There were 445 ambulance handovers > 30 minutes and 16 > 60 minutes in January. The trend is showing significant improvement.
- Non-elective length of stay continues to show an increase in January.
- There were 1299 breaches of the RTT >52 weeks standard due to COVID-19, which is above the monthly trajectory.
- The cancer 62 day standard was not met in December at 72.9%.
- There were 3 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 21.5% in January.
- There were 2 breaches of the 28 day standard for operations cancelled on the day.
- Sickness rates are above threshold at 7.4% in January.

- Vacancy rates have remain above threshold, however remain lower than previous levels.
 - Compliance against the Appraisal (AFC staff) remains below threshold. Appraisals are currently on hold until March.
 - Compliance against the Information Governance Toolkit is 87%, below the 95% target.
 - Temporary costs as % of total pay bill remains above threshold at 10%.
 - The year to date adjusted financial performance is a deficit of £9.1 million which is favourable to the revised plan by £0.3 million.
 -
- No Change**
- VTE risk assessment performance remains above threshold.
 - All areas of core skills training are above threshold, with the exception of information governance.
 - The emergency readmission rate is showing no change
 - A&E friends & family scores are showing usual variation and remain below threshold.
 - Inpatient friends & family scores are showing usual variation and are above threshold.
 - Elective length of stay is showing no change.
 - Trust turnover rate continues to be below previous levels.
 - CQUIN schemes are on hold until the end of the year.

Introduction

This report presents an update on the performance for January 2021 and follows the NHS Oversight Framework. The narrative provides details on specific indicators under the five areas; Safe, Caring, Effective, Responsive, Well Led

Key to Scorecard Symbols

Variation

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

Assurance

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

Safe					
	Indicator	Target	Actual	Variation	Assurance
M64	CDIFF - HOHA	not set for 2020	2		No target set to provide assurance against
M64.3	CDIFF - COHA	not set for 2020	3		
M64.4	Cdiff Cumulative from April (HOHA& COHA)	not set for 2020	65		
M65	MRSA	not set for 2020	0		
M124	E-Coli (post 2 days)	not set for 2020	7		
M155	P. aeruginosa bacteraemia (total post 2 days)	not set for 2020	2		
M157	Klebsiella species bacteraemia (total post 2 days)	not set for 2020	6		
M66	Never Event Incidence	0	0		
M67	Medication errors causing serious harm (Steis reported date)	0	0		
M68	Maternal deaths	0	1		
M64.2	C Diff per 100,000 Occupied Bed Days (HOHA)	No Threshold Set	7.7		
M69	Serious Incidents (Steis)	No Threshold Set	18		
M70	CAS Alerts - non compliance	0	0		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	98%		

Caring					
	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	95%		
C31	NHS England Inpatients response rate from Friends and Family Test	No Threshold Set	39%		
C40	Maternity Friends and Family - % who would recommend	90%	90%		
C42	A&E Friends and Family - % who would recommend	90%	83%		
C32	NHS England A&E response rate from Friends and Family Test	No Threshold Set	10%		
C44	Community Friends and Family - % who would recommend	90%	89%		
C38.5	Outpatient Friends and Family - % who would recommend	90%	94%		
C15	Complaints – rate per 1000 contacts	0.40	0.11		
M52	Mixed Sex Breaches	0			
Effective					
	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.09		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Oct-20)	Within Expected Levels	105.8		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Oct-20)	Within Expected Levels	103.4		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Oct-20)	Within Expected Levels	112.9		
M73	Deaths in Low Risk Conditions (as at Oct-20)	Within Expected Levels	12		
M159	Stillbirths	<5	2		
M160	Stillbirths - Improvements in care that impacted on the outcome	No Threshold Set			
M89	CQUIN schemes at risk	CQUIN Suspended for 2020/21			

Responsive					
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	71.0%		
C2H	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	72.4%		
M62	12 hour trolley waits in A&E	0	35		
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	445		
M84	Handovers > 60 mins (Arrival to handover)	0	16		
C1	RTT admitted: percentage within 18 weeks	No Threshold Set	53.1%		
C3	RTT non- admitted pathways: percentage within 18 weeks	No Threshold Set	87.4%		
C4.1	RTT waiting times Incomplete pathways Total	<28,524	26,604		
C4.2	RTT waiting times Incomplete pathways -over 40 wks	No Threshold Set	2525		
C37.1	RTT 52 Weeks (Ongoing)	1235	1299		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	21.5%		
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	72.9%		
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	100.0%		
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	96.4%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	97.0%		
C36	Cancer 62 Day Consultant Upgrade	85.0%	90.7%		
C25.1	Cancer - Patients treated > day 104	0	3		
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	2		
M138	No.Cancelled operations on day	No Threshold Set	52		
M55	Proportion of delayed discharges attributable to the NHS	New reporting in development			
C16	Emergency re-admissions within 30 days	No Threshold Set	12.1%		
M90	Average LOS elective (excl daycase)	No Threshold Set	2.9		
M91	Average LOS non-elective	No Threshold Set	5.7		

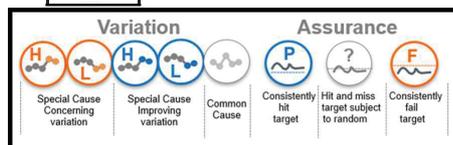
Well Led					
	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	7.6%		
M78	Trust level total sickness rate	4.5%	7.4%		
M79	Total Trust vacancy rate	5.0%	5.5%		
M80.3	Appraisal (AFC)	90.0%	50.0%		
M80.35	Appraisal (Consultant) Reported up to February - now suspended	90.0%			
M80.4	Appraisal (Other Medical) Reported up to February - now suspended	90.0%			
M80.2	Safeguarding Children	90.0%	93.0%		
M80.21	Information Governance Toolkit Compliance	95.0%	87.0%		
F8	Temporary costs as % of total paybill	4%	10.0%		
F9	Overtime as % of total paybill	0%	0%		
F1	Adjusted financial performance surplus / (deficit) (£M)	(£17.7)	(9.1)		
F3	Liquidity days	>(14)	(9.2)		
F4	Capital spend v plan	85.0%	87.0%		
F18a	Finance and UoR metric - capital service capacity	>1.25	0.6		
F19a	Finance and UoR metric - I&E margin	>(3%)	-1.8%		
F21a	Finance and UoR metric - agency spend (in millions)	£11.2	£11.6		
F12	BPPC Non NHS No of Invoices	95.0%	98.0%		
F13	BPPC Non NHS Value of Invoices	95.0%	98.6%		
F14	BPPC NHS No of Invoices	95.0%	96.3%		
F15	BPPC NHS Value of Invoices	95.0%	98.5%		

NB: Finance Metrics are reported year to date.

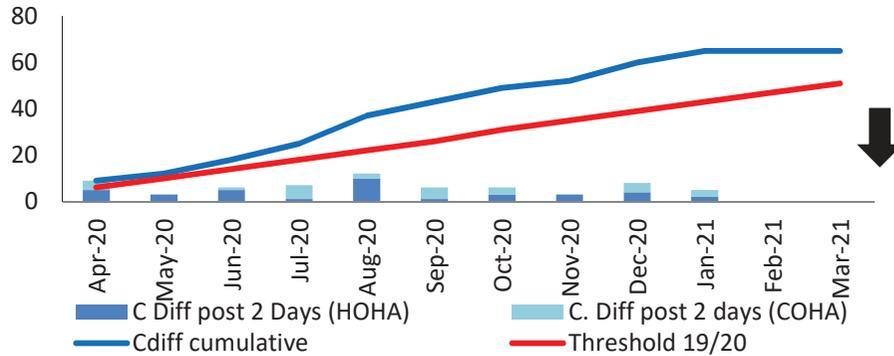
KEY

SPC Control Limits

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



C Difficile

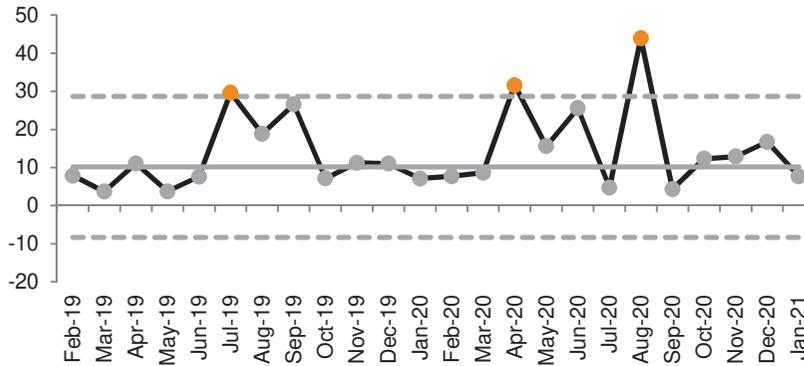


There were 0 post 2 day MRSA infections reported in January. So far this year there has been 2 cases attributed to the Trust.

The objective for 2019/20 was no more than 51 cases of 'Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)'. The final figure for cases reported in 2019/20 was 70.

The 2020/21 objective has not yet been set. An indicative threshold based on 2019/20 is shown in the chart.

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



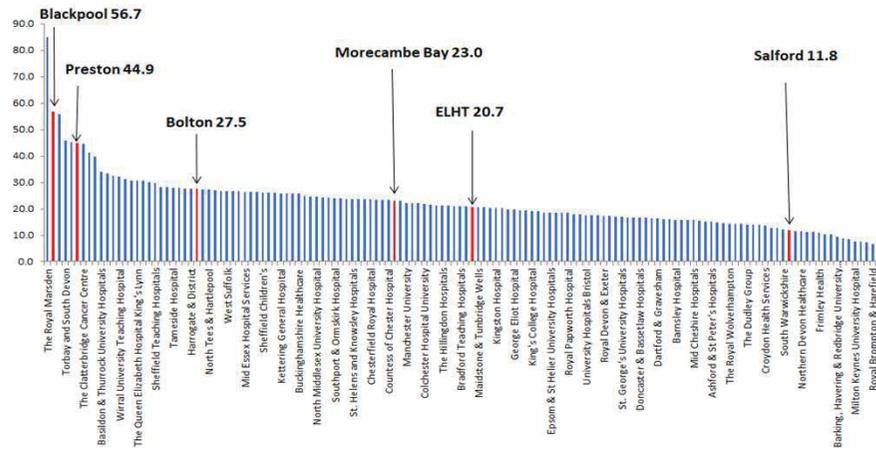
There were 5 healthcare associated Clostridium difficile toxin positive isolates identified in the laboratory in January, post 2 days of admission, of which 2 were 'Hospital onset healthcare associated (HOHA)' and 3 were 'Community onset healthcare associated (COHA)'.

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

The rate of HOHA infection per 100,000 bed days has remained at normal levels in January.

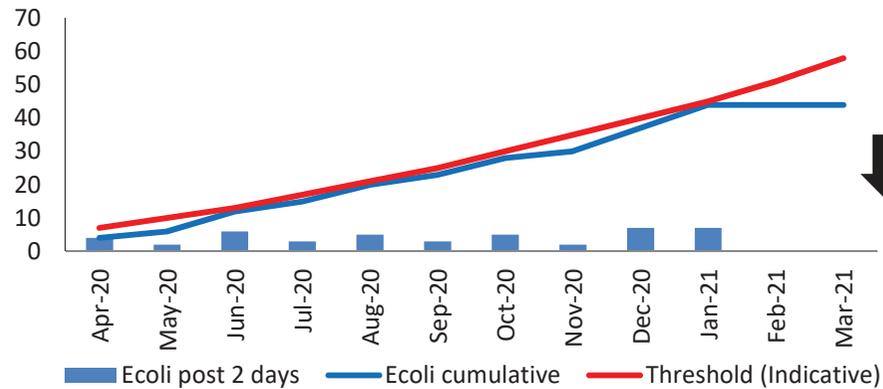
C Difficile benchmarking

Cdiff Benchmarking for Acute Trusts per 100,000 occupied bed days, 2019-20
Trust Apportioned HOHA & COHA
Source: Public Health England



ELHT ranked 75th out of 146 trusts in 2019-20 with 20.7 HOHA & COHA clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 85.0 infections per 100,000 bed days.

E. Coli



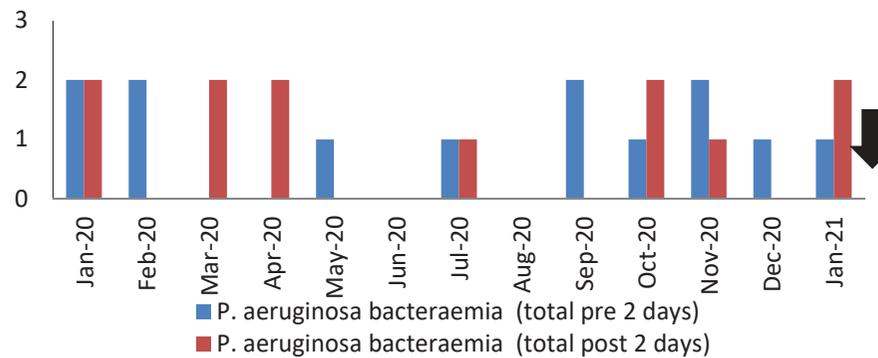
The Government initiative to reduce Gram-negative bloodstream infections by 50% by 2021 has been revised and now is to deliver a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

The year end figure for 2019/20 was 70 cases.

This year's trajectory for reduction of E.coli has not yet been published, so an indicative trajectory of 58 has been included for information.

There were 7 E.coli bacteraemia detected in January, which is above the indicative monthly threshold.

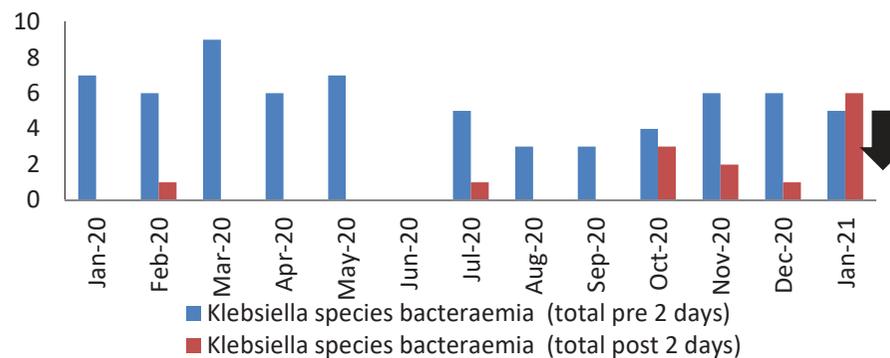
P.aeruginosa



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

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

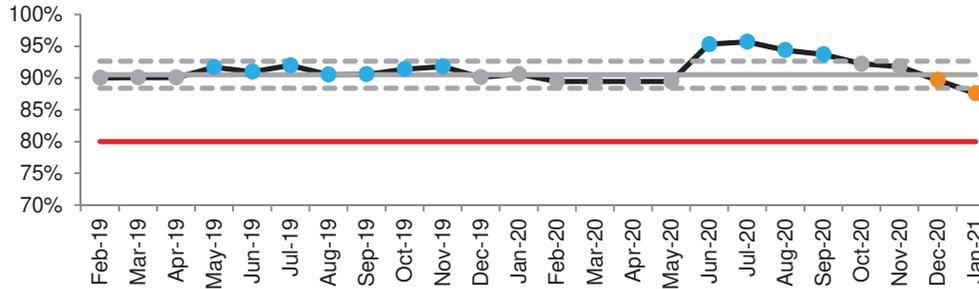
Klebsiella



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

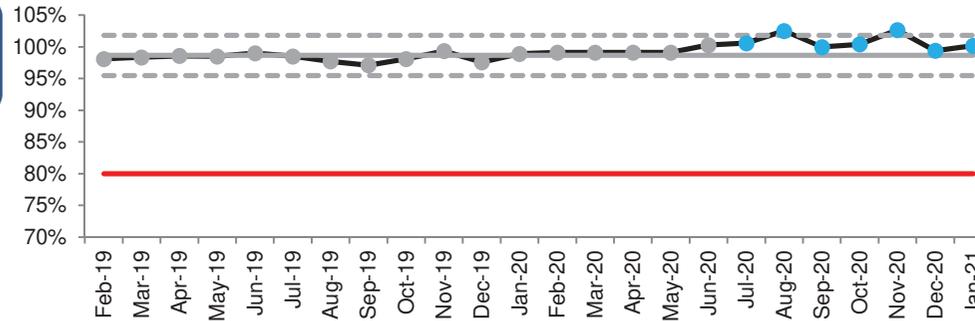
NB: Mar - May 20 figures were not collected due to COVID 19, so are estimated here for purposes of calculating the SPC control limits

Registered Nurses/
Midwives - Day



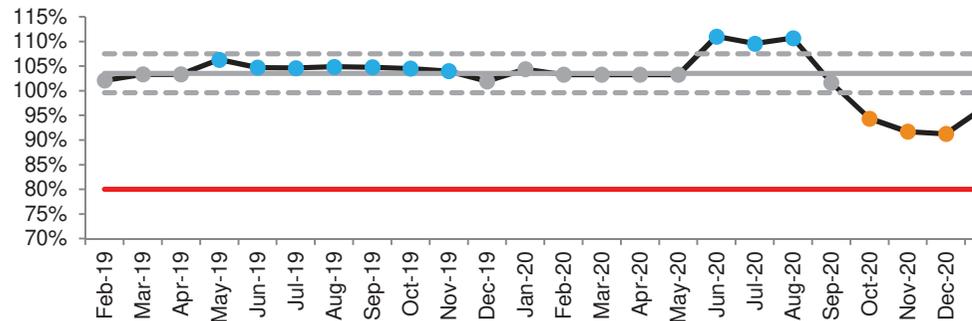
The average fill rate for registered nurses/midwives during the day is showing a reduction in January, however based on current variation will consistently be above threshold.

Registered Nurses/
Midwives - Night



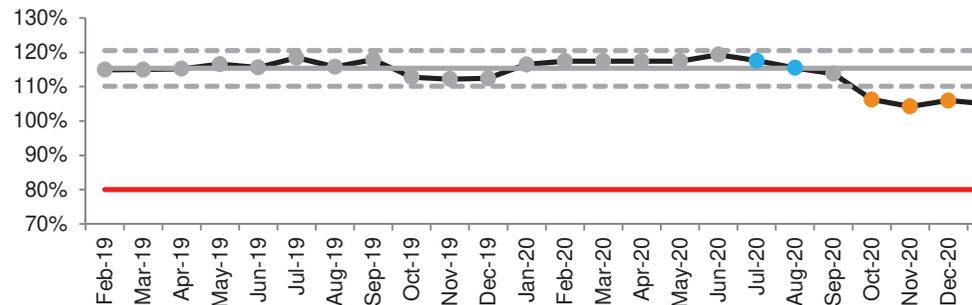
The average fill rate for registered nurses/midwives at night continues to show a significant increase in January and based on current variation will consistently be above threshold.

Care Staff - Day



The average fill rate for care staff during the day is showing a significant decrease, however based on current variation will consistently be above the threshold.

Care Staff - Night



The average fill rate for care staff at night is showing a significant decrease, however based on current variation will consistently be above threshold.

Unsurprisingly staffing in January 2021 was extremely challenging with a further deterioration in the actual against planned due to the third wave of COVID-19 on top of already established vacancies, further escalation areas opened, impact of acuity and staff sickness as a consequence of COVID/self-isolation and more virulent strain of COVID.

Additionally, the recording of actual and planned hours against each ward is proving very problematic due to wards moving areas to accommodate changes to COVID pathways, potentially several times.

12 wards fell below the 80% for registered nurses in January for the day shift. The filling of Health Care Support worker shifts continues to be extremely challenging, particularly on the late and night shift.

B18 on B6 This was due to the reduction of 6 beds due to the ward being moved from B18 to B6 (from 26 to 20) and a lack of shift coordinators which is in addition to safe staffing numbers. The ward moved as part of the plan to manage patient pathways during Covid 19
C5 due to lack of shift coordinators
C10 on C8 due to the reduction of 2 beds due to the ward moving from C10 to C8
C8 due to lack of shift coordinators
D1 due to lack of shift coordinators
OPU due to lack of shift coordinators

B24 on C18B mainly due to lack of shift coordinator. On 9 shifts there were only 2 Registered nurses which fell below agreed staffing levels. On all these shifts, the matron risk assessed the position when it was evident that the shift could not be filled. Please note C18b has a reduced bed base 18 instead of 24. No harm was caused to any patient on dates where there was reduced staffing evident.

C18b (on b14 and D5) due in the main to lack of coordinators on the early and late shifts. This ward team had a move to B14 (medical) with an associated increase in bed base (18 – 24), followed by a further move to C4 (COVID medical on 18th January. Both ward moves required additional nurse staffing due to bed numbers and acuity which was challenging to fill consistently. No harm was caused to any patient on dates where there was reduced staffing evident.

Ward 15 due to the ward team being split to support critical care; Ward 15 was at the beginning of January a ward undertaking joint replacements. The number of patients on the ward did not justify the staffing agreed at professional judgement and staff were unable to move between the green elective ward and ITU due to the risk of COVID nosocomial infection. On the 18th January the ward became a COVID medical ward and at that point there were challenges around filling the coordinator shift on the early and the 3rd RN on the late shift. This was risk assessed by the matron against bed occupancy and patient acuity. No harm was caused to any patient on dates where there was reduced staffing evident.

Ward 16 due to lack of shift coordinators
Hartley Ward due to lack of shift coordinators
Rakehead due to lack of shift coordinators

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

Average Fill Rate

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night		Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Day		Night	
	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)			registered nurses/ midwives	care staff	registered nurses/ midwives	care staff
Jan-21	87.6%	96.6%	100.2%	105.0%	25,962	9.74	12	3	0	2

Monthly TREND - Number of wards below 80%

Red Flags:

- CCU – staff raised concerns as RN and HCA moved to support a ward area. Staff reported that they missed breaks, were late off shift, unable to complete nursing risk assessments and delays in intentional rounding and post angiogram observations. No patient or staff harms identified.
- OPU – Staff reported missed breaks due to staffing levels and high acuity. No patient or staff harms identified.
- Ward C6– Staff raised concerns due to a shortage of HCA's which caused delays in the delivery of personal care for some patients and unable to provide enhanced care for 1 patient that was confused and wondersome. No patient harms identified.
- Ward C10 – One RN raised concerns as they were asked to move to another ward as there were no substantive staff on duty. The staff member felt stressed and missed her break but felt that the site manager was supportive throughout. No staff harm identified.
- Ward C8 – Staff reported concerns due to high acuity and no shift coordinator. This caused delays in undertaking Early Warning Scores and gaps in documentation. There was also no Ward Clerk which meant that telephone calls were not answered. No patient or staff harms identified.
- Ward D3 – staff raised concerns due to staffing issues and high acuity on the ward. Unable to provide enhanced care for 1 patient which led to patient falling. Delays in performing positional changes and neurological observations. No patient or staff harms identified.
- CCU – Staff raised concerns as working with 2 RN agency staff with no cardiac nursing experience. Patient admission delayed due to this. No patient or staff harms identified.
- Ward C8 – staff raised concerns as 1 HCA had to leave the shift due to illness, no spare staff to support, and felt that this compromised safety. No patient or staff harms identified.
- Ward D1 – staff raised concerns that they had been moved to cover the ward but did not have the skills to care for patients with DKA. Escalated to Consultant to review however plans not effectively communicated. Near miss. No patient or staff harms identified.

Anecdotally staff continue to feel under increasing pressure against a backdrop of high acuity, usage of a high proportion of agency staff, junior skill mix and the constant moving of staff to support depleted areas, escalation and surge capacity as well as the difficulty filling all registered and health care support worker shifts.

Support is ongoing to all areas through the divisional and corporate teams. We are in the process of recruiting 100 support workers to support with the pressures particularly around filling support worker shifts.

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night				Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Sum of Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Jan-20	90.60%	104.40%	98.90%	116.50%	28172	8.7	5	0	0	0
Feb-20	89.50%	103.30%	99.10%	117.50%	25956	8.81	4	1	0	1
Mar - May submission Suspended due to Coronavirus										
Jun-20	95.30%	111.00%	100.30%	119.30%	19574	11.9	1	1	0	0
Jul-20	95.70%	109.60%	100.60%	117.60%	21210	11.4	1	1	0	0
Aug-20	94.40%	110.70%	102.50%	115.50%	22750	10.53	1	1	0	2
Sep-20	93.70%	101.60%	100.00%	113.80%	23140	10	0	2	0	3
Oct-20	92.2%	94.4%	100.4%	106.3%	24,373	10.13	6	4	0	2
Nov-20	91.8%	91.7%	102.6%	104.2%	23,311	10.68	7	3	0	3
Dec-20	89.7%	91.2%	99.4%	106.0%	23,893	10.53	8	7	0	2
Jan-21	87.6%	96.6%	100.2%	105.0%	25,962	9.74	12	3	0	2

Actions taken to mitigate risk

- Safe staffing conference at 10 am followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours, utilising the acuity and dependency tool (Safe Care)
- There has been a rota of extra senior nursing staff rostered to work the weekends which includes the Executive Director of Nursing, this rota has been done up to the end of March
- Extra health care assistant shifts are used to support registered nurse gaps if available, however this is becoming increasingly difficult
- Relaunch of recruitment strategy
- Global learning programme progressing
- Increase to student nurse placement
- On and off framework agencies constantly engaged with looking for block bookings
- Impact of COVID 19 on nursing and midwifery staffing levels and care provision paper ratified through ICC specifying expected staffing levels and minimum staffing levels in extremis with contingency for supporting ward staffing with the mobilisation of support from Allied Health Professionals and specialist nurses.
- Approximately 100 3rd year student nurses to be deployed onto wards as band 4 student practitioners from the 8th February up to the 2nd May. These colleagues will commence in post incrementally throughout February

Family Care

There were was 1 red flag for NICU – omission of medication - (Subcategory omitted dose)- This was a delayed insertion of an IV cannula, escalated appropriately on a night duty, the medical team were dealing with an extremely sick infant at the time, hence the delay. On review this IR1 has been submitted in line with a medical staffing gap in view of Acuity/ competing urgent clinical priorities at that particular time, although safe medical staffing numbers were rostered and on duty. Nurse staffing levels were safe in line with acuity/ Activity/ NW connect tool, hence no nursing red flag confirmed.

Maternity Midwife to Birth Ratio

Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Staffed to full Establishment	1.27.5	01:27	1.27.11	01:27	01:26.5	01:24	01:26	01:26	01:25	01:26	01:27
Excluding mat leave	1.28.6	01:27	1.27.11	01:28	01:28	01:26	01:27	01:27	1:26.71	01:27	01:28
With gaps filled through ELHT Midwife staff bank	Bank usage										
Per week	10.14wte	8.20wte	8.5wte	9.86wte	15wte	8.40wte	10.14wte	13.15wte	10.52wte	8.03wte	18.82wte

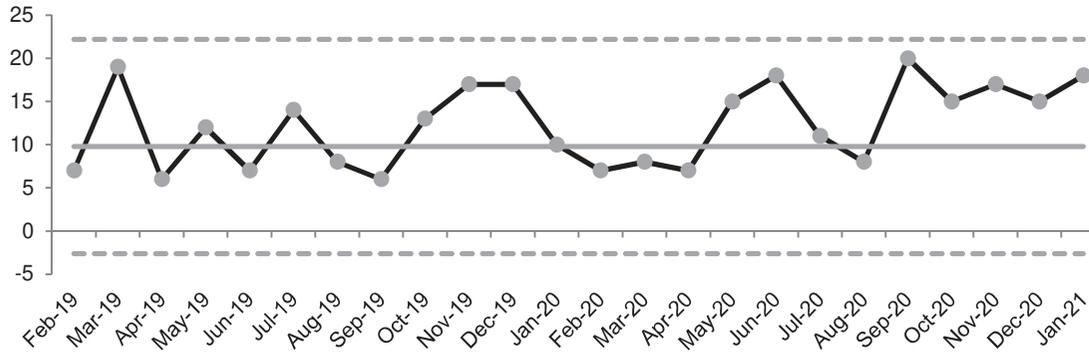
Maternity- The bank usage is 18.82 WTE to cover vacancies, staff shielding, self- isolating and staff sickness. This is significantly higher than average, although more shifts have been filled as opposed to the average. Interviews taking place for midwifery posts on Tuesday 16th February which at present is at 11.48 WTE available to recruit, including x2 unfilled maternity. Sickness and shielding reflects other gaps Staffing levels are reviewed throughout the day at each safety huddle on the Central Birth Suite; midwives are redeployed to other areas to support acuity and activity point prevalent. Appropriate escalation sought with implementation of the safe staffing escalation policy if acuity and activity is assessed above average. Regular and bespoke Safety huddles continue. All area leads, shift co-ordinators, Duty matron and site Manager are informed of plans if any deviations from the norm become apparent.

Neonatology - Bank and agency use required for staff related absences/Isolation intermittent periods continue and only when required in January.

Paediatrics- Activity/Acuity, remains lower than average in the month of January, similar on average over last three months, minimal bank spend only for as Covid related absences were covered safely in view of the position. Volunteers of Band 5- x5 Nurses x5 HCAs and x1 play leader redeployed to work in ITU to support acuity with Covid patients.

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

Serious Incidents



There were no never events reported in January.

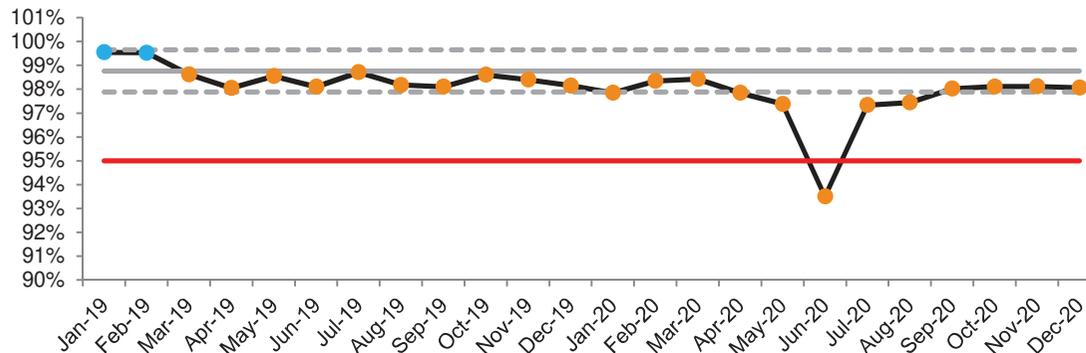
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in January was 18 incidents.

The trend is not showing any significant change.

StEIS Category	No. Incidents
Pressure ulcer	11
Treatment Delay	2
Diagnostic	1
Sub optimal care of the deteriorating patient	1
Maternity/ Obstetric (Mother)	1
Maternity/ Obstetric (Baby)	1
Slips, trips, falls	1

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

VTE assessment



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

Pressure
Ulcers

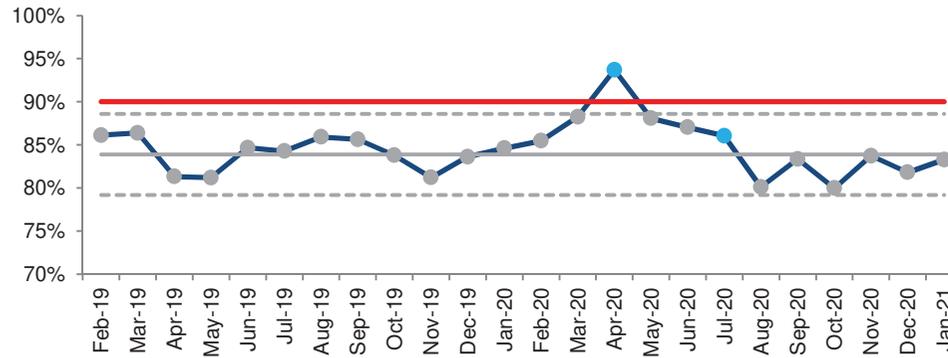
For January we are reporting the current unvalidated pressure ulcer position, pending investigation, as follows:

Cat 2 - Device related - developed/ deteriorated during ELHT care	1
Cat 2 - Developed / Deteriorated during care of ELHT	5
Cat 3 - Device related - developed / deteriorated during care of ELHT	0
Cat 3 - Developed / deteriorated during care of ELHT	1
Cat 4 - Device related - developed / deteriorated during the care of ELHT	0
Cat 4 - Developed / deteriorated during the care of ELHT	0
Deep tissue injury - Device related - developed / deteriorated during the care of ELHT	1
Deep tissue injury - developed / deteriorated during the care of ELHT	5
Unstageable - device related - developed / deteriorated under the care of ELHT	0
Unstageable - developed / deteriorated under the care of ELHT	9
TOTAL	22

The FFT question – “Overall how was your experience of our service” is being used to collect feedback via SMS texting and online via links on the Trust’s website. Paper collection recommenced in Family Care Division from 1st August and across all areas from 1st September.

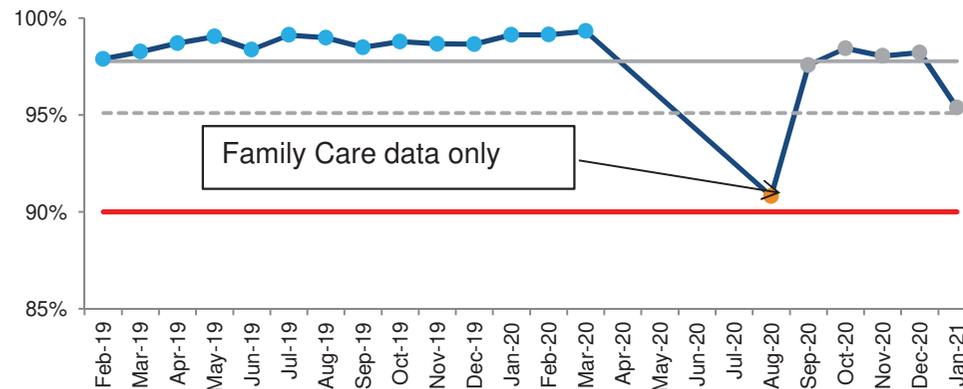
The submission of FFT data to NHS England from all settings is currently suspended. NHS England has confirmed all acute and community providers should resume submitting monthly Friends and Family Test data from 1 December 2020. The first data to submit will be December’s data, submitted in early January.

Friends & Family A&E



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

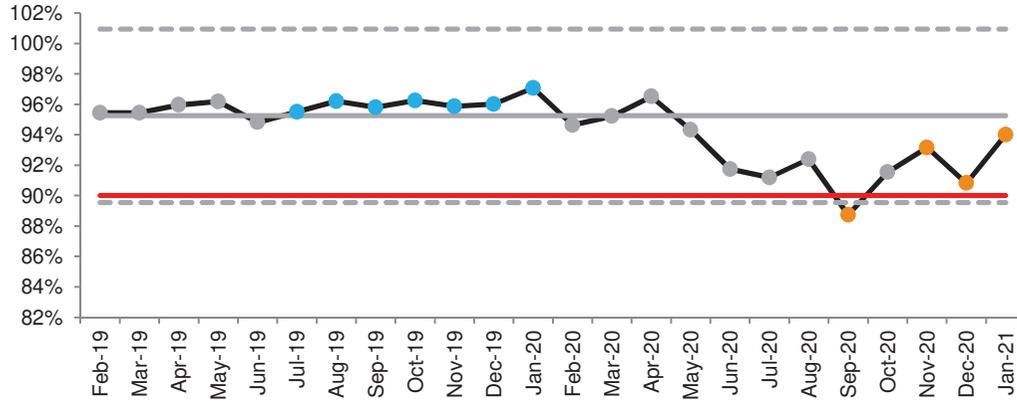
Friends & Family Inpatient



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

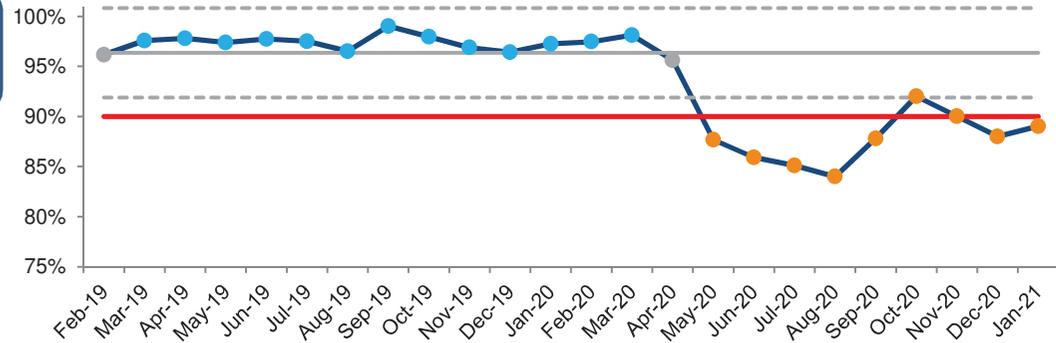
The trend is showing normal variation this month.

Friends & Family Outpatients



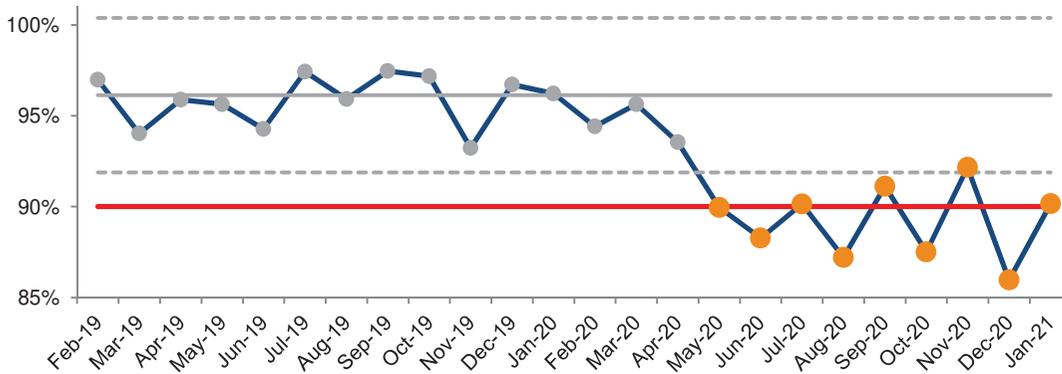
Outpatient scores continue to be below usual, however remain above target. Based on current variation this indicator should consistently hit the target.

Friends & Family Community



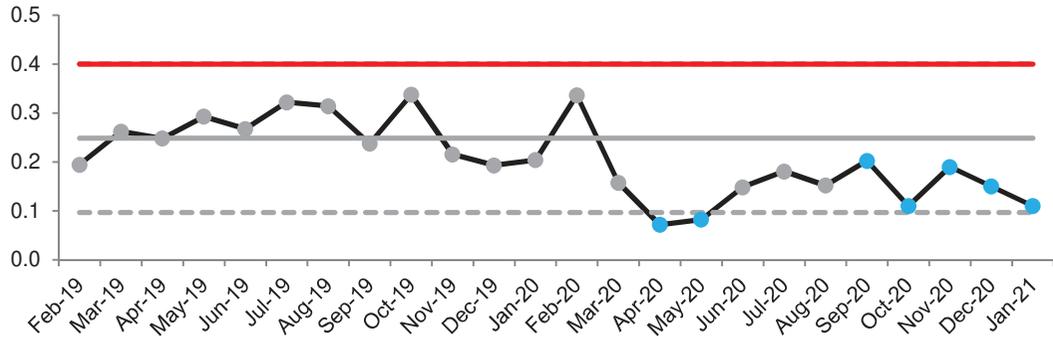
Community scores are showing a reduction, which is significantly lower than usual variation. Based on normal variation this indicator would consistently hit the target.

Friends & Family Maternity



Maternity scores are showing a reduction, which is significantly lower than usual variation. Based on normal variation this indicator would consistently hit the target.

Complaints per 1000 contacts



Patient Experience

Type	Division	Dignity	Information	Involvement	Quality	Overall
		Average Score				
Community	Community and Intermediate Care Services	96.11	91.45	94.47	96.52	94.74
Community	Diagnostic and Clinical Support	100.00	91.67	94.44	-	93.52
Delivery	Family Care	100.00	66.67	100.00	91.67	87.04
ED_UC	Surgery	95.00	85.71	91.39	89.29	90.83
Inpatients	Community and Intermediate Care Services	77.50	63.75	74.11	69.23	71.60
Inpatients	Family Care	93.75	79.46	93.45	90.79	89.88
Inpatients	Medicine and Emergency Care	80.36	80.36	88.16	90.00	84.65
OPD	Diagnostic and Clinical Support	100.00	100.00	96.88	95.37	96.74
OPD	Family Care	100.00	100.00	100.00	97.92	99.44
OPD	Medicine and Emergency Care	100.00	91.67	100.00	100.00	97.50
OPD	Surgery	100.00	100.00	90.00	100.00	98.46
Paediatric	Family Care	100.00	100.00	100.00	100.00	100.00
SDCU	Family Care	93.97	95.19	93.92	93.75	94.21
Total		95.14	89.35	93.43	94.64	93.29

The Trust opened 12 new formal complaints in January.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts.

For January the number of complaints received was 0.11 Per 1,000 patient contacts.

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

From 1st May 2020 the Trust moved to a new system, CIVICA to manage FFT and patient experience surveys.

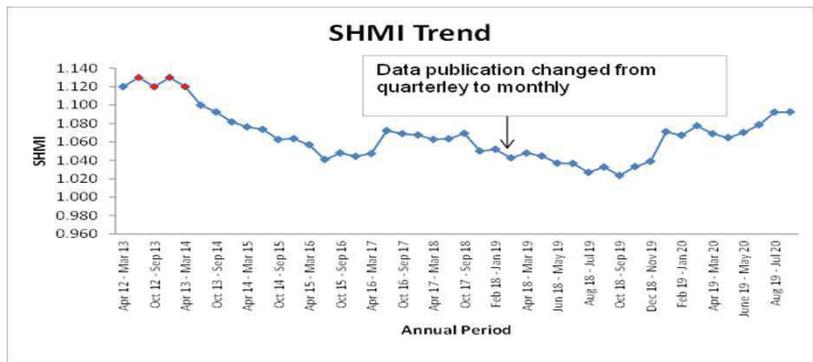
The new reports have now been configured and the table demonstrates divisional performance from the range of patient experience surveys in January 2021.

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

The overall Trust performance from the range of patient experience surveys is above the threshold of 90% for 3 of the competencies and just below the threshold for the Information competency in January 2021

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

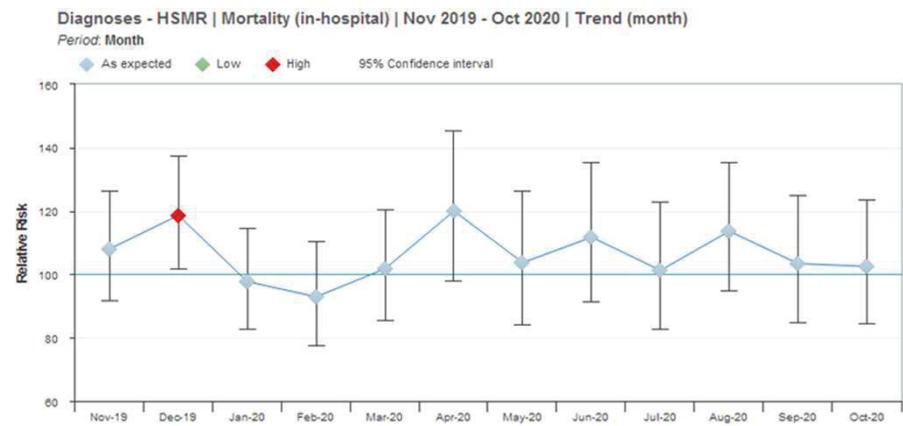
SHMI Published Trend



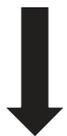
Dr Foster HSMR rolling 12 month

	HSMR Rebased on latest month Nov 19 – Oct 20 (Risk model June 20)
TOTAL	105.8 (CI 100.5– 111.3)
Weekday	103.4 (CI 97.4 –109.7)
Weekend	112.9 (CI 102.1 – 124.4)
Deaths in Low Risk Diagnosis Groups	12.0 (CI 6.6 – 20.2)

Dr. Foster HSMR monthly



The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period September 19 to August 20 has remained within expected levels at 1.09, as published in January 21.



The latest indicative 12 month rolling HSMR (November 19 – October 20) has deteriorated from last month and is now 'above expected' at 105.8 against the monthly rebased risk model.

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

Acute Myocardial Infarction, Pneumonia and Urinary Tract Infection are currently also alerting on the nationally monitored SHMI groups. In addition to these, Gastrointestinal hemorrhage is also now alerting.

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

Learning Disability Mortality Reviews (LeDeR)

Due to COVID and current workload priorities the LeDeR review process has not been active as was proposed. Currently there are 30 reviews to complete, 11 of which are yet to commence the review process.

Structured Judgement Review Summary

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

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

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

Stage 1	Month of Death														TOTAL
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	
Deaths requiring SJR (Stage 1)	46	212	249	258	12	14	13	6	9	15	13	34	8	6	889
Allocated for review	46	212	249	258	12	14	13	6	9	15	13	33	7	2	887
SJR Complete	46	212	249	257	12	14	13	6	7	14	13	18	5	0	866
1 - Very Poor Care	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2
2 - Poor Care	8	19	21	33	0	1	3	1	0	0	2	7	1	0	96
3 - Adequate Care	14	68	70	67	4	3	3	2	4	4	5	4	2	0	250
4 - Good Care	20	106	133	128	7	7	6	3	3	10	6	6	2	0	437
5 - Excellent Care	3	18	25	29	1	3	1	0	0	0	0	1	0	0	81
Stage 2															
Deaths requiring SJR (Stage 2)	9	20	21	33	0	1	3	1	0	0	2	7	1	0	98
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	4	0	0	1	0	0	0	0	0	0	0	11
Allocated for review	6	18	20	29	0	1	2	1	0	0	2	7	1	0	87
SJR-2 Complete	6	18	20	29	0	1	2	1	0	0	2	5	0	0	84
1 - Very Poor Care	1	1	1	2	0	0	0	0	0	0	0	0	0	0	5
2 - Poor Care	3	6	6	12	0	0	2	1	0	0	0	2	0	0	32
3 - Adequate Care	2	10	13	13	0	1	0	0	0	0	2	3	0	0	44
4 - Good Care	0	1	0	2	0	0	0	0	0	0	0	0	0	0	3
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Total
stage 1 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	1	1	4	2
stage 1 requiring completion	0	0	0	1	0	0	0	0	2	1	0	15	2	2	21
Stage 1 Backlog	0	0	0	1	0	0	0	0	2	1	0	16	3	6	23
stage 2 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stage 2 requiring completion	0	0	0	0	0	0	0	0	0	0	0	2	1	0	3
Stage 2 Backlog	0	0	0	0	0	0	0	0	0	0	0	2	1	0	3

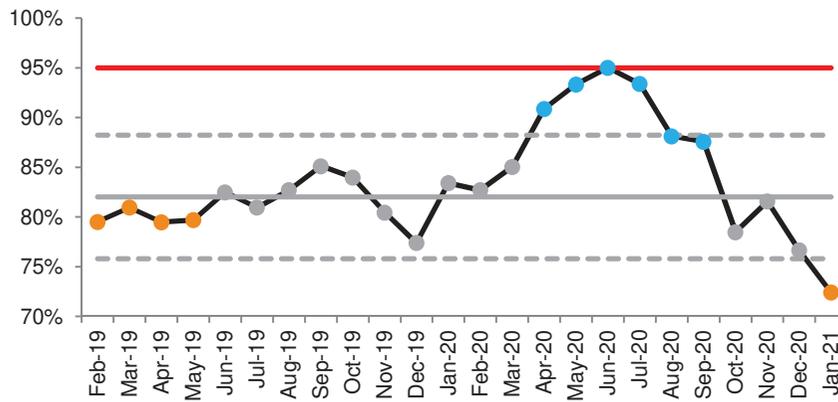
Commissioning for Quality and Innovation
(CQUIN)

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

EFFECTIVE

RESPONSIVE

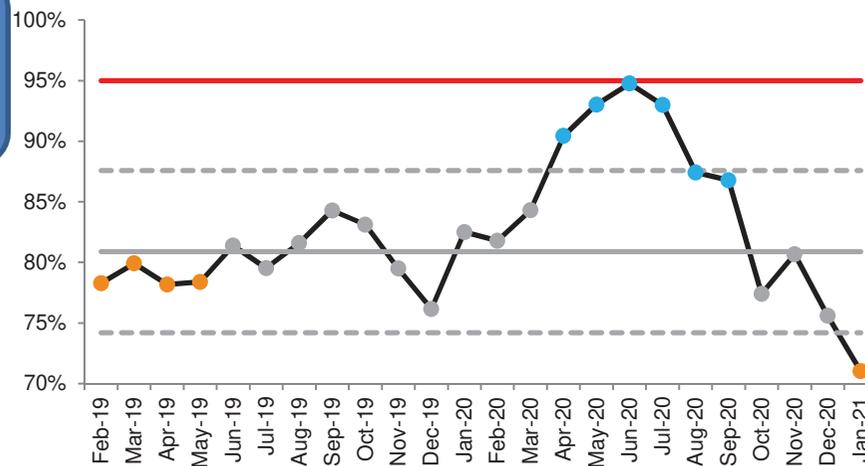
A&E 4 hour standard % performance - Pennine



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 72.4% in January, which is below threshold.

The trend is showing a deterioration this month and based on current variation is not capable of hitting the target routinely.

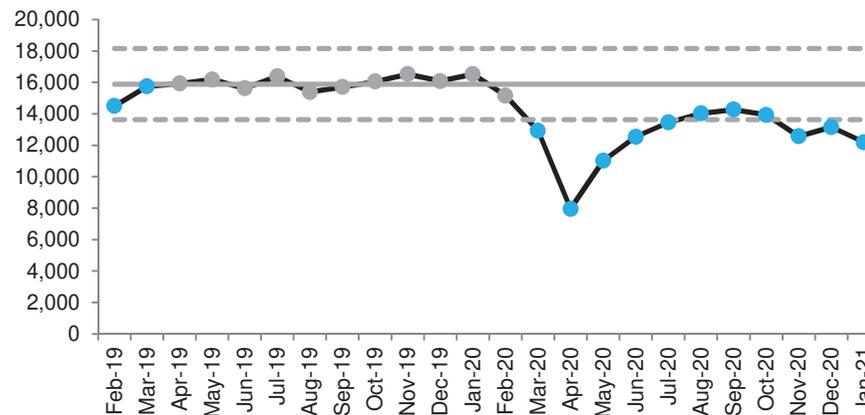
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 71.0% in January.

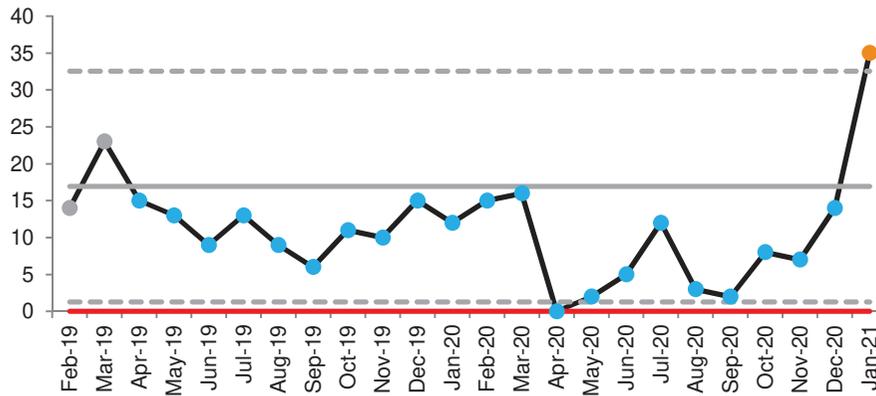
The national performance was 78.5% in January (All types) with 3 of the 113 reporting trusts with type 1 departments achieving the 95% standard.

A&E Attendances - Trust



The number of attendances during January was 12,193, which remains lower than normal and likely to be as a result of the COVID-19 response.

12 Hr Trolley Waits

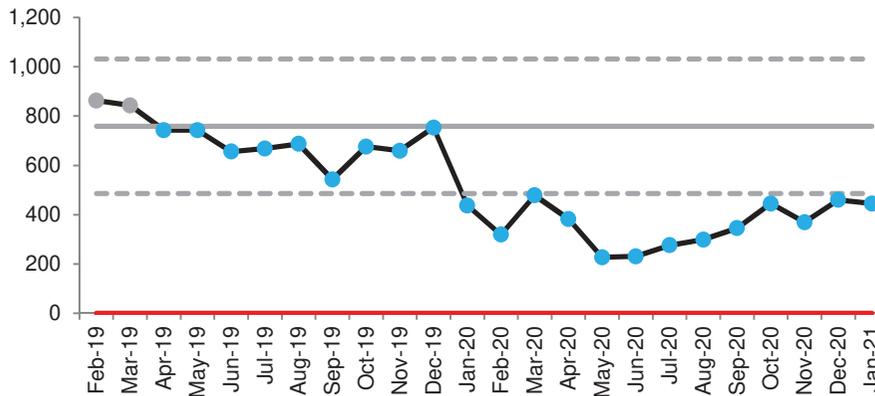


There were 35 reported breaches of the 12 hour trolley wait standard from decision to admit during January. These were 3 mental health breaches and 32 physical health breaches. This is significantly higher than normal and due to operational pressures in the first half of the month.

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

	Mental Health	Physical Health
No. 12 Hr Trolley Waits	3	32
Average Wait from Decision to Admit (Hrs)	18:26	16:28
Longest Wait from Decision to Admit (Hrs)	23:17	22:02

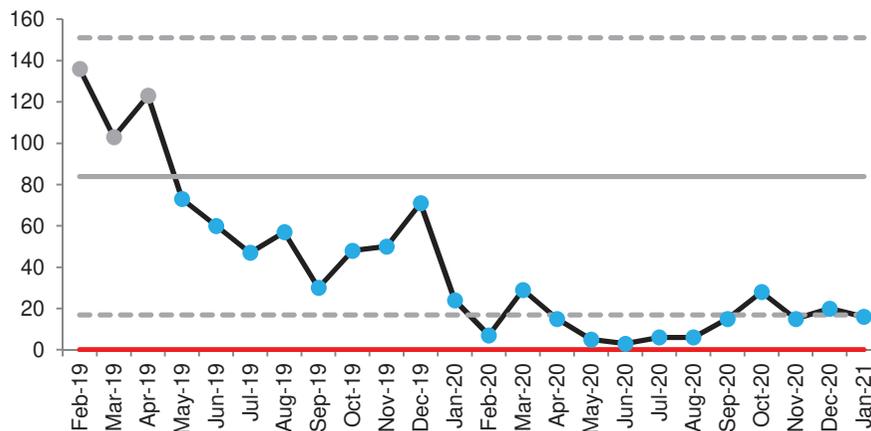
Ambulance Handovers - >30Minutes



Following a review of NWS data and reporting, the ambulance handover metrics have been amended and now show the arrival to handover time, having previously shown the notification to handover.

There were 445 ambulance handovers > 30 minutes in January. The trend is still showing significant improvement.

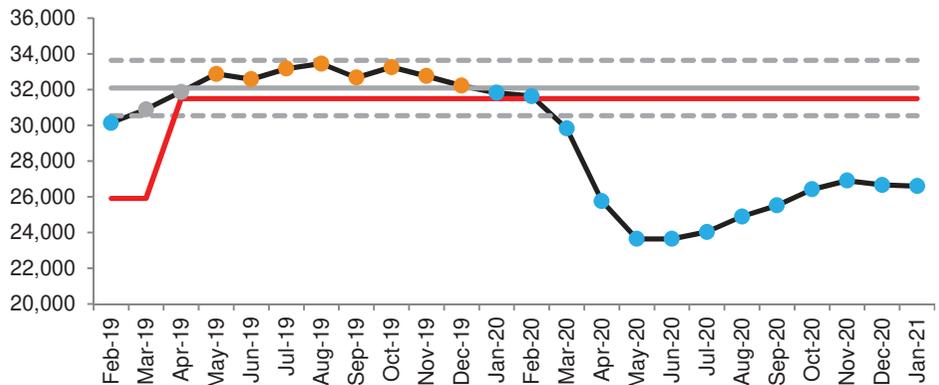
Ambulance Handovers - >60 Minutes



There were 16 ambulance handovers > 60 minutes in January, which continues to demonstrate a significant improvement.

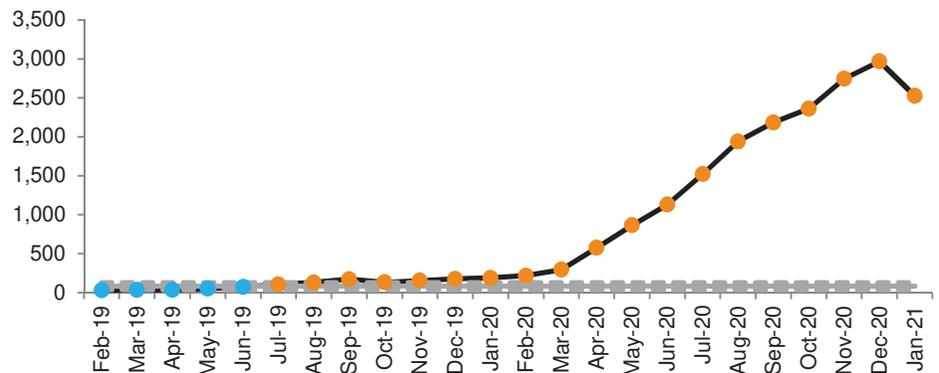
The average handover time was 20 minutes in January and the longest handover was 1hr 32 minutes.

RTT Total Ongoing



There were 26,604 ongoing RTT pathways at the end of January, which has reduced on last month and is below the January trajectory (28,524).

RTT Total Over 40 wks



The number of pathways over 40wks decreased in January with 2525 patients waiting over 40 wks at month end.

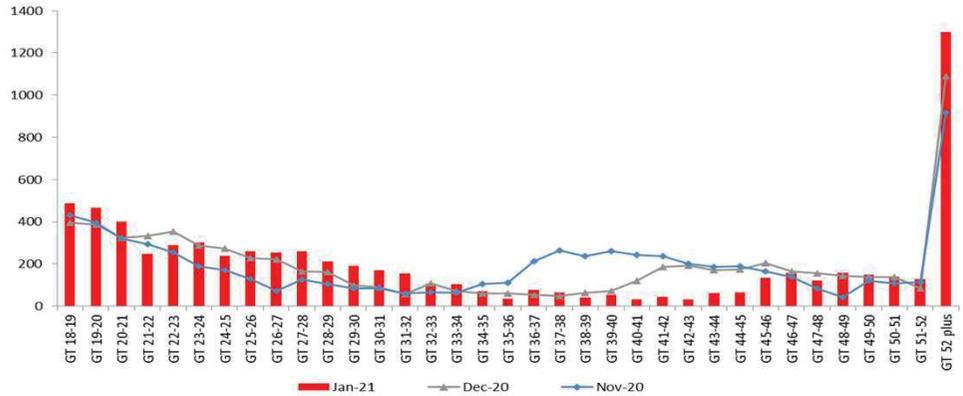
There were 1299 patients waiting over 52 weeks at the end of January, due to the COVID-19 pandemic, which is above the month end trajectory (1235).

RTT Ongoing 0-18 Weeks

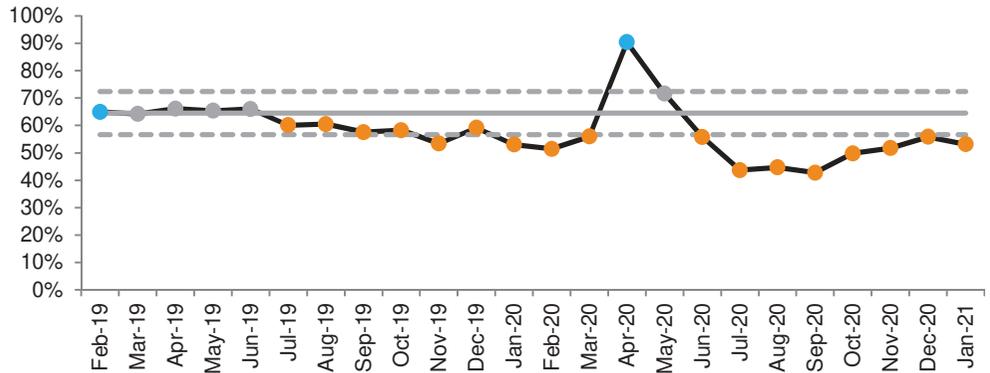


The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

RTT Over 18 weeks



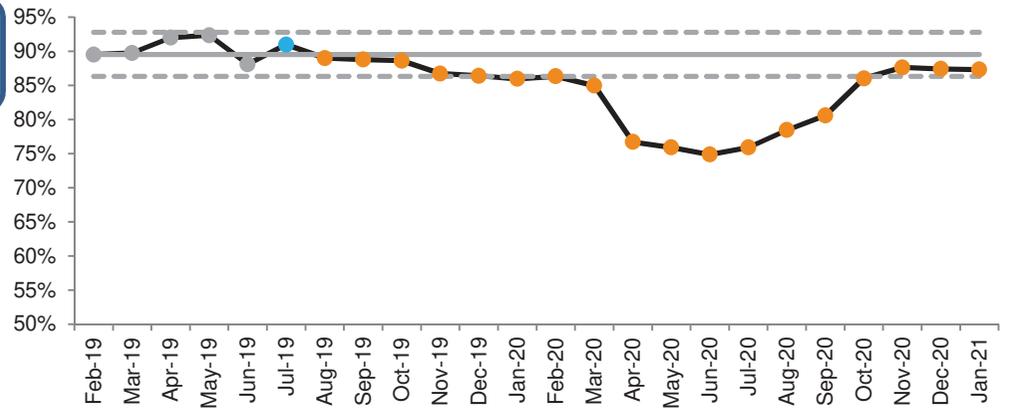
RTT Admitted



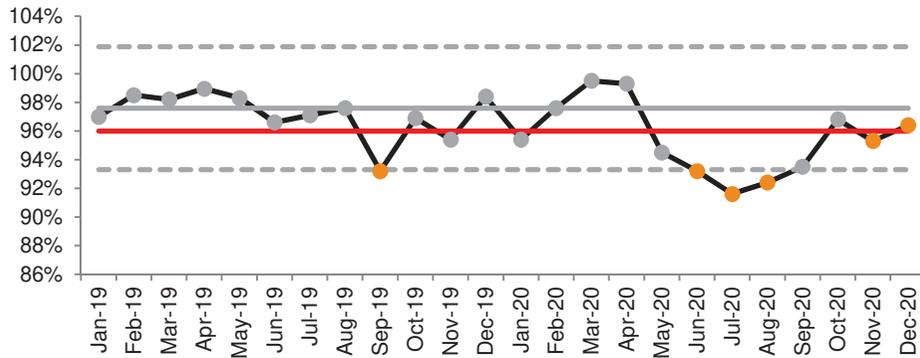
Although no longer a national target, the proportion of admitted and non-admitted patients, admitted within 18 weeks is included for information.

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

RTT Non-Admitted



Cancer 31 day

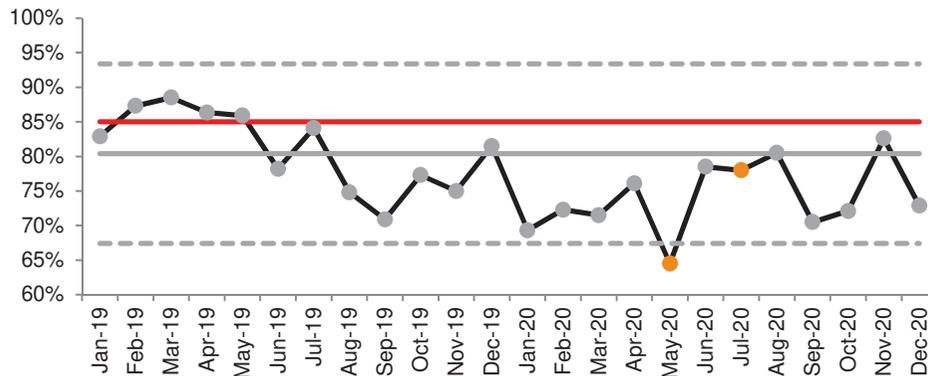


The 31 day standard was achieved in December at 96.4%, above the 96% threshold.

The quarter 3 performance was achieved at 96.2%

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

Cancer 62 Day

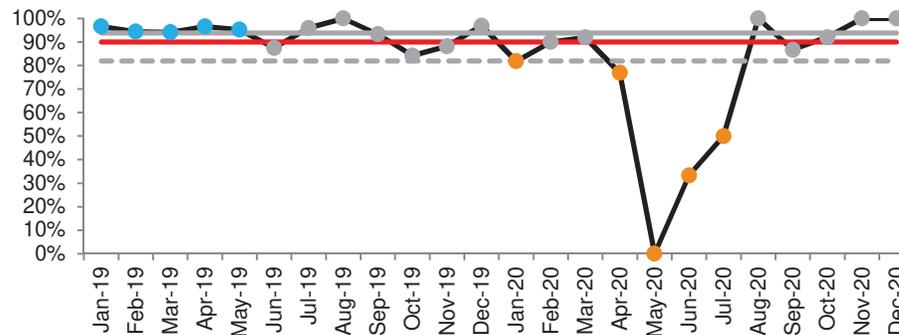


The 62 day cancer standard was not achieved in December at 72.9% below the 85% threshold.

The quarter 3 performance was not achieved at 75.5%

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

Cancer 62 Day Screening

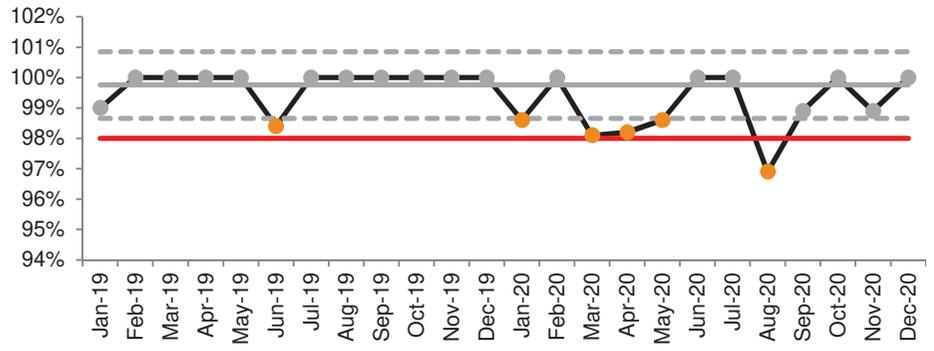


The 62 day screening standard was achieved in December at 100.0%, above the 90% threshold.

The quarter 3 performance was achieved at 97%

The trend is showing a return to normal variation.

Cancer - Subsequent treatment within 31 days (Drug)

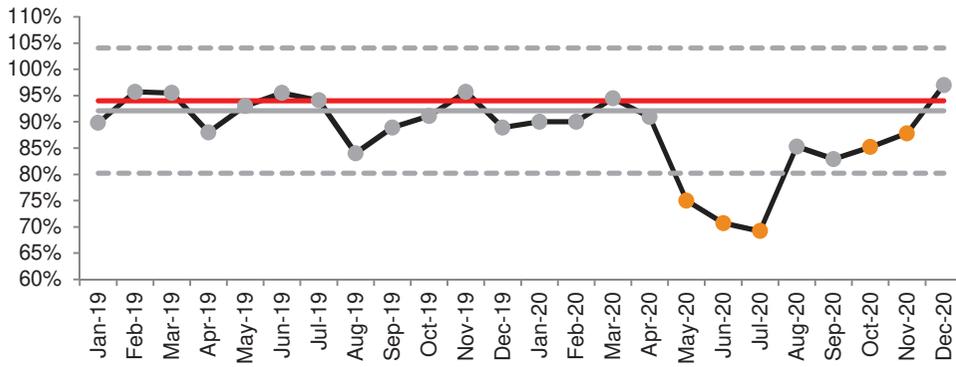


The subsequent treatment - drug standard was met in December at 100%, above the 98% threshold.

The quarter 3 performance was achieved at 99.6%

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

Cancer - Subsequent treatment within 31 days (Surgery)

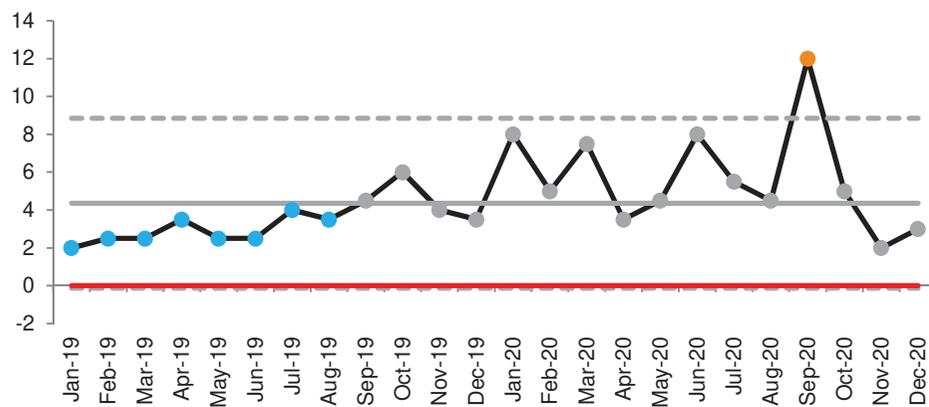


The subsequent treatment - surgery standard was met in December at 97%, above the 94% standard.

The quarter 3 performance was not achieved at 90.1%

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

Cancer Patients Treated > Day 104



There were 3 breaches allocated to the Trust, treated after day 104 in December and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the consultants involved in the pathway as required.

The trend is showing normal variation.

Delayed Discharges

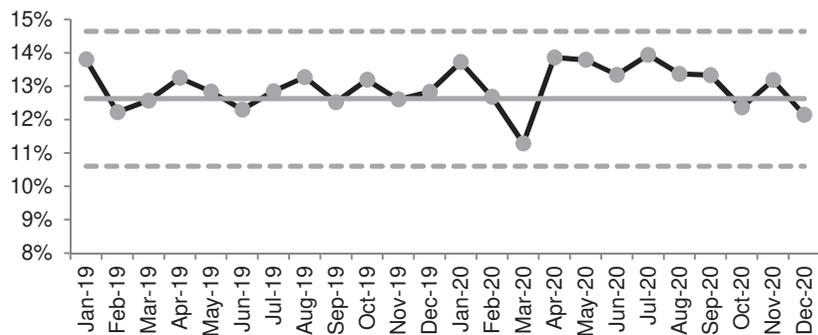
National reporting of delayed discharges has been paused due to the COVID pandemic.

The formal reporting has now stopped as performance around discharge is being monitored regionally and nationally by the DPTL. (Discharge Patient Tracking List) The aim is to have fewer than 79 patients delayed in hospital and this is monitored daily. The delayed transfer of care work is now monitored locally and on a daily basis with a case management focus of the MFFD list. (Medically fit for discharge).

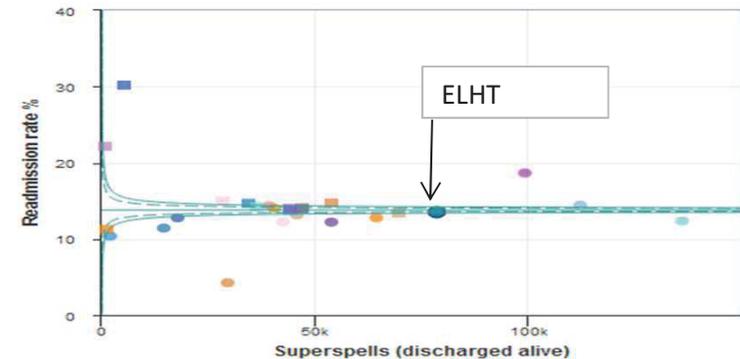
The emergency readmission rate trend is showing no significant change.

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

Emergency Readmissions



Readmissions within 30 days vs North West - Dr Foster
December 2018 - November 2019

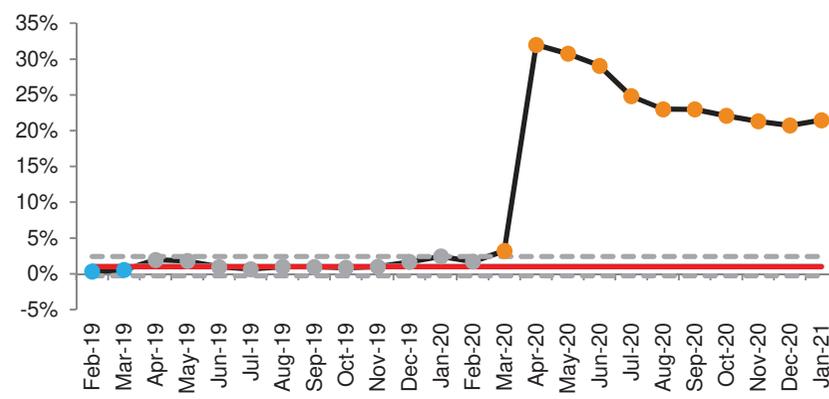


In January 21.5% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

The trend is showing a deterioration in performance and based on current variation this indicator is at risk of failing the target.

Nationally, the performance is failing the 1% target at 29.2% in December (reported 1 month behind).

Diagnostic Waits



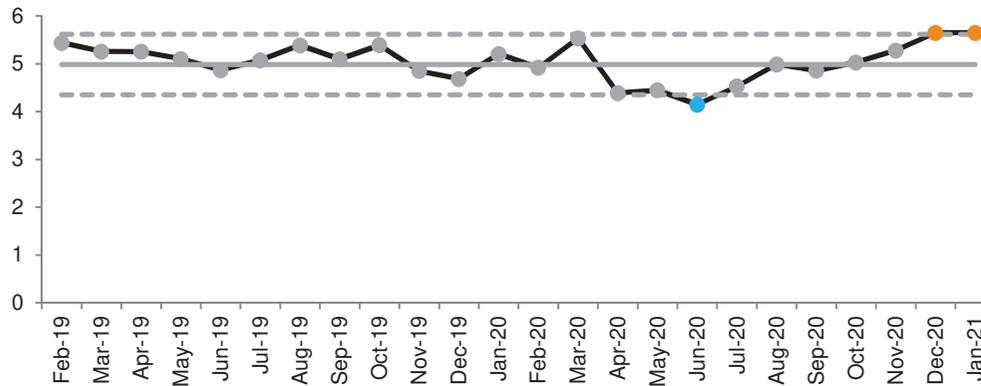
Average length of stay benchmarking

Dr Foster Benchmarking December 19 - November 20

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	55,505	55,505	0	4.3	4.1	-0.2
Emergency	47,404	7,797	39,607	3.3	2.5	-0.8
Maternity/ Birth	12,734	12,734	0	2.1	2.2	0.1
Transfer	144	144	0	10.1	26.6	16.4

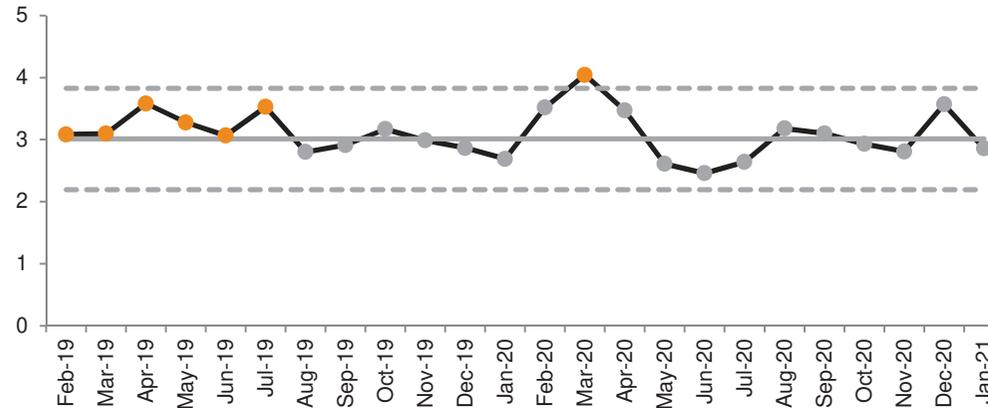
Dr Foster benchmarking shows the Trust length of stay to be below expected for non-elective and for elective when compared to national case mix adjusted, for the period December 19 - November 20.

Average length of stay - non elective



The Trust non elective average length of stay continues to be above normal.

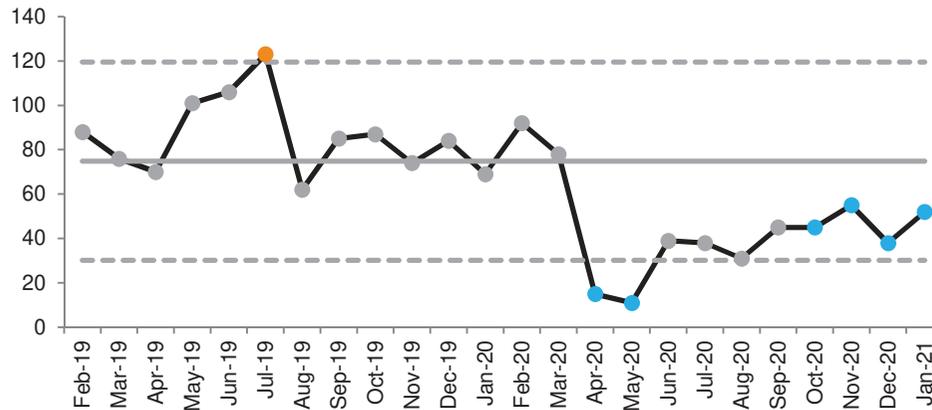
Average length of stay - elective



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

RESPONSIVE

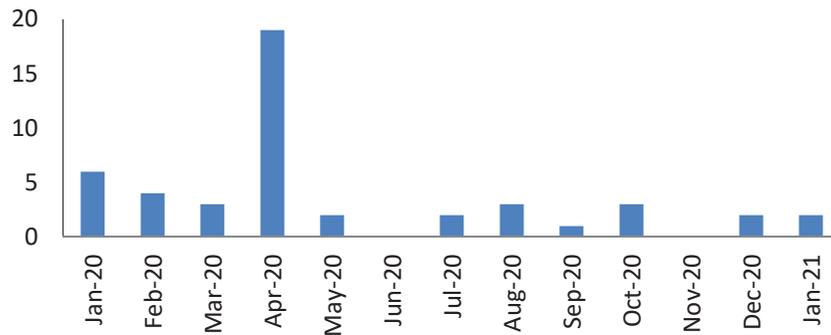
Operations cancelled on day



There were 52 operations cancelled on the day of operation - non clinical reasons, in January.

The trend is showing a significant improvement.

Operations cancelled on day - breaches of 28 day standard



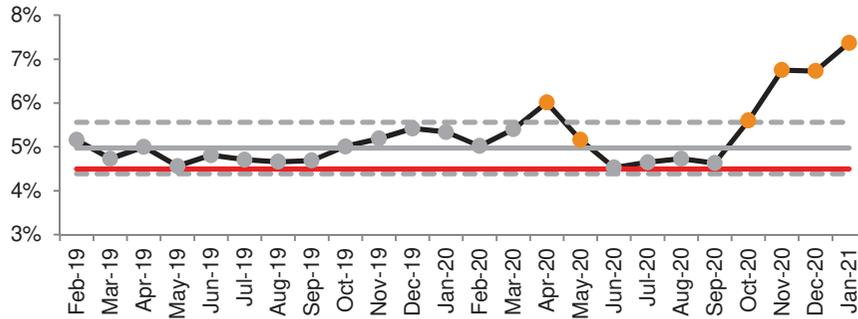
There were 2 'on the day' cancelled operations not rebooked within 28 days in January.

Patients that had procedures cancelled on the day are monitored regularly to ensure dates are offered within the 28 days. Risks are escalated to senior managers and escalated at the weekly operations meeting.

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

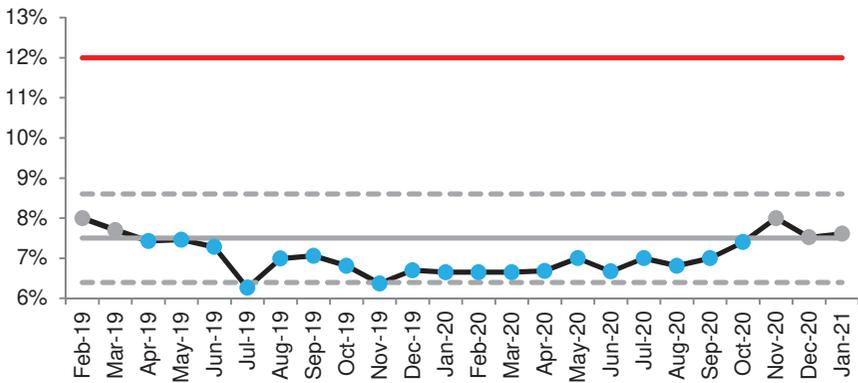


Sickness



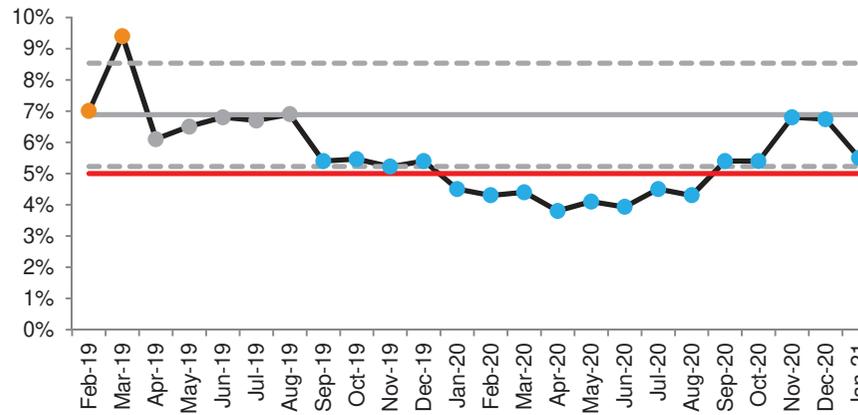
The sickness absence rate was 7.7% for January which is above the threshold of 4.5%. The trend is showing a significant deterioration this month and based on the current level of variation, remains unlikely to achieve the target.

Turnover Rate



The trust turnover rate is showing normal variation at 7.6% in January which is below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate



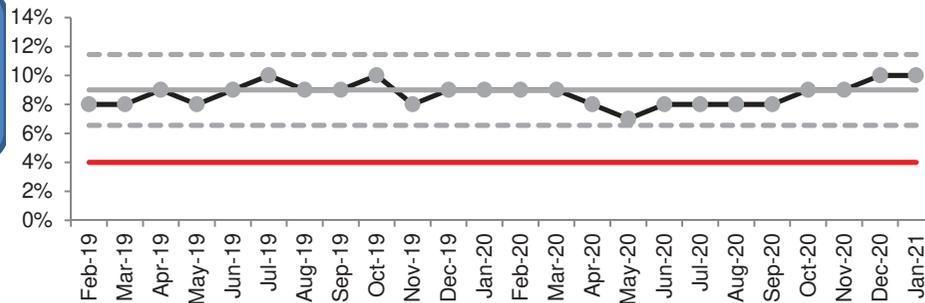
The vacancy rate is 5.5% for January which is above the 5% threshold.

Whilst the current performance is above the threshold, the trend still shows a reduction on previous levels.

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

WELL LED

Temporary costs and overtime as % total pay bill



In January 2021, £4.6 million was spent on temporary staff, consisting of £1.5 million on agency staff and £3.1 million on bank staff.

WTE staff worked (9,076 WTE) which was 76 WTE more than is funded substantively (9,000 WTE).

Pay costs are £2.0 million more than budgeted establishment in January.

At the end of January 21 there were 483 vacancies

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

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

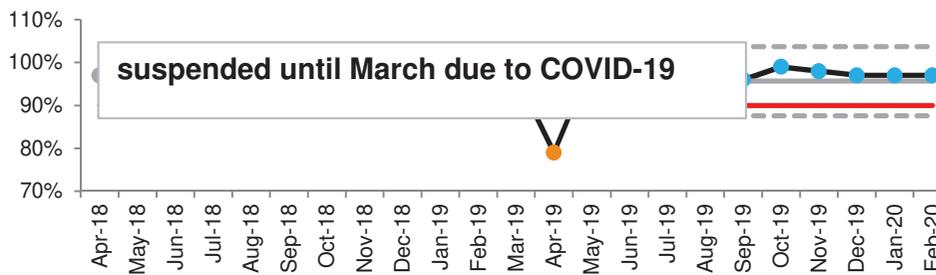
The appraisal rates for consultants and career grade doctors are reported cumulative year to date to February and reflect the number of reviews completed that were due in this period.

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

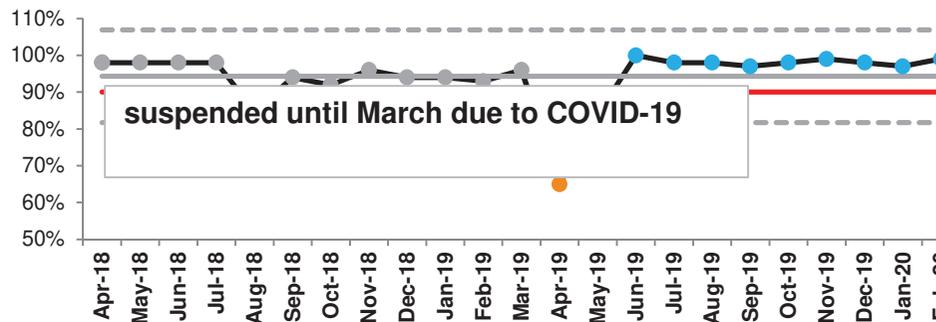
The trend is showing significant deterioration and based on current variation the indicator is not capable of achieving the target

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

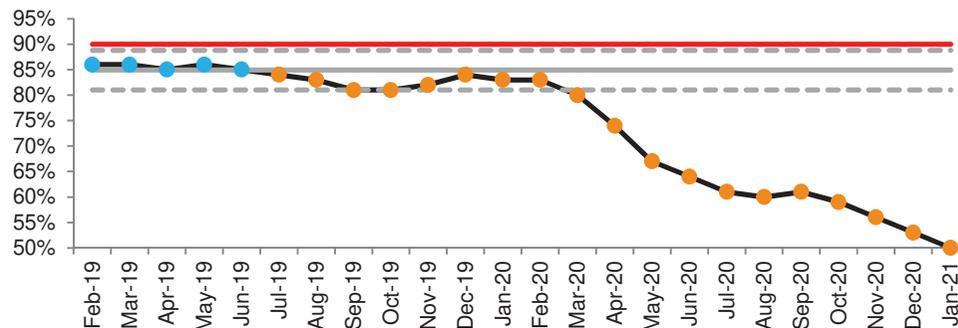
Appraisals, Consultant



Appraisals, Other Medical



Appraisals AFC

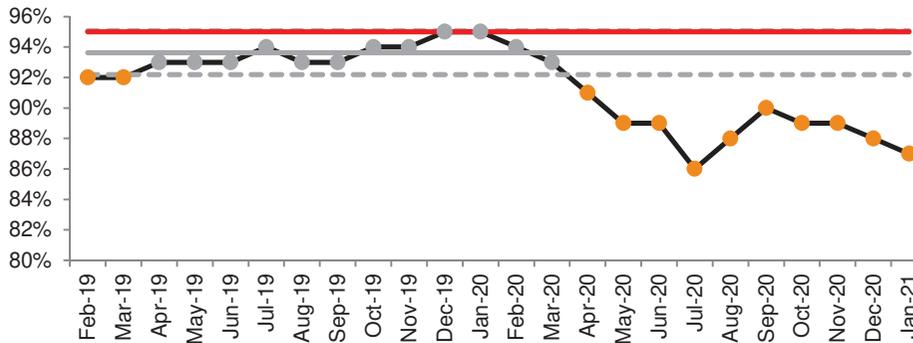


Job Plans

Stage	Consultant	SAS Doctor
Not Published	5	0
Draft	2	22
In discussion with 1st stage manager	180	0
Appeal	0	3
1 st stage sign off by consultant	49	1
1 st stage sign off by manager	33	2
2nd stage sign off	21	0
Locked Down	39	0

As at January 2021, there were 329 Consultants and 28 SAS doctors registered with a job plan on Allocate. The table shows the numbers in each stage of the job planning process.

Information Governance Toolkit Compliance



Information governance toolkit compliance is 87% in January which is below the 95% threshold. The trend is showing significant deterioration and based on current variation, the indicator is not capable of achieving the target routinely.

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

Revised arrangements during Covid-19 pandemic

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

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

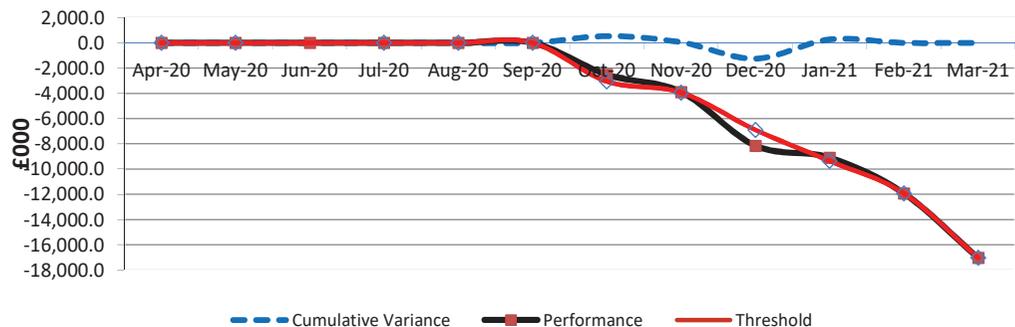
WELL LED



Core Skills Training % Compliance

	Target	Compliance at end January
Basic Life Support	90%	94%
Conflict Resolution Training Level 1	90%	96%
Equality, Diversity and Human Rights	90%	95%
Fire Safety	90%	93%
Health, Safety and Welfare Level 1	90%	96%
Infection Prevention	90%	95%
Information Governance	95%	87%
Prevent Healthwrap	90%	95%
Safeguarding Adults	90%	94%
Safeguarding Children	90%	93%
Safer Handling Theory	90%	95%

Finance & Use of Resource metrics



Adjusted financial performance surplus

Efficiency Savings

The Trust is reporting a £0.9 million deficit in month, which is favourable to the revised plan by £1.4 million and a £9.1 million deficit year to date which is favourable to the revised plan by £0.3 million.

The ICS top up & COVID-19 allocation funding methodology for Month 7-12, which replaces the previous top up to balance approach, brings significant financial & strategic challenges for the Trust.

Since submitting the H2 (Month 7-12) plan of a £17.7 million deficit NHSEI had asked the Trust to work to achieve a revised deficit control total of £15.2 million (best case scenario) which we are working to meet.

This position included an allowable £2.8 million provision for the estimated value of annual leave that will be untaken at year end. The annual leave estimate was further adjusted by £1.8 million in month 10 to £4.6 million. This moves the Trust from a deficit of £15.2 million to a £17.0 deficit.

The calculation is forecast up from a sample of staff via a survey monkey exercise. This is currently being collated. We are currently awaiting confirmation from NHSEI as to whether our allowable deficit can increase to £17.0 million from £15.2 million.

Although there is still significant risk within this position, as things stand, the Trust is working to meet the best case forecast and will achieve the revised target, set by NHSEI.

The year to date adjusted deficit of £9.1 million is £0.3 million favourable to plan.

The cash balance in the bank is £53.6 million at the 31st January 2021.

Capital spend is £22.7 million at the end of month 10 against a plan of £26.1 million (87%).

WELL LED

TRUST BOARD REPORT

10 March 2021

Item 40

Purpose Information Assurance

Title	Flu Vaccination Programme 2020/21
Author	Mr P Denney, Head of Occupational Health & Wellbeing
Executive sponsor	Mr K Moynes, Director of Human Resources and Organisational Development

Summary: The board are asked to note the current success of this year's Seasonal Influenza (Flu) campaign at ELHT and the achievement of exceeding last year's achievement of 94.8% with a final uptake of **94.9%**.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care. Recruitment and workforce planning fail to deliver the Trust objectives Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities. The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	Yes
Equality	Yes	Confidentiality	No

Previously considered by:

Executive summary

1. On the 14th May 2020 the 'Annual Flu Letter' titled 'The national Flu immunisation programme 2020/21' was sent to all Chief Executives of NHS Trusts, this was later followed by an update letter on the 5th August 2020 called '*The national Flu immunisation programme 2020 to 2021- update*'
2. The Annual Flu Letter and Update letter can provided to Board members if required.
3. In order to ensure organisations are doing everything possible as an employer to protect patients and staff from seasonal Flu Trusts were asked to provide an update for public assurance via Trust board by December 2020 and a final report at the end of the programme.
4. This paper details East Lancashire Hospitals NHS Trust's (ELHT) success for 2020/21 Flu season, celebrating the achievement for Flu vaccination uptake in frontline Health Care Workers (HCW)

Introduction

5. ELHTs 2020/2021 Seasonal Influenza (Flu) Plan set out a coordinated and evidence-based approach to planning for and responding to the demands of Seasonal Flu across the organisation taking account of lessons learnt during previous Flu seasons providing assurance to the Board that those recommendations made in Appendix C of the '*The national Flu immunisation programme 2020 to 2021- update*' have been actioned.
6. The final uptake of Flu vaccinations of frontline HCWs at ELHT for the 2020/2021 campaign was **94.9%** and has exceeded last year's campaign of **94.8%**.

Our key activities for the 2020/21 campaign

7. The 2020/21 campaign was aimed at exceeding last year's achievement.
8. A range of interventions were employed to ensure ELHT was successful with this year's Flu campaign. The *Best Practice Management Checklist* provided in the '*The national flu immunisation programme 2020 to 2021- update*' appendix C was presented in detail to Trust Board in December 2020.
9. Appendix C provided assurance of the Trusts compliance for the recommendations within the areas of **Committed Leadership, Communications Plans, Flexible Accessibility and Incentives.**

Recommendations

10. The Annual Flu plan for the 2021/22 campaign will be presented to Trust board in October 2021. It is recommended that the board note the actions put in place for the 2020/21 Flu campaign and continue to support the implementation of the plan across the organisation.
11. It is recommended that the 2021/2022 campaign continues to support staff by educating them regarding the strong evidence base that exists regarding the benefits of having the Flu vaccination.
12. It is also recommended that future Flu vaccination programmes continue to build on the success of 'Best Practice' to achieve an improved uptake in 2021/2022.

Conclusion

13. This 2020/21 Flu uptake has surpassed last year's totals and has been successful in achieving an uptake of **94.9%**.
14. The success of this year's Flu vaccination programme demonstrates ELHTs application of Best Practice within the 2020/21 campaign.
15. ELHT will continue to build on 2020/21s campaign leading into the 2021/22 campaign and will add emphasis to educating staff by 'Myth Busting' whilst continuing to promote the evidence base supporting the Flu vaccinations benefits.

Future steps

16. Planning and implementation of the 2021/22 campaign with key stakeholders across the organisation.

Phil Denney, Head of Occupational Health & Wellbeing

TRUST BOARD REPORT

10 March 2021

Item **41**

Purpose Information Assurance

Title	Black and Minority Ethnic (BAME) Big Conversations Report
Author	<p>Ms U Krishnamoorthy, Associate Medical Director (A&R) and Consultant Gynaecologist</p> <p>Mrs L Winter, Mental Health Practitioner, East Lancashire Child and Adolescent Service</p> <p><i>On behalf of ELHT BAME network collective leadership co-chair group</i></p>
Executive sponsors	<p>Mrs K Quinn, Operational Director for Human Resources and BAME Network Ally at ELHT</p> <p>Mr K McGee, Chief Executive Officer and BAME Network Executive Sponsor at ELHT</p>

Summary: This report summarises the findings from the ‘Big Conversations’ engagement event held with the BAME staff network members at ELHT as part of the festival of inclusion events on 09 October 2020. The report also summarises the proposed actions recommended by the Trust BAME staff network members, to be taken forward and implemented by the Trust.

Recommendation: The Trust Board are kindly requested to note the summary of findings from the Big conversations with BAME staff network members and cross organisational actions proposed by the BAME staff members at ELHT. The Trust Board is requested to support the implementation of the Trust wide action plans and appropriate resources towards progressing this through the Human Resources and other relevant Trust Team; working collaboratively with the BAME network group.

Report linkages

Related strategic aim and corporate objective	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform and deliver best practice</p>
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Related to key risks identified on assurance framework

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

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

Impact

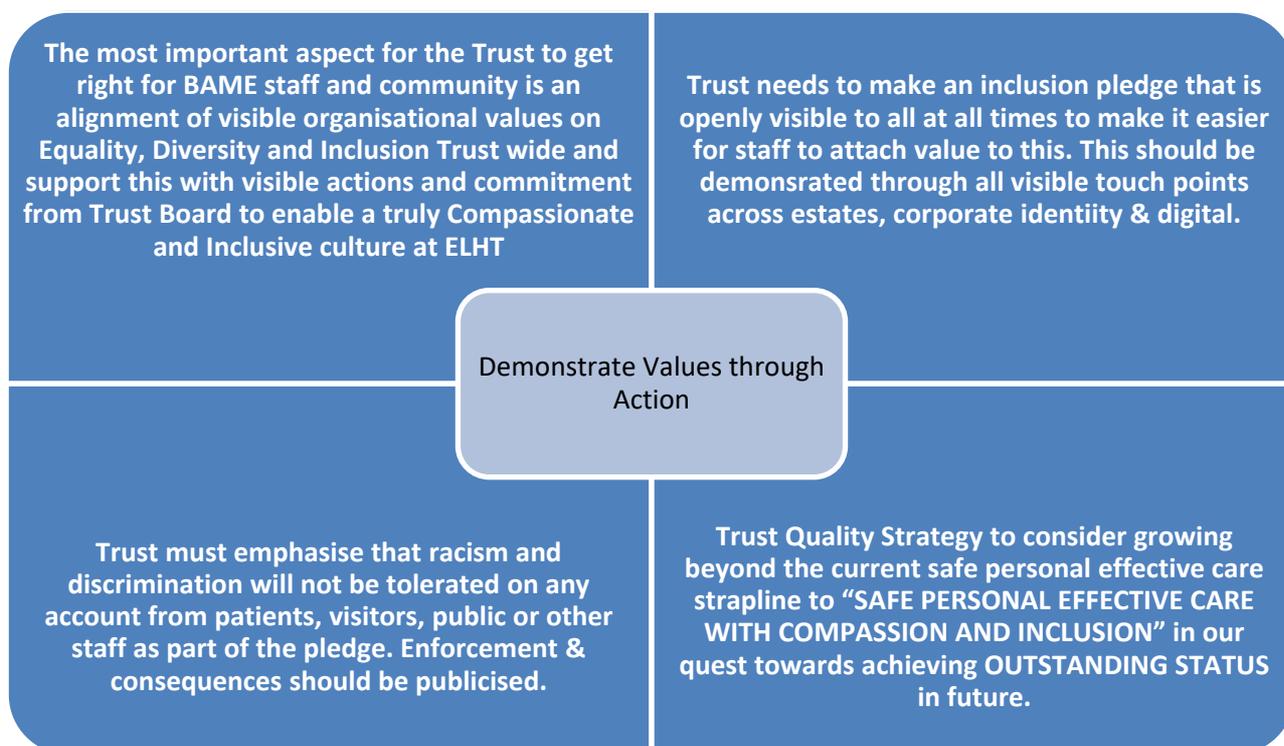
Legal	Yes/No	Financial	Yes/No
Equality	Yes/No	Confidentiality	Yes/No

Report summarising the Feedback, Recommendations and Action Plans from the 'Big Conversations' held with Black and Minority Ethnic (BAME) staff network members at East Lancashire Hospitals NHS Trust in 2020.

Introduction & Background

1. This report summarises the feedback from the 'Big conversations' engagement event held with the BAME staff members at ELHT as part of the festival of inclusion events on the 9th October 2020. The report highlights personal stories, experiences and suggestions by BAME staff members. These were collated by the BAME network event facilitators, to be taken forward and implemented by the Trust as responsible employer with support from the Trust Board. ELHT is the largest employer of BAME staff for the local population with more than approximately 2300 BAME staff.
2. The NHS was established on the principles of social justice and equity. The treatment of our colleagues from minority groups falls short far too often as is acknowledged in the recent NHS People Plan. Not addressing this, limits our collective potential. It prevents the NHS from achieving excellence in healthcare, from identifying and using our best talent, from closing the gap on health inequalities and from achieving the service improvements that are needed to improve population health.
3. Given recent national and international events, it has never been more urgent for our leaders to take action and create an organisational culture where everyone feels they belong – in particular to improve the experience of our people from Black, Asian and Minority Ethnic [BAME] backgrounds¹.
4. There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. Yet it is also clear that in some parts of the NHS, the way a patient or member of staff looks or the colour of their skin can determine how they are treated.
5. Equality goes hand in glove with equity – whilst equality is treating everyone equally, offering everyone the same opportunity, ignoring the fact that the starting point may not be the same is where the inequity lies. In other words, achieving equity is a precondition to reaching equality⁵.
6. Inclusion may be regarded as the extent to which staff believe they are a valued member of the work group, in which they receive fair and equitable treatment, and believe they are encouraged to contribute to the effectiveness of that group.
7. Inclusive workplaces and teams value the difference and uniqueness that staff bring and seek to create a sense of belonging, with equitable access to resources, opportunities and outcomes for all, regardless of demographic differences.

- a) The stories shared, some for the first time at these conversations, demonstrates the gap between rhetoric and reality. There are common themes and threads that highlight:
 - b) New staff leaving after facing racism and exclusion. (Eg. para 6.31)
 - c) Challenge of fairer recruitment and career progression practices. (Eg. Para 6.27)
 - d) The need to demonstrate zero tolerance towards Racism and Discrimination and management to act decisively in supporting victims and appropriate resolution.
 - e) Unmet spiritual needs of BAME patents – specifically women and staff. (eg. Para 6.30)
 - f) Developing BAME staff speak up champions.
8. Additionally a number of consensus points were supported by participants @ big conversation:



Some highlighted experiences:

*“Everyone says they are inclusive but there seems to be some kind of reluctance among managers and leaders to speak openly against racism and/or discrimination and that it will not be tolerated. There is reluctance to even discuss or speak openly about issues around racism or discrimination. Maybe if there are signs visible regarding this, where staff see this regularly, then staff may be empowered to speak openly about this more and staff may recognise this is of high importance for Trust”. **Band 6***

*“There are too many other instances and examples but all this had significantly impacted my health and wellbeing since joining ELHT in February although it has only been under 8 months. I have never ever experienced this kind of discriminatory and non-inclusive treatment from manager/s as I had here at ELHT at any time in all my work life and at any time over the span of more than 15 years in the NHS and in fact at any point in my whole life time (tearful and welling up at this point). Maybe they did not want me at ELHT and that is what they were trying to communicate. Or maybe they were not happy with a Band 7 staff who is a BAME and were not accepting of this. Or maybe I was not considered as part of the original team and continued to be excluded as an outsider as I had come from CCG land. Regardless of their intentions and regardless of whether this was intended or unintended, conscious or unconscious the net impact and damaging resultant effect on me and my wellbeing from all this exclusive discriminatory behaviour is huge. And it is detrimental to me and my long term health. I do not have to tolerate such an environment and such a manager behaviour whereby I am not valued, or respected as an individual and there is constant undermining of my work with absence of acknowledgement of good work from me and the good work being placed as an outcome from a non BAME colleague who had not contributed to or delivered the work. I am glad that I made the decision to leave this job at ELHT”. **Band 7, who is leaving ELHT within 8 months of joining due to negative and discriminatory experiences.***

*“I don’t think we have got our culture right within the organisation all this time. We do talk about inclusion a lot but don’t think we have done much about it so far. Remember talking about this probably a year or two ago as a conversation event with BAME staff but don’t know what was done as a result. I have not noticed any change personally since then. And I am not that sure and don’t think we value equality diversity and inclusion enough as a Trust and if we do, I have not seen any” visible signs to support this”. **Band 4***

“The Trust commitment and action to enhance the senior Executive leadership BAME representation with appointment of a BAME Executive Medical Director recently and additional Non-Executive BAME Directors in the last two years is commendable and a move in the right direction.”

*“I attended the first BAME meeting all those years ago in 1998 as I recall. You guys were not even here then. There were just about five people totally representing the whole Trust BAME staff. I am really glad to see so many people attend this event today and the way you are actively exploring this and genuinely listening with the intent to make it heard directly by Trust Board to enable them to take action and seek support. I feel hopeful seeing this and really makes me feel positive after a long time regarding this and being here today.” **Band 5***

“There is only one full time Muslim Chaplin/Imam who is available for the whole Trust across all sites for all BAME staff of more than 2200 staff and to cater to their spiritual needs. It is very difficult to get hold of him as he is always busy and trying to attend calls across all sites. The situation is even more challenging when he is away and/or on holidays. As our other colleague working with women highlighted there is no female Chaplin who can provide spiritual counselling to women. I would like to see the Trust to acknowledge the unmet needs in this regard and provide additional support for a female spiritual

“The Trust news and social media post by CEO Kevin McGee that racism will not be tolerated within ELHT was a great start to inspire all staff and empower BAME staff at ELHT in the wake of the George Floyd incident in the US.”

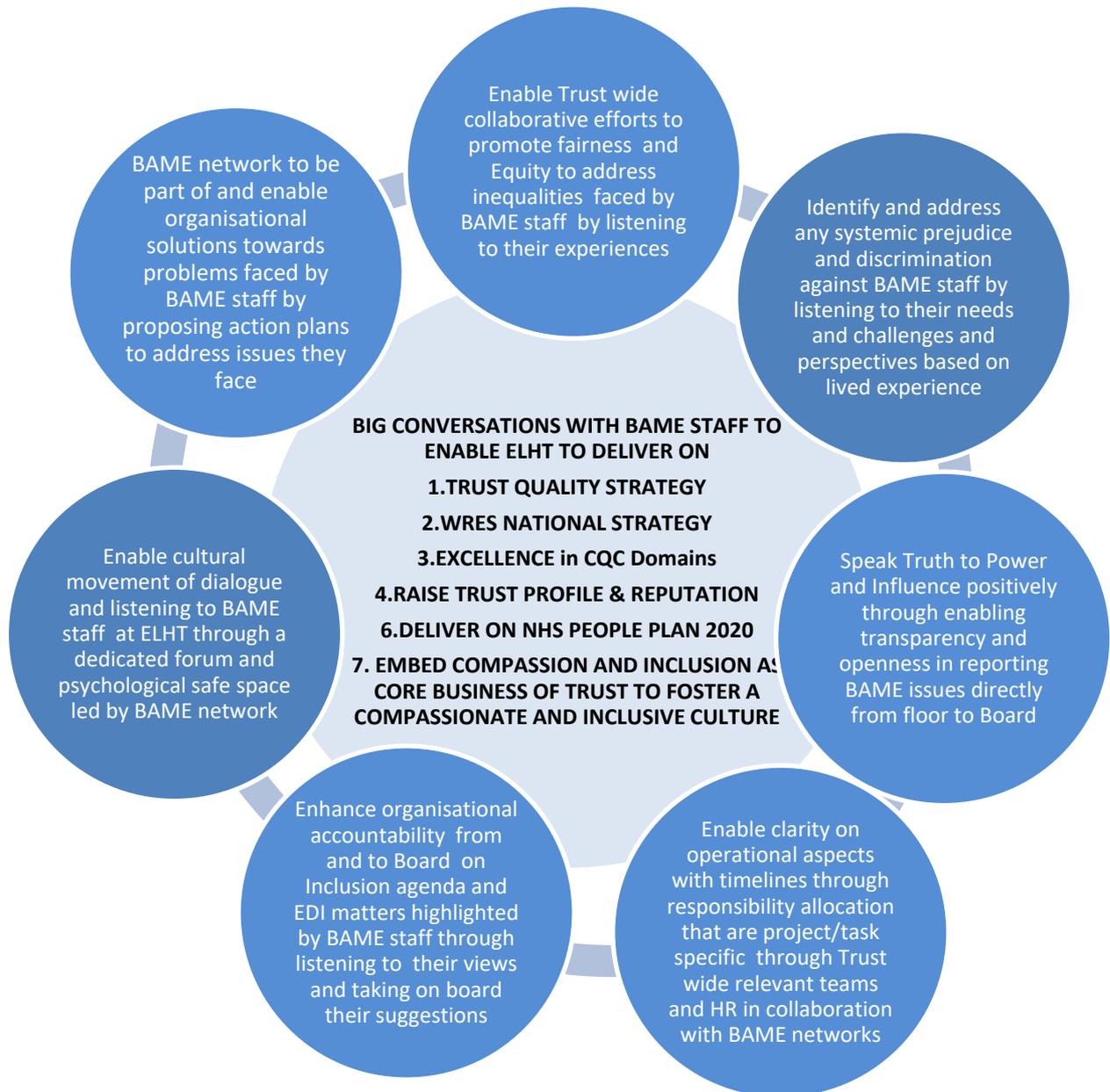
“The BAME network being re invigorated recently and these BAME network meetings being supported are positives by Trust.”

Methodology

9. This BAME engagement event held on 9th October 2020 was held on the virtual online video platform Microsoft Teams, as part of the Festival of Inclusion, in the wake of the Black History Month. A separate event titled “Let’s talk about race” was held the day before, on 8th October, as a facilitated conversation by Operational Director of HR with wider Trust staff. This BAME staff engagement event on the 9th October was held separate to the event on 8th October and facilitated by two of the eight BAME network co-chairs with BAME staff participating. The first half of the session was facilitated by one of the co-chairs and the second half of the session by another co-chair and the summary & conclusions, with consensus regarding next steps, collated and summarised jointly by the two co-chair facilitators.
10. The Non-Executive Director lead for EDI observed the first part of the 9th Oct big conversation.
11. The summary of findings from the Big conversation were discussed with the Non-Executive Director EDI lead on 12th October 2020 and at the BAME network co-chair’s meeting on 26th October 2020. The report was shared at the BAME staff network Action planning event on 27th November 2020 and ELHT BAME staff network event on 9th December. Key take home messages of this report were shared verbally at the ELHT Staff Inclusion network meeting held on 19th November with consensus agreed that report further to BAME network on 9th December can be shared with Trust Board.
12. The main questions that formed the basis of the Big BAME conversations were:
 - a) As a Trust, what is the most important thing for us to get right for our BAME community?
 - b) As a Trust, what have we got right for BAME community?
 - c) What is the one thing that we have got wrong or could do much better with?
 - d) How good are we are looking after the needs of BAME patients?
 - What experience staff have of patients being BAME or about their BAME status?
 - What can we do to improve these?
 - e) What do the ELHT BAME community want from their network group?
 - f) What are your experiences and what needs have you identified that needs to be taken forward by Trust through the BAME network?
 - g) We can try looking at trends on wider needs that are suggested by the individual experiences- This is so that so that we can try to look at wider systems solution that we can try to influence working with our dedicated BAME allies and executive sponsors for the BAME network who have pledged support as allies and sponsors.

- h) Any good practice examples you are aware of from other BAME networks that we can adopt at ELHT?

Aims and Objectives of the Big BAME Conversations are summarised below:



Summary of findings from the big BAME conversations

13. This is comprehensively summarised in detail with staff comments collated on the day under appendix 1.



Conclusion and Recommendations

14. The Big Conversation engagement event held by the BAME network on 9th October 2020 revealed insightful and valuable information directly from ELHT BAME staff regarding their lived experiences and perspectives. BAME staffs were able to collectively come together and collate their diverse perspectives and offer suggestions for what Trust actions need to be to tackle this issue.
15. This Big Conversation has been in a line of many such conversations over the years. The BAME staff network are optimistic and hopeful that this current focus will lead to sustainable and systemic change for the betterment of the entire organisation and the communities we serve.
16. The Trust Board and executive are kindly requested to note the findings from this feedback report and to support the final proposed action plan.

Appendices

Appendix 1 Stories and Conversations shared by staff at the Bog Conversation event

Appendix 2 Recommendations derived from the feedback received at the Big Conversation

Appendix 3 Example of a visible Inclusion pledge by an NHS Trust Board in the UK

Appendix 4 References

Acknowledgement

17. The authors of this report on behalf of the ELHT BAME network and its co-chairs would like to gratefully acknowledge the support provided by Mr Khalil Rehman, as the Trust Board lead on EDI, at the Big BAME conversation event and in the review of this document.

Appendix 1 – Stories and conversations shared

Q1 As a Trust, what is the most important thing for us to get right for our BAME community?

6.1 *“There are plenty of photographs along the corridor at both hospitals leading to the restaurant and they all talk about Safe Personal Effective which is great, but there is nothing that says that our Trust values Equality, Diversity, or Inclusion (EDI) or anything similar displayed anywhere. Nowhere in our Trust can we see Trust values on inclusion visible to anyone. Why is this? Is the Trust really supportive of Inclusion as it says it is?”* **Band 6**

6.2 *“Everyone says they are inclusive but there seems to be some kind of reluctance among managers and leaders to speak openly against racism and/or discrimination and that it will not be tolerated. There is reluctance to even discuss or speak openly about issues around racism or discrimination. Maybe if there are signs visible regarding this, where staff see this regularly, then staff may be empowered to speak openly about this more and staff may recognise this is of high importance for Trust”.* **Band 6**

6.3 *“I think it is important for leaders to state openly that they value EDI. It is not enough that it is said behind the scenes or in less visible forums. Especially, where people cannot recollect after some time when it is a post on social media for example. It has to be stated where all can see it and continue to see it every day”* **Band 4**

6.4 *“I don’t think we have got our culture right within the organisation all this time. We do talk about inclusion a lot but don’t think we have done much about it so far. Remember talking about this probably a year or two ago as a conversation event with BAME staff but don’t know what was done as a result. I have not noticed any change personally since then. And I am not that sure and don’t think we value equality diversity and inclusion enough as a Trust and if we do, I have not seen any visible signs to support this”.* **Band 4**

6.5 *“The culture we have here, within our Trust needs to be grown with EDI and specifically inclusion at the core. There has to be commitment from all top leaders and backed with actions that show they mean business when they say something. It cannot be all talk, talk, talk all the time as has been the case over the years. We need to see action, and by this I mean action that makes a difference to how I feel at work. So far I have not experienced any difference”.* **Band 5**

6.6 *“There was a really good example of another UK Trust displaying its equality pledge I saw recently where the CEO along with Trust Board Executive team had openly supported EDI and displayed a large banner at the main entrance of the hospital which no one can miss. The pledge was unveiled for the Trust by Yvonne Cowgill, Head of WRES National team at the time with a YouTube video shared later with staff and all Trust Board members pledged their support to this. Would be wonderful, if only we could have something similar at our Trust. Is this really possible? If not why not? Happy to share with all. (appendix 1,2)”* **BAME network member**

Q2 As a Trust , what have we got right for the BAME community?

- 6.7 The spiritual centre at Blackburn site is a good supportive resource by the Trust for BAME colleagues' spiritual needs and Trust is to be applauded for this.*
- 6.8 The staff risk assessment tool developed in the wake of the Covid19 pandemic which listened to BAME network proposals and included BAME as a risk factor among others and rolled out successfully is a good inclusive move by the Trust.*
- 6.9 The Trust commitment and action to enhance the senior Executive leadership BAME representation with appointment of a BAME Executive Medical Director recently and additional Non-Executive BAME Directors in the last two years is commendable and a move in the right direction.*
- 6.10 There has been some improvement noted with Trust WRES figures although most of the improvement is in the lower banding posts at less than or equal to 5 and at Board level. But this improvement is in the right direction of travel to continue at pace across other bandings as well especially to be seen in future at above 6.*
- 6.11 Reverse mentoring being implemented and having started with few of the Executive team members taking this up is a great start to this trust initiative and this needs to be widely implemented across the trust so that managers at all levels take up reverse mentoring and benefit from this shared learning cross organisationally.*
- 6.12 The Trust news and social media post by CEO Kevin McGee that racism will not be tolerated within ELHT was a great start to inspire all staff and empower BAME staff at ELHT in the wake of the George Floyd incident in the US.*
- 6.13 The BAME network being re invigorated recently and these BAME network meetings being supported are positives by Trust.*
- 6.14 It is great to see some new leadership with new members joining as co-chairs with new energy being infused into the network that is encouraging and empowering.*
- 6.15 It is good to see the Trust support this new collective leadership approach as the issues faced by BAME are far too complex for a single lead individual to tackle and deliver as recognised over the years.*

Q3 What is the one thing that we have got wrong or could do much better with?

- 6.16** *“There has been a lot of talk on WRES, a lot of talk on Equality Diversity and Inclusion, some talk about addressing any racism and/or discrimination, but so far we have not seen this translate into something solid or concrete as an action. We have not seen significant or notable improvement in WRES data band 6-9 or VSM groups of BAME staff at ELHT. When are we going to see this improvement across those higher bandings as well?” **Band 6***
- 6.17** *“There is nothing to stop managers from behaving unfairly to BAME staff. It is good we have the staff risk assessment tool but still how it is used by the manager makes a big difference to the staff member. If it is not supported as it should be with regards to what should happen further to the risk assessment and/or without compassion, inclusive spirit or empathy, what can we do? Currently we cannot do anything. It comes down to the culture again which makes it easy for them to get away behaving like that. And how do we hold managers accountable?” **Band 6***
- 6.18** *“Do managers actually think of inclusion or think it is important? I am not convinced they do. It is not something they value much. Some think it is a nuisance when it is part of risk assessment. I certainly got that impression”. **Band 5***
- 6.19** *“There were at least 4 of my colleagues within my team already working remotely from home. I was the new member who joined the team only recently and band 7. However my manager insisted that I come and work on site despite my BAME additional risk factor. I could not understand the rationale and although I tried to seek explanation as to why, I was not given any reason and the manager would leave me out of emails and that compounded my feeling of being excluded. I specifically highlighted that I have been left out of emails and requested to include me in future and yet again this continued. It is as if my manager did not care at all”. **Band 7***
- 6.20** *In addition most asked for further ongoing training for managers on EDI issues in general and supporting BAME risk assessments specifically and hold managers to account by including it as part of their appraisal discussions and PDR in an ongoing manner especially with regards to how to fairly support remote work for BAME staff and BAME with underlying conditions.*
- 6.21** *There was some discussion about inter-sectionality and some highlighted that being BAME and female compounded the discrimination they faced although acknowledged that sometimes this could be unconscious and/or unintended.*

Q4-Q7 How good are we at looking after the needs of BAME patients? What experience do staff have of patients being BAME or about their BAME status? What can we do to improve these? What do the ELHT BAME community want from their network group? What are your experiences and what needs have you identified that needs to be taken forward through the BAME network?

Discussions overlapped considerably for the above questions and therefore presented as such.

6.22 *“The Oasis spiritual centre , at Blackburn is a really good example which can be extended to Burnley as well. The Muslim prayer room at Burnley is a poor cousin of the one at Blackburn and has significant scope for improvement. The chapel at Burnley adjoining the Muslim prayer room is a really good one and maintained at a high standard but the Muslim prayer room adjoining the chapel is of really poor standard and in need of much improvement. There is no spiritual/prayer room provision at Clitheroe or Accrington Victoria Hospitals. What I want from the BAME network is to ensure this is highlighted to top leaders and what I want from Trust is a commitment to support my spiritual needs which are important for me and a big part of who I am as a person. I would like to see this in action through commitment and to see in reality a good standard of prayer room at Burnley as currently this is poor and also provision for our spiritual needs at other sites as well.” **Band6***

6.23 *“There is only one full time Muslim Chaplin/Imam who is available for the whole Trust across all sites for all BAME staff of more than 2200 staff and to cater to their spiritual needs. It is very difficult to get hold of him as he is always busy and trying to attend calls across all sites. The situation is even more challenging when he is away and/or on holidays. As our other colleague working with women highlighted there is no female Chaplin who can provide spiritual counselling to women. I would like to see the Trust to acknowledge the unmet needs in this regard and provide additional support for a female spiritual counsellor and another cover for the current Muslim chaplain”. **Band 4.***

6.24 *"I agree with what my colleague has said above that I too would like to see the Trust acknowledge the spiritual needs of people of Muslim faith with time for prayers about 15-20 minutes incorporated within the shift schedule as currently some managers are not supportive at all and some even actively oppose allowing this time even if I promise to make up time extra for this.*

They view this as something that is unnecessary and make me feel as if I am skiving work during this time. The same managers have no issue at all with a number of staff who go out on extended breaks to smoke cigarettes and refresh with fresh air outside as they say which is seen as an important holistic need for those staff. But when it comes to my spiritual needs as a BAME Muslim local resident and staff there is a negative approach to this and the way in which I am made to feel small every time I have to ask permission for these few minutes on a Friday to leave ward to the prayer room really needs to change.

Those who smoke take breaks several times every day during every shift and that is well supported but when as a non-smoker and as someone who never takes other breaks like these smoker staff do, and I need this 15-20 minutes maximum once in a week just as a one off on a Friday afternoon it is seen as a huge pressure to the team by the manager and as trouble and something that disrupts the shift and me as someone who is a trouble maker and one who skives work. It terribly continues to upset me that despite years and years of working at ELHT, this approach by managers has not changed at all and this is an area where I would like to see change. I would like Trust and staff colleagues and managers treat my prayer break of 15-20 minutes to fulfil my spiritual needs once a week during most part of the year (the only exception is Ramadan fast times may be twice during a shift) as something at least equally if not more important than the frequent and regular cigarette smoking breaks that a lot of staff members in non BAME group are very openly and actively supported by managers within their shifts as part of the norm.

*It upsets me observing this over the years and having heard similar experiences from a lot of colleagues who have also expressed this that unless the Trust takes action through the Board and top leaders, the spiritual needs of our BAME Muslim colleagues are given less importance than the smoking needs of non BAME colleagues. I am saying this not just on behalf of me individually but also on behalf of all my colleagues who wanted me to raise this but were not brave enough to do so. My voice is therefore a voice on behalf of all those colleagues as well and I would like to record that here. I would definitely like to see this change as commitment and action to bring this about. Other Trusts have supportive policies and processes in place and unless this is supported and built in within the policies and processes, culture change will not happen and will not stick. I would definitely like to see this change here whereby there is intentional support for spiritual needs of BAME staff". **Band 4***

6.25 *“I am sure the Trust wants to do good but sometimes not sure may be. They only got to ask us if so. Again, it is because you as BAME network facilitator are asking, that I am able to be open about what I wish to discuss with another BAME colleague. I may not be able to be this open with others as feel they may not listen with as much care and attention. Then again, it is not enough they just ask us but they have to show they genuinely care by doing something about it and not just making it a paper exercise “again”. As I mentioned before I have not seen much action over the years and this is what I wish to see change at ELHT – real action in practice that will make a difference to me and my work life and experience at ELHT. **Band 5***

6.26 *“I attended the first BAME meeting all those years ago in 1998 as I recall. You guys were not even here then. There were just about five people totally representing the whole Trust BAME staff. I am really glad to see so many people attend this event today and the way you are actively exploring this and genuinely listening with the intent to make it heard directly by Trust Board to enable them to take action and seek support. I feel hopeful seeing this and really makes me feel positive after a long time regarding this and being here today. **Band 5***

6.27 *“I have been in * (profession removed to support anonymity) for 22 years. If you ask me what the Trust can do better, I would say there can be more fairness in not only recruitment processes but also career progression and promotion prospects for BAME. I started on a lower banding and could not progress beyond that. I felt stuck in a rut while here at a lower banding all those years ago at ELHT and got stuck as if in a rut without opportunity or support or scope to move up on banding scale while my non BAME colleagues were moving up and some of them at the same level as me when starting out moved quite rapidly so to higher bands and were actively supported by managers while I was not at all. I took the decision to leave ELHT Trust to another in order to secure a higher banding job and after doing the higher band for some time returned here again as this is home for me and my whole family is here and I belong here even if my manager may not have thought so then. So I think with regards to what trust can do better, I would say show us that you care through more visible actions whereby we can experience a change in our work life, review the current recruitment processes whether they follow trust processes, be fairer through fairer recruitment and promotion or career progression opportunities and support to higher banding that does not exclude BAME staff. Please make us feel we belong here equally and that what we do matters and is valued.” **Band 5***

6.28 *"I would echo what has been said above by our friend from my experiences as well.*

*There is reluctance at ELHT to invest in higher banding for staff here and several staff I know of have had to leave the trust and go elsewhere to move to higher banding as in my case too before returning which is not ideal and not indicative of fair progression opportunities within the Trust. And this is across the board for all staff including BAME and non BAME staff as there are many examples where this has happened where staff moved out of Trust due to lack of career progression opportunities. Trust needs to recognise value of staff at ELHT and consider staff as an investment and retain staffs that are keen to progress through appropriate support. I see year on year that PDR's are developed as a paper exercise especially and more so for BAME staff with regards to their professional development and career aspirations. This significantly impacts our morale and gives us the feeling that they don't care (they- the managers) even if we are keen to put in the hard work and commitment to push ourselves. There has to be a robust process whereby managers are held accountable if there hasn't been adequate support with agreed PDR's for staff and this is more the experience of BAME staff in my experience". **Band 6***

6.29 *"I remember a WRES meeting in the past where I brought my non BAME manager along with me and the impact was massive as they said they were not aware until such time regarding the issues of BAME nationally and locally as much as they did after attending this meeting and details behind the data and how they can contribute from our perspective. I certainly felt the shift in this manager's thinking and interactions after that and because we attended the meeting together, we were able to have dialogues and conversations on the topic as a result. If you ask me what the Trust can do better, Trust can actively promote this inclusion and accountability by making sure that WRES data is part of all management meetings across all specialties and Divisions including clinical and non-clinical as a standing agenda item every month so that no one can brush EDI and delivering towards WRES progress aside thinking it is not high priority for Trust once Trust has made this mandatory for all management meetings across all areas. It does not allow for the WRES commitments we have signed up to as have all NHS trusts to be ignored or forgotten except as a one off annual exercise and/or claim they -the managers had lost track of it. It is a simple way to hold all managers at all levels accountable for delivering progress with WRES data progress at ELHT and thereby holding the Trust Execs and Board accountable too to place value on EDI and demonstrate that commitment through visible WRES outcomes build into the system. There should be an open culture where managers can be challenged if repeatedly there are recruitments within the same area that disregards EDI and WRES principles and does not help progress with WRES despite data being openly and transparently shared with all". **Band 6***

6.30 *“ I was a band 5 (staff role removed for anonymity) for 14 years at ELHT and very recently succeeded in becoming band 6 lead staff within the cancer service team working with women. I have been working in the women’s wards, working with women experiencing miscarriages for a long time and often feel helpless and unable to get help to support their spiritual needs at a crucial life turning event for them from their perspective with the loss of their baby and the loss they are suffering as a result on which they have no control over.*

Recently I experienced challenges in supporting the spiritual needs of a woman who had to be mobilised to theatre for a surgical procedure as the pregnancy was in the tube and outside the uterus which is dangerous due to risk of the tube rupturing and blood loss that can be potentially fatal if delayed. She wished to speak to a Muslim spiritual person and I tried to contact the only Imam available for this support across all sites across ELHT through switch board. However, the woman felt it embarrassing to speak to a male regarding her situation and wished to speak to a female counsellor of spiritual needs, Unfortunately this is not available within our Trust and is not an option available for any woman whereby they can speak to a female spiritual counsellor regarding their spiritual needs for assurance during a significantly traumatic time of their lives.

Due to cultural and language barriers, many of these women are unable to access the miscarriage support groups and help lines as this does not cater to their spiritual needs. Being lead staff that supports women diagnosed with cancer, I come across this frequently whereby they wish to speak to someone who can address their spiritual needs but this is not currently available in the Trust. The delay this lack of availability of a female counsellor on spiritual needs caused on the day with the ectopic pregnancy being transferred to theatre as the lady refused to be moved unless she has spoken to someone regarding this highlights how this particular unmet need is a potential patient safety issue that impacts Patient Safety.

This is an issue that is likely to probably recur from time to time in the absence of this support and can be potentially fatal to women with resultant delays. In addition this does not fulfil the culturally diverse needs of this group of the population i.e. Women receiving bad news of cancer diagnosis or going through traumatic experience of foetal loss or ectopic pregnancy necessitating surgery for removal of the tube with the foetus which may or may not be viable but poses ethical/moral/spiritual dilemmas for the BAME women experiencing this due to their Muslim faith. This is the largest non-white group of the population within our general population and I would like to see the Trust take active measures to support this unmet culturally diverse need of these women to fulfil Safe, Personal, and Effective care as currently this is a gap.
(Continued)

(Continued from 6.30)

*Often the other staffs expect me to fulfil this role as spiritual counsellor for the women including those in the wards still as well simply because I am BAME and look like them and can speak Urdu language like them. I keep telling my colleagues that while I am happy to support talking to them in Urdu to explain and counsel regarding their diagnosis and medical condition and care needs, I am like every other band 6 whereby I do not have any training on counselling for the spiritual needs and this needs dedicated trained personnel to deliver this care with the dedicated time and resource support for this. I would like to see a female spiritual counsellor employed by trust to cater to the spiritual needs of the Muslim BAME women of faith who are currently suffering as a result of this unmet need.” **Band 6***

6.31 *“ I am a band 7 staff who recently moved from CCG land into Acute trust setting at ELHT and therefore this is a major change for me. I have been a practitioner * (role removed for anonymity) for more than 15 years and felt almost privileged due to my diverse and mixed background from a widely multicultural family of doctors and health care professionals of white English, European and BAME ethnicity. Working in the CCG landscape all these years, not even once in my work life did I have to think about my race or feel that I am treated differently or discriminated due to race and/or my BAME mixed ethnicity or my name. The move from CCG to acute sector for the first time after all these years was something I discussed with my manager at ELHT when I started in February.*

I felt the opposite of how I was feeling in CCG land since I started at ELHT. I was persistently being left out of emails from the manager despite me actively requesting to be kept in loop and not be excluded as I thought the first few times that it may have been inadvertent. But even after reminding and requesting this as a new band 7 in the team I was continued to be left out/excluded from emails to teams by the manager. It was done so openly that I felt terribly excluded and isolated out and as if I do not exist and do not matter to the manager and the only way could be kept informed was when someone in the team often junior to me copied me in as well when responding to the manager’s email. Initially I thought maybe this is unconscious bias but after feedback and requesting to be included specifically, and still being excluded made me think that it probably is conscious and intentional exclusion and bias.

I noted that for work streams that I had led on and delivered, there will be nil acknowledgements but the person within the email with whom I have shared my original outcomes is openly applauded although work was done and delivered by me. I felt like my work was not valued and was being undermined. I don’t think COVID has helped as managers work from home and cannot see us in person and therefore do not get reminded of the visual but only my name which is a typical BAME name although visually people often do not recognise I am BAME. I felt excluded despite requests to be included and felt undermined with not only lack of acknowledgement of my work but active applause being passed on to other colleague who had not done been directly involved in or delivered the work.

Even my request for remote work were not supported while several other colleagues within the team including the manager were already working from home but I was told that I needed to work on site and when I asked for support further there was nil response to my emails which were actively ignored. (continued)

(continued from 6.31)

There are too many other instances and examples but all this had significantly impacted my health and wellbeing since joining ELHT in February although it has only been under 8 months. I have never ever experienced this kind of discriminatory and non-inclusive treatment from manager/s as I had here at ELHT at any time in all my work life and at any time over the span of more than 15 years in the NHS and in fact at any point in my whole life time (tearful and welling up at this point).

Maybe they did not want me at ELHT and that is what they were trying to communicate. Or maybe they were not happy with a Band 7 staff who is a BAME and were not accepting of this. Or maybe I was not considered as part of the original team and continued to be excluded as an outsider as I had come from CCG land. Regardless of their intentions and regardless of whether this was intended or unintended, conscious or unconscious the net impact and damaging resultant effect on me and my wellbeing from all this exclusive discriminatory behaviour is huge. And it is detrimental to me and my long term health. I do not have to tolerate such an environment and such a manager behaviour whereby I am not valued, or respected as an individual and there is constant undermining of my work with absence of acknowledgement of good work from me and the good work being placed as an outcome from a non BAME colleague who had not contributed to or delivered the work. I am glad that I made the decision to leave this job at ELHT.

All of the above strikes me as totally bizarre and it took me a lot of inner reflection to muster the courage to come and talk about this here as I felt there was nowhere else I could share this so openly and trustingly and felt this was a safe space within the BAME network where someone would do something about it. Especially, after listening to the conversations by colleagues before me so far. What I want to see happening is that no other colleague should be having to go through what I had experienced in the last few months at ELHT. Fortunately for me, I am leaving ELHT next month as this environment is making me severely unwell and is damaging to my confidence, morale, and health and wellbeing and I had a choice to leave the Trust for another job. But am mindful, that not all colleagues may be able to leave due to various reasons. As one of our colleagues pointed out earlier, Trust HR team must put in place, processes to hold managers to account to be knowledgeable and competent with skills needed to foster EDI and a compassionate and inclusive culture and must be held to account when they are not inclusive and supportive of BAME staff despite staff risk assessment in place which then becomes just a meaningless and theoretical paper exercise.

(continued from 6.31)

Managers need to be equipped to be inclusive and compassionate and fair with regards to EDI aspects and this must be part of their appraisals and PDR's and career progression. If inclusion aspects are desirable for manager's career progression, then they are likely to hold and attach positive value towards this and the Trust needs to show this commitment openly from top level so that middle managers would fear to be NOT aligned with Top leaders and Board. Whereas now , as there is no strong visible pledge and commitment from Board towards EDI, and as strong commitment towards EDI aspects either. Leadership determines the direction by others in trust and steers the culture.

I am leaving ELHT and hope to be back in a nurturing and thriving environment as I was before this short time at ELHT where I am sorry to say I felt thwarted during this time and it did not sadly provide an inclusive compassionate environment. This profound negative and traumatic experience has made me understand and realise that such discrimination exists, and what it feels like and what damage it can do to individuals at all levels as may be all these years I was in denial that such discrimination existed in my country that I love as have never there are no consequences to this kind of behaviour from managers, they (managers) don't feel that experienced this before coming here to this Trust. I am worried and concerned that if I experience this at band 7 level, what the experiences of others at lower banding might be and those who have to continue to put up with such treatment due to varied reasons and what damage it can do to their long term health and well being if there are no consequences for such non inclusive managers with discriminatory practices embedded as norm. I hope the Trust takes action to address such behaviours from managers through their education, making it part of their appraisal conversations, PDR's and then held accountable for delivering part of their WRES outcomes monitored regularly as standing item as another colleague here mentioned earlier.

*I had to speak to another BAME colleague who was band 5 as I felt she would understand my experience and what I was going through and could not identify anyone else who is BAME that I could turn to during this difficult time as the way I was treated made me lose trust with the manager and the system. I think we need more BAME freedom to speak up champions who are easily accessible especially for new staff like me at this Trust and the Board needs to be aware of such staff experiences through staff stories as they may otherwise be in denial that such discrimination contrary to EDI values continues to occur in the trust similar to how I was in denial that such discrimination existed in the UK until I joined ELHT due to my positive inclusive experiences while working outside of ELHT." **Band 7, who is leaving ELHT within 8 months of joining due to negative and discriminatory experiences***

6.32 *“ I have been working in this Trust for a long time and as band 6 for the last 4 years. Last year , I applied for a temporary band 7 post that came up and was successful in being appointed to this. It has been a hurtful time, this past year since I took on the temporary Band 7 post where numerous times, I was made to feel that I was not deserving of even the temporary band 7 role and there were so many negative comments from non BAME colleagues including managers. I had taken a day’s leave on Monday so that I can join the launch event of festival of inclusion. I came to the office really early so that I can log into the PC as it is a shared office and shared PC and I worry how I may be looked upon if I told my colleagues that I needed to use PC to log into a BAME Big conversation engagement event. There is something unsaid around us but we can feel it nevertheless.*

I always worry as a result and my genuine concern is whether we will be excluded from the majority group if they know that we are part of the minority group. If I were to truthfully ask myself – would I have logged in to attend this event if my colleagues were present in this office, the answer is probably “NO” as I would have been worried that I would be looked down upon and they don’t care how BAME colleagues are made to feel and I don’t think they care enough about any aspect where the minority are affected.

I would like the Trust to do something whereby inclusion and compassion and the experiences of the BAME staff are considered important for our services and the Trust and therefore to all staff. Making sure managers are educated on EDI to the level required for them to practice inclusion and compassion in real life when they are supervising and supporting other staff and not just as a tick box for E&D mandatory training is important besides holding the managers accountable when they do not follow inclusive approaches and values through their behaviours.

*I also believe that staff should be encouraged with time to attend these BAME network events as it empowers them to be part of the network and also a forum to share experiences and make sure it is heard as part of the collective voices fed back to board and also as a forum where I can learn from other BAME colleague’s experiences as shared learning.” **Band 6 staff who is interim temporary band 7***

6.33 *"I have been working, at ELHT for more than a decade now. I started along with another non BAME colleague as a band 5 at ELHT. I have seen the other colleague progress quickly through Band 6 and then band 7 and currently is a band 8. In my case I had nil equal opportunities towards career progression and never been supported for progress by my managers. In fact when I needed to consider flexible options due to personal reasons, I was told to drop my banding from band 5 to band 4 in order to do that as this flexible option was not supported at band 5 level. It is disheartening when you see such discrepancies in the level of support received by BAME and non BAME staff from managers and you cannot raise this with anyone other than the manager as you got to continue working with them and under them which adds to the challenge of this type of situation.*

I have also first-hand witnessed instances of nepotism at play in ELHT on more than one occasion and this is something that HR practices should aim to have more transparency built in with. I would like to see more BAME speaking up champions that we can freely and readily access to talk openly about such experiences for appropriate support in a timely manner rather than regret big time after so many years as in my case. There are national initiatives proposed under positive leadership action and accelerated career progression programmes with executive and senior manager sponsorships and support advocated in several Trusts but this does not seem to be the case at ELHT.

*I would also like to see positive changes within HR policies and processes and practice whereby they recognise the individual and their developmental needs and support this rather than just the entry point qualification they came with as staff are more than just the qualifications they come with. Personal and professional development support for BAME staff need to enable them to be equipped towards enhancing their career progression opportunities and this needs to be equally available for BAME as for non BAME as directly experienced in my case ". **Band 4.***

6.34 “ Having listened to the experience of my colleague in * team (removed for anonymity), I get the impression the manager was isolating and ostracising her rather than take active measures to make her feel welcome and belong as a new member and new addition to the team. While this is certainly discriminatory behaviour it may be wider and beyond just racial discrimination and constitute bullying and creates toxic environments that are filled with negativity and distress for the individual affected whereby they either have to suffer and become unwell or leave the role to a better environment for no fault of their own. Enabling a positive work environment must be a mandatory part of every manager’s responsibility and not an optional one limited to few colleagues only. Building in the option of feedback from the team members they line manage can be incorporated as part of the accountability building for all managers as they would then fear that their career progression prospects rely on to a large extent them demonstrating they are compassionate and inclusive managers based on their feedback provided by the colleagues they line manage. I would like the HR team and Trust to hold managers accountable for their compassionate and inclusive approach or lack of it through this feedback once a year so that the voice of the affected can be heard and take action to ensure that bullying, harassment and discrimination in any form will not be tolerated even when the person responsible for this is the manager who may have a lot of power within the team”. **Band6**

6.35 “We both have been attending the BAME events and network for the last several years. This is the first time we are seeing you ladies lead this engagement event. We would both like to say that we are very impressed by the way this event and discussions have been held and collective views sought by you both towards systemic solutions as well. We have always felt that the BAME issue is far too complex and complicated for one person to lead on. Please can you explain to us how the present BAME network in its current new format has organised its leadership to fulfil the BAME unique challenges?” **Band 6 and Band 4**

6.36 “ Yes, you are right that we all acknowledge what unique challenges that are complex and deep rooted are faced by the BAME network which in that respect is different to the other inclusion networks such as LGBTQ, Disabled and Mental health networks. Complex challenges as we know very well needs innovative solutions through diverse perspectives contributing to the solutions. It is in view of this that the BAME network in its current format was reorganised by BAME network members last year in 2019 to promote truly inclusive and compassionate leadership through a collective leadership approach⁶. This is the first time that the Trust BAME network have adopted this innovative approach and as far as we are aware, ELHT is the only Trust across the ICS and across the region and country that has adopted this innovative collective leadership framework through eight BAME network co-chairs. This collective leadership framework consists of 8 leads as BAME network co-chairs representing all sectors within the organisation including all divisions and all sectors who bring in diverse competencies, knowledge and skills to enable our network to benefit from the true richness of diversity in practice and to support the Trust and Board to deliver their responsibilities as the largest responsible employer of the local community and health economy and as the largest BAME staff employer likewise.

*This is also developed with a view to enabling accessibility to at least one of the co-chairs at any given time from any staff across any sector of the organisation including its community division and bearing in mind the large size of our organisation. We even have a BAME co-chair from the catering department”. **Joint response by both BAME co-chair event facilitators of the BAME conversations on the day.***

Appendix 2 – Recommendations derived from the experiences shared and suggestions made:

The recommendations from the feedback received from the Big Conversation have been incorporated in the Draft Race Equality /WRES 2021 Action Plan.

Appendix 3 An Example of a visible pledge by an NHS Trust in UK: Epsom and St Heliers Trust Equality Pledge by CEO and Trust Board Executive team in front of the Hospital main building unveiled by Yvonne Cowgill OBE the National Director of Inclusion at the time.



Daniel Elkeles
 @danielelkeles

Our equality pledge is now displayed with pride at the front of our hospitals. A huge thank you to [@yvonnecoghill1](#) for helping to officially unveil it with this video [youtube.com/watch?v=H9zIXh...](https://www.youtube.com/watch?v=H9zIXh...) and to the Trust Board, pictured, for making individual commitments to support the pledge



Please see close up view of the Trust Board and CEO/Chair pledge in next page



Appendix 4 References

1. NHS England. 2020. NHS: People Plan for 2020/2021 – Action For Us All . [https://www.england.nhs.uk/wp-content/uploads/2020/07/We Are The NHS Action For All Of Us FINAL 24 08 20.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-24-08-20.pdf)
2. NHS Workforce Race Equality Standard (WRES) leadership strategy; A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS , Version number: 1, First published: January 2019 , Prepared by: The WRES Implementation team
3. Leadership in the NHS: BMJ Leader <http://dx.doi.org/10.1136/leader-2019-000159>
4. Workforce race Inequalities and Inclusion in NHS Providers. July 2020. Kings Fund publication. <https://www.kingsfund.org.uk/sites/default/files/2020-07/workforce-race-inequalities-inclusion-nhs-providers-july2020.pdf>
5. There is no Equality without Equity: <https://medium.com/@delgadopedro10/there-is-no-equality-without-equity-9a03b4adf765>
6. Caring to Change, Michael West et al 2017, Kings Fund Publications. <https://www.kingsfund.org.uk/publications/caring-change>
7. Disparities in the risks and outcome of Covid19: Public health England. June 2020
8. NHS England. 2020. NHS Workforce Race Equality Standard, 2019 Data Analysis Report for NHS Trusts. <https://www.england.nhs.uk/wp-content/uploads/2020/01/wres-2019-data-report.pdf>

Capital Update 2020-21

Michelle Brown
Director of Finance

Safe | Personal | Effective



Big Ticket Items – Progress to Date

Priority	Status	Impact
Robotic Surgery – 2nd Robot (BGH)	Complete – Jan 2020	Gynaecology - >20 cases completed, patient reported reduced post op pain and improving surgical fatigue. HPB roll out delayed due to covid travel restrictions for clinician training.
Electronic Patient Record (ePR)	In Progress – expected delivery Sept 2022	Formal sign off of business case and funding commitment in Feb 2021. Much of the infrastructure work has been completed in the Trust in preparation for the ePR
Additional MRI Capacity (BGH)	Complete – October 2020	2 new scanners have completed over 3300 additional scans and supported restoration of pathways during covid.

Big Ticket Item Progress cont...

Priority	Status	Impact
Additional Emergency Department Capacity	Complete – additional cubicles opened Dec 2019 / April 2020	Provided an additional 13 cubicles within the department, allowing greater flexibility during Covid response and reducing need for corridor care.
Emergency Department Extension	In Progress – April 2021	Additional 8 cubicles for ED majors
Phase 6 – AMU B	Complete – First floor build opened Nov 2020	Relocation of AMU B supporting Emergency Village model and supporting improved efficiency and MDT working.

Big Ticket Item Progress cont...

Priority	Status	Impact
COAU 2	Complete – December 2020	More timely transfer of children for admission, creating capacity within ED and has facilitated separate 'Red/Green' covid pathways for children
Hyper Acute Stroke Unit (HASU) / Acute Stroke Centre (ASC)	In Progress	ELHT confirmed as one of three Acute Stroke Centre for L&SC. ICS estate mobilisation business case expected to be completed end Mar 2021
Hybrid Theatre	In Progress	Business case received Exec approval Jan 2021 and to be presented at Trust Board in March.
Pharmacy Robot	In Progress – expected delivery August 2021	Project team in place and working up enabling costs. Expected to save space, increase capacity & speeds up dispensing process

Additional schemes 2020-21

Endoscopy

- 4th room development at Burnley General Hospital
- Operational March 2021
- New decontamination equipment and processes

CT Scanner

- New additional CT scanner at Royal Blackburn
- Allows dedicated ED scanner without impacting on inpatients scans
- Completion March 2021

Critical Care

- Development of new critical care area creating capacity for 40 bedded unit

Critical Infrastructure

- £1.9m improvements on Burnley site

MRI Scanner

- Upgrade of current MRI scanner on RBH site



Capital schemes in 2020-21

This covers some of the schemes at RBTH and BGTH



Phase 6 AMU – Nov 2020



East Lancashire Hospitals
NHS Trust



Safe | Personal | Effective



Phase 6 AMU – Nov 2020



East Lancashire Hospitals
NHS Trust



Safe | Personal | Effective



5 additional cubicles ED - Dec 2020



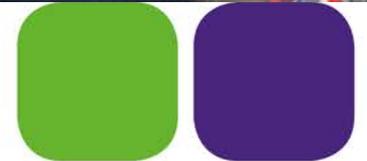
East Lancashire Hospitals
NHS Trust



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ED Extension of 8 additional cubicles and administration space in progress February 2021



Children's Unit Isolation Pods- Dec 2020



East Lancashire Hospitals
NHS Trust



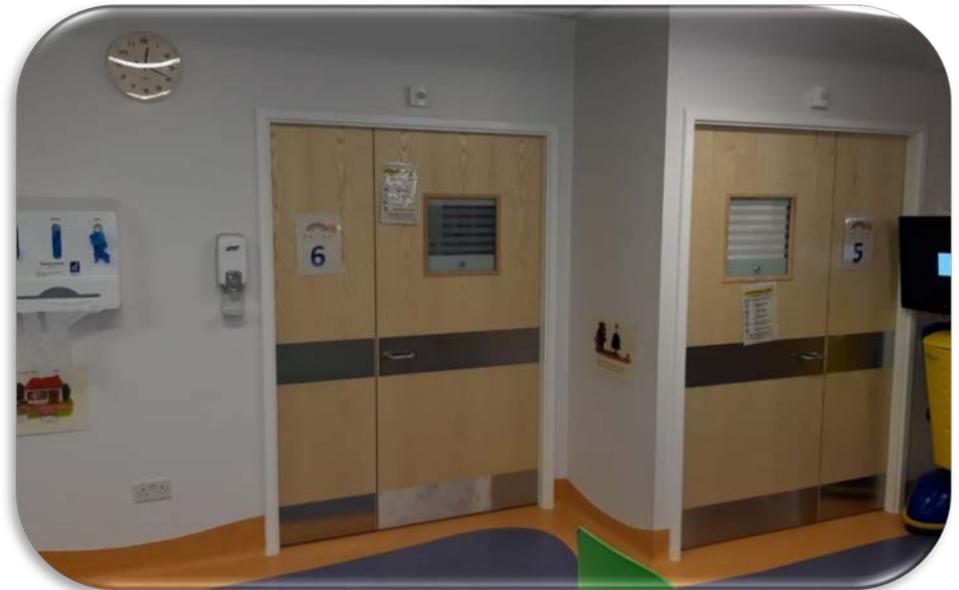
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Children's Covid safe beds (COAU2)- Dec 2020



East Lancashire Hospitals
NHS Trust



Safe | Personal | Effective



Angiography- Dec 2020



East Lancashire Hospitals
NHS Trust



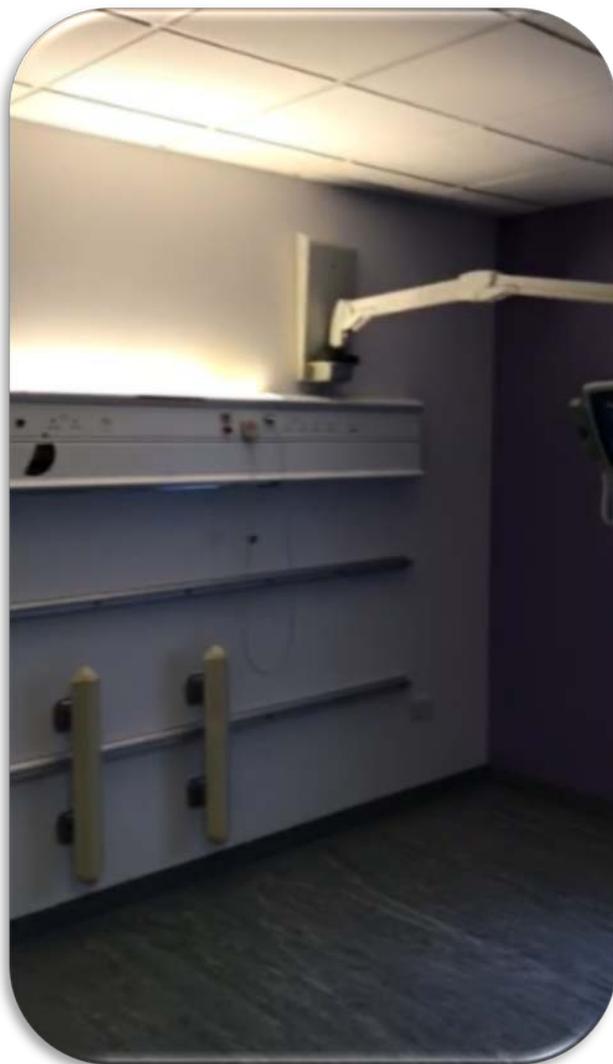
Safe | Personal | Effective



B20(enhanced care phase 1- Dec 2020



East Lancashire Hospitals
NHS Trust



Safe | Personal | Effective



MHUAC(mental health urgent assessment Centre) - Jan 2021



BGH Mobile MRI Scanner-Sep 2020



East Lancashire Hospitals
NHS Trust



Safe | Personal | Effective

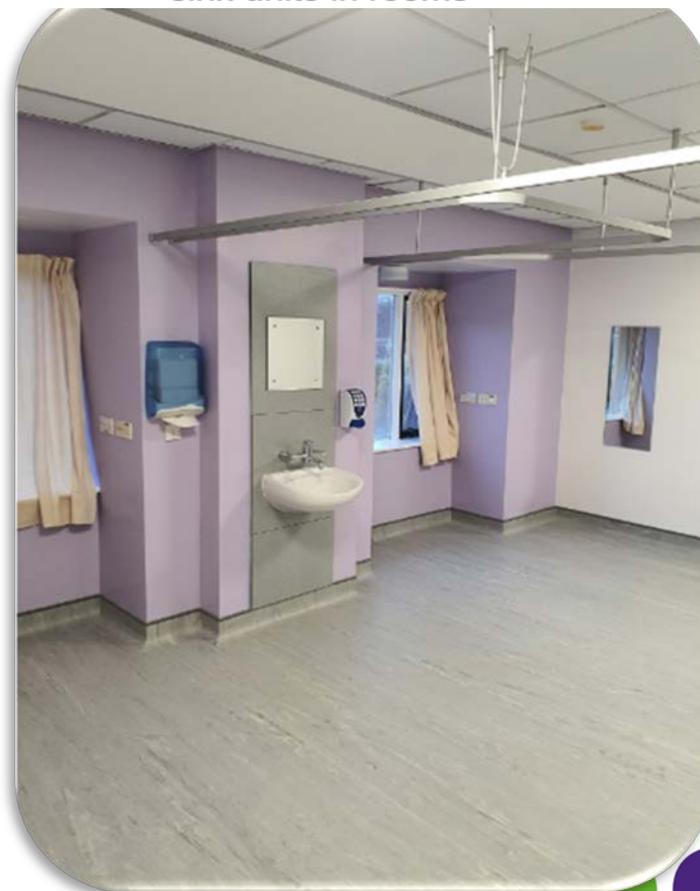


Rakehead Rehab Unit – Dec 2020

Patient rooms before



Patient rooms after - New flooring, IPS and sink units in rooms



Sample Handling Transfer Tube System(BGH) – Dec 2020

3 Phase Drive Units with Air Reversers



Transfer Interchange – 5 zones x 33 stations



This station is UCC (Urgent Care Centre)



Wilson Hey Theatre Ventilation – Due to start Mar 2021

Air Handling Units(AHU) feeding Theatres
5&6



Air Handling Units(AHU) feeding Theatres
7&8



Victoria Wing Heating plant – Due to start Mar 2021

Vic Wing Heating Calorifiers



Vic Wing Domestic hot water Calorifiers-
Dec 1979



Vic Wing boilers – data plate showing 1990



.....to be continued



TRUST BOARD REPORT

Item 43

10 March 2021

Purpose Information

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 27 January 2021 and 24 February 2021.

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
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Equality

No

Confidentiality

No

Finance and Performance Committee Update

At the meeting of the Finance and Performance Committee held on 27 January 2021 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) Capital Plan Update
2. Finance Planning 2021-22
3. EU Exit Planning
4. Integrated Performance Report
5. COVID-19 and restoration Update (Finance and Operations Element)
6. Quarterly Workforce Report
7. Committee Specific Risk Report

At the meeting of the Finance and Performance Committee held on 24 February 2021 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) Capital Plan Update
2. 2021-22 Financial Planning Update
3. Model Hospital and Model Health System Update
4. Electronic Patient Record update, including:
 - a) Milestone Presentation
 - b) EPR Benefits and Improvement Framework Presentation
5. EU Exit Planning
6. Integrated Performance Report
7. COVID-19 and restoration Update (Finance and Operations Element)
8. PFI Update
9. Committee Specific Risk Report

TRUST BOARD REPORT

Item 44

10 March 2021

Purpose Information

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 27 January 2021 and 24 February 2021.

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

Quality Committee Update

At the meeting of the Quality Committee held on 27 January 2021 December 2020 members considered the following matters:

1. Infection Prevention and Control Update
2. Mortality Update
3. Serious Incidents Assurance Report
4. Maternity Services Update
 - a) Trust's Response to the Ockenden Review
5. Corporate Risk Register (Committee Specific Items)
6. Improvement Programme Update

At the meeting of the Quality Committee held on 24 February 2021 members considered the following matters:

1. Infection Prevention and Control Update
2. Quality Governance Update – Effectiveness and Mortality
3. Quality Governance Update – Safety and Experience
4. Pressure Ulcer Update
5. Floor to Board Report for Maternity Services inc. Update on Trust's Response to the Ockenden review
6. Safe Nursing and Midwifery Staffing
7. Staff Health and Wellbeing Update
8. Improving Disciplinary Procedures & Processes

TRUST BOARD REPORT

Item 45

10 March 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 27 January 2021.

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

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 Charitable Funds Committee Information Report

At the meeting of the Trust Charitable Funds Committee on 27 January 2021, the following matters were discussed:

1. Annual Accounts 2019/20
2. ELHT&Me Annual Report 2019/20
3. ELHT&Me Letter of Representation
4. Report of the Fundraising Manager (including applications to raise funds)

TRUST BOARD REPORT

Item

46

10 March 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 13 January 2021.

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 13 January 2021 the following matters were discussed in private:
 - a) ICS/ICP Update
 - b) Operational Position Post Christmas
 - c) Mass Vaccination
 - d) Nosocomial Infection Update Report
 - e) Performance: Field Tested Standards
 - f) 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.