

QUALITY ACCOUNT

2020 - 21

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1.0 PART ONE – INTRODUCTION TO OUR QUALITY ACCOUNT

1.1 Our Trust

East Lancashire Hospitals NHS Trust (ELHT) was established in 2003 and is a large integrated healthcare organisation providing acute, secondary and community healthcare for the people of East Lancashire and Blackburn with Darwen. Our population includes patients who live in several of the most socially-deprived areas of England.

We aim to deliver **Safe**, **Personal** and **Effective** care that contributes to a health gain for our community. Our Trust is located in Lancashire in the heart of North West England, with Bolton and Manchester to the south, Preston to the west and the Pennines to the east. We also provide a regional specialist service to Lancashire and South Cumbria; we serve a combined population of approximately 550,000.

We employ over 9,000 staff, some of whom are internationally-renowned and have won awards for their work and achievements. Our staff provide care across five hospital sites, and various community locations, using state-of-the-art facilities. We have a total of 1,041 beds and treat over 700,000 patients a year from the most serious of emergencies to planned operations and procedures.

As well as providing a full range of acute hospital and adult community services, the Trust is also a specialist centre. The specialist services provided are for hepatobiliary, head and neck and urological cancer services, as well as cardiology and vascular services. In addition the Trust is a network provider of Level 3 Neonatal Intensive Care.

We are a teaching organisation and have close relationships with our academic partners the University of Central Lancashire, local Colleges and Lancaster University.

There are two private finance initiative (PFI) schemes for parts of the buildings at Royal Blackburn Teaching Hospital and Burnley General Teaching Hospital sites. We continue to make major investments in our healthcare facilities, predominantly focusing on our on-going commitment to the Burnley General Teaching Hospital site.

1.2 Our Vision and Values

Our vision is to be widely recognised for the delivery of **Safe**, **Personal** and **Effective** care to the local population. We are committed to ensuring the future of our organisation and services by continually improving our productivity and efficiency. This core focus has enabled demonstrable improvement in our key access, quality and performance indicators.

The strategic framework which guides all our activities is shown in the diagram below:

Strategic Framework

Our Vision

To be widely recognised for providing safe, personal and effective care

Our Objectives

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

Our Values

- Put patients first
- Respect the individual
- Act with integrity
- Serve the community
- Promote positive change

Our Operating Principles

Quality is our organising principle
We strive to improve quality and increase value
Clinical leadership influences all our thinking
Everything is delivered by and through our clinical divisions
Support departments support patient care
We deliver what we say we will deliver
Compliance with standards and targets is a must
This helps secure our independence and influence
We understand the world we live in, deal with its difficulties and celebrate our successes

Our Improvement Priorities

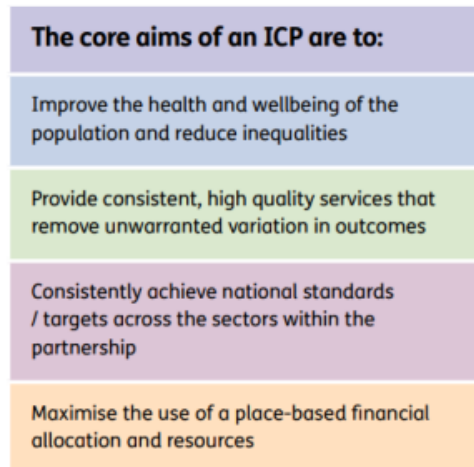
Reducing mortality
Avoiding unnecessary admissions
Enhancing communications and engagement
Delivering reliable care
Timeliness of care

Safe | Personal | Effective

www.elht.nhs.uk

1.3 Our Future

As health and care organisations in Pennine Lancashire we have, for many years, shared a common purpose to integrate our service provision and work together effectively to improve health outcomes for our residents. Collectively, with our colleagues across Lancashire and South Cumbria, we have agreed that the common purpose of an Integrated Care Partnership (ICP) is to “act as an enabling collaboration that will address specific place-based challenges and deliver within each place the component parts of the Integrated Care System (ICS) strategy.” (ICP Strategic Narrative, Dec 2020)



Across Pennine Lancashire we now integrate more closely with providers in the primary, community, voluntary and third sectors. Trust clinicians increasingly work with their professional colleagues from other organisations to provide Lancashire-based sustainable networks which determine the standards of care, the governance and the delivery of care pathways.

The ICP Development Priorities for the 1st 6 months of 2021-22 are:

- Common purpose and outcomes
- Health Inequalities Commission and listening to communities
- Aligning budgets and joint commissioning
- Population health and population health management
- District level partnership planning
- Ensure consistency of community services provision across Pennine Lancashire
- Clinical model development priorities:
 - Intermediate Care
 - Primary and Secondary Care MDTs
 - Self-Directed Teams/Neighbourhood Care Teams
 - Children and Young People – Complex Needs/High Cost Packages and CAMHS

1.4 Our Approach to Quality Improvement

The Trust is committed to the continuous improvement of the quality of care provided and, in so doing, achieving our organisational aim ‘to be widely recognised for providing **Safe**, **Personal** and **Effective** care.

Quality monitoring occurs through our corporate and clinical governance structure reporting to the Trust board via the Quality Committee. The Quality Committee is informed by the Patient Safety and Risk Assurance committee, Clinical Effectiveness Committee, Serious Incidents Requiring Investigation Panel, Health and Safety Committee, Infection Prevention Committee, Internal Safeguarding Board and Patient Experience Group. Divisional Directors or their deputies attend and provide assurance at these committees. Reporting in Divisions replicates this corporate structure to ensure consistent reporting from ‘floor to Board’.

In order to ensure that we are delivering **Safe**, **Personal** and **Effective** care we have a robust process for the identification and agreement of key improvement priorities. The Trust has an agreed set of improvement priorities covering 5 areas:

- Quality
- People
- Non-Elective pathways
- Elective pathways
- Outpatient pathways

The Quality Priorities are defined from the Quality Strategy and cover:

- Harms Reduction Programme:
 - Falls
 - Medication Errors
 - Deteriorating Patient
 - Maternity and Neonates
 - SAFER Surgery
 - Infection Prevention
- End of Life Care
- Nutrition and Hydration

All improvement activity is consolidated on our Improvement Register . Our improvement methodology is a 6-phase approach, *Improving **Safe**, **Personal** and **Effective** (SPE+)*, based on Model for Improvement and Lean. The 6 phases are: Understand, Co-Design, Test and Adapt, Embed, Spread and Sustain.

The Improvement Hub Team supports the organisation by coaching and facilitating on defined improvement programmes and projects linked to Trust and divisional priorities. All foundation doctors (FY2’s), medical students (SSC4’s) and Trainee Advanced Clinical Practitioners take part in and lead quality improvement projects.

A staff development programme in improvement skills is in place both internally and through our membership of the Advancing Quality Alliance (AQuA). Professionals in training are supported to develop and participate in quality improvement projects. Support for projects is agreed within Divisions, approved through Divisional Clinical Effectiveness Committee and reported through to Clinical Effectiveness Committee.

Dr Jawad Husain is the Executive Medical Director and the lead for clinical quality.

The lead commissioner is East Lancashire Clinical Commissioning Group (CCG) accounting for approximately two thirds of activity undertaken by the Trust with Blackburn with Darwen CCG accounting for the major proportion of the remaining activity.

The Trust continues to build on its relationships and communication with lead CCGs over 2020-21. Regular Quality Review meetings are held, chaired by CCG, with quality leads from all organisations. The focus of these meetings is around clinical effectiveness, risk and safety, quality improvement and the patient, family and carer experience. This communication is enhanced by weekly teleconferences between the lead CCG, CSU and the Trust.

The escalation process for incidents, risks and events of concern are triaged daily to ensure timely and appropriate communication to all relevant parties. This allows the Trust to identify and nominate appropriate staff to investigate incidents and where appropriate a family liaison officer to support, provide information and feedback to the patient, family and/or carer. Evidence is collated from Divisional Serious Incident Reporting Groups (SIRG) and presented at a monthly Trust Serious Incident Requiring Investigation (SIRI) Panel. Quality and Safety reports are submitted to one of the bi-monthly subcommittees of the Quality Committee and then to the Trust Board. Following these meetings, validated reports and data are shared with the CCGs and CSU to provide assurance and to support health economy decision making. Reports include:

- Complaints
- Healthcare Associated Infections (HCAI)
- Exception reports against key performance standards.

The quality scorecard continues to be used this year to facilitate monitoring against a range of quality indicators.

1.5 Our Quality Account

Quality Accounts are annual reports from providers of NHS services which provide information about the quality of the services they deliver. Our Quality Account demonstrates our commitment to continuous evidence-based service quality improvement and to explaining our progress in this area to patients, the public and interested parties.

The way in which we report through our Quality Account is set out in legislation and covers:

- The Trust's priorities for quality improvement in 2020-21;
- Performance during the last year against quality priorities set by the Trust;
- Performance during the last year against a range of nationally set quality indicators, initiatives and processes; and
- Performance during the last year against a range of other quality indicators, initiatives and processes.

Due to Covid-19 Pandemic, a number of quality priorities nationally were stood down over 2020-21. These are highlighted within the sections of the Quality Account.

Our Quality Account has been developed over the course of 2020-21 as we have continually monitored and reported against our quality priorities and indicators both within the organisation and externally to the public, commissioners and regulators and at a national level. We invite you to provide us with feedback about this report, or about our services. If you wish to take up this opportunity please contact:

Associate Director of Quality and Safety
 East Lancashire Hospitals NHS Trust
 Park View Offices
 Royal Blackburn Teaching Hospital
 Haslingden Road
 BLACKBURN
 BB2 3HH
 Email: qualityandsafetyunit@elht.nhs.uk

1.6 Our Regulator’s View of the Quality of our Services

The last Care Quality Commission (CQC) inspection took place from 28th August to 27th September 2018. The CQC visited the Trust to conduct a series of inspections concluding with a ‘Well-Led’ review. Following their review the report was published on 12th February 2019 and the Trust was rated as being Good overall.

The CQC scores for each of the combined Trust, main hospital sites and overall are as follows:

Ratings for a Combined Trust

Acute	Good
Community end of Life	Outstanding
Community health services for adults	Good
Mental Health for children and young people	Outstanding

Royal Blackburn Teaching Hospital Overall - Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Requires improvement
Well-led	Good

Burnley General Teaching Hospital Overall - Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

The CQC also awarded the use of Resources rating based on an assessment carried out by NHS Improvement.

The CQC combined rating for Quality and Use of Resources summarises the performance of our Trust, taking into account the quality of services as well as the Trust’s productivity and sustainability. This rating combines the 5 Trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of resources rating.

East Lancashire Hospitals NHS Trust Overall - Good

Safe	Good
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-led	Good
Effective use of Resources	Good

All areas for improvement continue to be monitored through the appropriate assurance committee structure and the Trust and CQC have regular engagement meetings

1.7 Our Chief Executive's Statement on Quality

Over the last 18 months East Lancashire Hospitals NHS Trust has faced our biggest challenge to date with the Covid-19 pandemic. We began preparing for the, at the time, unknown in December 2019 and we admitted our first Covid-19 positive inpatient on 15 March, 2020. I am forever proud of the professionalism, resilience and dedication of the colleagues who work here at ELHT. I would say each and every person has stepped outside of their comfort zone in some way to help us deliver safe, personal and effective care to our patients.

That is why this year I am especially pleased to introduce East Lancashire Hospital's NHS Trust's Quality Account 2020/21. This publication provides us with the opportunity to reflect on our quality achievements and successes over the last 12 months, as well as identify areas where enhancements to quality can be made.

Our Trust was one of the hardest hit in the North West, if not the Country with regards to the number of Covid inpatients we were admitting and especially those requiring critical care. As we work towards restoring services that were stood down, we also continue to see the unprecedented demand on our services in areas such as Urgent and Emergency Care.

As we move forward towards restoration and reducing waiting lists as safely and quickly as possible, partnership working with all member organisations as part of the Lancashire and South Cumbria Health and Care Partnership has never been more important.

This has underlined the importance of the continued engagement of ELHT with key partners across the system; as we work together to deliver fully integrated health and social care services, which greatly benefit our patients and communities. While it is clear that our Trust continues to improve, we take nothing for granted and remain committed to making further improvements as an individual organisation and as a member of the integrated system in order to provide the best possible care for the community we serve.

I hope you find our latest annual Quality Account informative. I believe it is an accurate reflection of the Trust's performance against our quality indicators. To the best of my knowledge all the data and information presented in this 2020/21 Quality Account is true and accurate and the Quality Account has been approved by the Trust Board.

Kevin McGee

Chief Executive

2.0 PART TWO – QUALITY IMPROVEMENT

2.1 Our Strategic Approach to Quality

Introduction

East Lancashire Hospitals NHS Trust's (ELHT) first Quality Strategy completed in 2019. This Quality Strategy enabled us to focus on practice improvements in key clinical areas and in the embedding of clear assurance systems to govern our quality monitoring. Our improved performance in this area has led to ELHT being asked to represent the North West as an early adopter of the Patient Safety Incident Response Framework (PSIRF) during 2020. PSIRF will support us to strengthen the links between patient safety, patient experience and clinical effectiveness; further developing our approach to organisational learning. PSIRF will underpin a review of our Quality priorities for the year ahead, enabling improved triangulation of quality information across the organisation to maximise learning.

We continue to be rated by the CQC as a Trust that is 'Good' outcome with areas of 'Outstanding'. Demonstrating the strength of the initial strategy's approach to quality and the adoption of the Trust's vision to be widely recognised for the delivery of **Safe, Personal** and **Effective** care. Our commitment to providing high quality care for the people of East Lancashire has seen the embedding of our Public Participation Panel as a monthly meeting directly supported by our Chief Nurse. The PPP are actively engaged in the development and review of services, providing a patient/carer perspective to our quality improvement plans.

The system continues to develop across Lancashire and South Cumbria, in line with the national move towards increased integration and we continue to support a system wide approach to quality. As active system partners we continue to support the maintenance of quality at a system level as we continue to plan to develop healthcare services across the region.

Safe Care

The organisation response to safety is being influenced by the new National Patient Safety Incident Response Framework (PSIFR) which will be replacing the National Serious Incident Framework (SIF).

The implementation of PSIRF was postponed during 2020 as a result of the Covid 19 pandemic in agreement with NHS England. Work to implement PSIRF restarted in 2021 with a programme of workshops to engage our patients, staff, partners and community in identifying refreshed quality priorities. These priorities will be integrated into a Quality Strategy for 2021 – 24. Our Quality Strategy will align with the ICS clinical strategy and reflect the National Patient Safety Strategy. This will be supported by a number of operational frameworks including core frameworks focussing on Risk Management, Patient Experience and Clinical Effectiveness.

In 2020, in line with the National Patient Safety Strategy, the Trust has implemented the Patient Safety Specialist Role at a strategic and operational level. These roles will be responsible for the development and implementation of the Patient Safety Incident Response Plan.

With the introduction of the PSIRF the Trust main areas of focus for 2021 – 22 will align with the National Patient Safety priorities and be further enhanced by the Patient Safety Incident Response Plan following the engagement workshops. This includes:

- Enhancing capabilities in being open when things go wrong
- Developing and promoting robust support mechanisms for patients, staff and investigators affected by or involved in patient safety incidents;
- Developing our Patient Safety Incident Response Plan (PSIRP) in consultation with stakeholders and getting agreement for this plan with our commissioner(s);
- Enhancing knowledge, understanding, application and monitoring of patient safety improvement as the key output in response to incidents; and
- Sharing our experience of this with NHS England and NHS Improvement and with other early adopters to influence the final national version of the PSIRF.

Clinical Effectiveness

There is a continued evolution to the approach of ensuring clinical directorates are delivering effective, evidence-based care in a reliable manner. The Clinical Effectiveness Team's function is to provide assurance against standards and ensure the organisation is delivering best practice according to national guidance. To ensure that directorates are delivering best practice and are aware of the standards expected of them each directorate has a 'portfolio' of standards against which they monitor their performance.

This portfolio includes:

- a) National audits as mandated by the national contract
- b) Regional and Local audits as determined by commissioners or regional bodies
- c) Local Quality audits (e.g. compliance with local care bundles)
- d) Relevant national guidance (e.g. NICE)
- e) Relevant National Confidential Enquiry (NCE) recommendations
- f) Getting It Right First Time (GIRFT) data

Monitoring of performance is being developed to make it as 'real-time' as possible. This has meant a switch away from annual one-off measurements or from very intensive large scale data collection to more frequent, smaller scale sampling and rapid feedback. Systems are being developed in-house to provide IT support to real-time data collection. To support this process within divisions, each division has in place a Clinical Effectiveness Lead supported by a Quality and Safety Lead. They are responsible for developing the divisional portfolio of evidence and ensuring all relevant national guidance is captured. This process is supported corporately by the Clinical Effectiveness Team.

Improvement

The Improvement Hub Team supports the organisation by coaching and facilitating on defined improvement programmes and projects linked to Trust and divisional priorities. A 6-phase scientific improvement methodology, *Improving Safe, Personal and Effective Care (SPE+)*, based on Model for Improvement and Lean is used. The 6 phases are: Understand, Co-Design, Test and Adapt, Embed, Spread and Sustain.

The Trust has an agreed set of improvement priorities covering 5 areas:

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 - SAFER Surgery
 - Infection Prevention
- End of Life Care
- Nutrition and Hydration

In support of delivery of the key improvement priorities there is a combination of Trust-wide programmes e.g. Harms Reduction Programme and small projects registered by individual staff, wards, teams and departments. Each project within the Harms Reduction Programme has a working group with designated Quality Improvement support. These projects are run using the Trust's Quality Improvement methodology. Progress against the Harms Reduction Programme is reported through to Patient Safety and Experience Group.

Each division has a governance route (e.g. Divisional Clinical Effectiveness Groups) for assurance that plans are in place for reviewing and discussing their Quality Improvements projects, alignment of projects to their priority areas and monitoring the impact of projects. Each division reports their Quality Improvement activity through to Clinical Effectiveness Committee. Projects agreed by a senior divisional lead through this forum are added to the Trust Improvement Projects Register.

Each division then provides updates on project implementation for all of the projects within their division.

During both Wave 1 and 2 of the Covid pandemic work was undertaken to prioritise the focus of Improvement Work across the Trust to that which supported the organisational response to the pandemic and delivery of high quality care for patients diagnosed with COVID-19, to support restoration of services and to ensure continued focus on key quality and safety issues.

Safety Culture Survey

- a) We are working in collaboration with AQuA to roll out their Safety Culture survey in a number of services across the Trust to identify barriers in the reporting of safety concerns and subsequent action being taken.
- b) In addition the reliability of systems is being improved with the introduction of the PSIRF which supports:

- Developing and promoting robust support mechanisms for our patients, staff and investigators affected by or involved in patient safety incidents;
- In addition the reliability of systems is being improved with use of Human Factors training for areas identified as being the highest risk and further development of our serious incident investigation training.
- Enhancing staff knowledge, understanding, application and monitoring of patient safety improvement as the key output in response to incidents

Mortality Reduction Programme

Over the last 12 months mortality indices have been skewed by the effect of the coronavirus pandemic. The trust, through the mortality steering group has focussed on assuring the quality of care, and using the data to guide further enquiry.

The Trust continues to use the Structured Judgement Review (SJR) methodology via an electronic review process that is part of our patient safety risk management software system (Datix). The review process is in line with the most recent NHS England guidance: Learning from Deaths and includes an overall score. Any score of 1 or 2 triggers a secondary review process to determine whether or not poor care contributed to the death of a patient. The number of avoidable deaths and the outcomes of any Learning Disability/Mental Health death investigations are reported to the Quality Committee.

The trust has appointed 6 medical examiners and a lead medical examiner together with 2 medical examiner officers. This team are now reviewing all deaths, discussing with relatives, liaising with the coroner and flagging cases for structured judgement review.

Personal Care

As an organisation, feedback is a powerful and essential useful mechanism for improving the quality of care and patient experience, both for individuals and for the wider NHS, as well as contributing to a culture of learning from experience. ELHT want to ensure that patients experience compassionate care that is personalised and sensitive to their needs

We actively encourage feedback in a variety of ways across the organisation including:

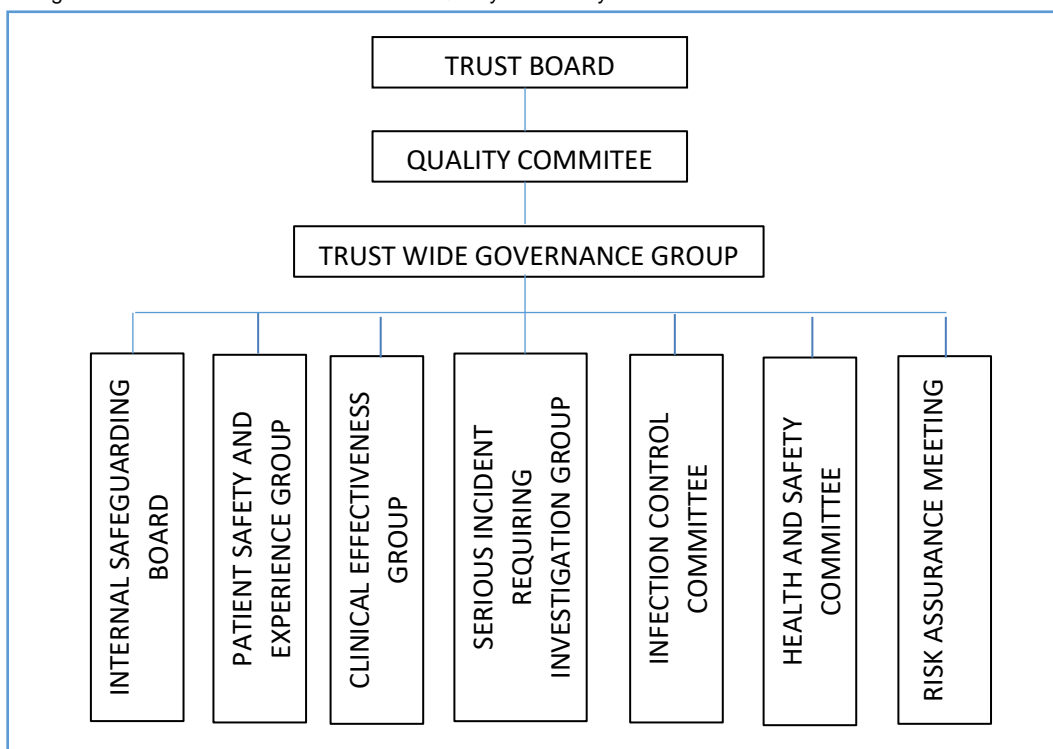
- a) Friends and Family Test and local patient survey results are reported at the Patient Experience Group meeting and via divisions to share and celebrate good practice and identify areas for improvement. These improvements are displayed in wards and departments in the 'You said, We did' format.
- b) Patient, and Carer, and staff stories are collected for presentation at Trust Board and divisional meetings, and as part of quality improvement work to facilitate learning.
- c) NHS Website/Care Opinion/CCG/Twitter and Facebook. We always respond promptly to feedback provided and encourage people to get in touch directly if there are any issues or concerns that we can help to resolve.
- d) Complaints, concerns and soft intelligence provide valuable feedback and we encourage patients to share any concerns with staff as soon as possible so that we can help.

- e) National Surveys including the annual Adult In-Patient Survey, and national surveys of the Emergency Department, Maternity and the Children and Young People’s Survey
- f) Healthwatch - two local organisations (Healthwatch Lancashire and Healthwatch Blackburn with Darwen). ELHT supports and facilitates Patient Engagement events and visits to services. We value the patient feedback collected by Healthwatch and are able to review and identify areas for improvement from this engagement. In addition, ELHT regularly liaises with N-Compass and Advocacy Focus, patient and carers representative organisations, to share and act on intelligence regarding patient and carer experience.
- g) Patient and Carer Involvement and engagement. The Trust’s patient / public members are invited to participate in service reviews and ward environment / cleanliness inspections.
- h) Implementation of our Patient, Carer and Family Experience Strategy 2018-21.
- i) The Trust has established a Public Participation Panel and Children and Young People’s Forum which will support the Trust in helping our services reflect the needs of and view of the people using them. The panel and forum will be involved in supporting patient led change throughout the Trust, with a particular emphasis on ensuring that the views of patients and carers are considered.

Governance Arrangements for Quality

Improving quality continues to be the Board’s top priority. It also represents the single most important aspect of the Trust’s vision to be widely recognised for providing **Safe, Personal and Effective** care. The Trust places quality and safety at the heart of everything we do. Ensuring that our activities offer best quality and high safety levels is becoming our minimum standard rather than an aspiration. This continual drive for quality means our patients; their families and all our stakeholders can have greater confidence in the Trust as we move forward. The Trust has established the governance and committee structure shown in figure 1 to ensure the Board receives assurance in relation to the delivery of the Trust’s objectives and that risk to the delivery of **Safe, Personal and Effective** care is appropriately managed.

Figure 1: Trust Governance Structures for Quality and Safety



2.2 Quality Monitoring and Assurance

To support delivery of our quality improvement work streams, the Trust has defined a meeting structure that supports the flow of information to and from the Trust Board. The corporate meeting structure is reflected within each of the Trust's clinical divisions thereby ensuring the Board has proper oversight of performance at all levels of the Trust, down to ward level. The meeting structure also provides a clear route of escalation for issues that need executive decision. Meetings take place on a regular basis and utilise standardised information to drive and inform the discussion. The data contained within the various performance dashboards showing monitoring of quality improvement areas is a mixture of outcome targets and process milestones that are presented to demonstrate performance at all levels of the Trust.

The Board Assurance Framework (BAF) and the Corporate Risk Register provide assurance to the Board that risks to patient safety, reputation and quality are appropriately managed in a timely way. The risk management process is designed to ensure current and potential future risks to quality are identified and included on the risk register, for example new technologies and changes in policy and funding. There are clear directorate and divisional reporting structures with specific triggers and processes by which risk and mitigating actions are reported and escalated. There is a clear and dynamic process for the management of risk in the organisation and both the BAF and the Corporate Risk Register are regularly reviewed to ensure appropriate, preventative and corrective actions have been taken.

The Trust Board is ultimately accountable for the delivery of quality outcomes and they are held to account by our regulators. Oversight of the Quality and Safety Framework is supported by a Quality and Safety Unit, comprising three specific portfolios of patient safety/clinical risk, patient experience and clinical effectiveness, which includes the Quality Improvement Team. Similarly, Divisional Directors and Divisional General Managers are responsible for the delivery of quality outcomes within their divisions and the Trust Board holds Divisional Senior Management Teams to account for delivering quality outcomes within their respective divisions. This principle of accountability and responsibility is reflected from Board to Floor and supports the delivery of our quality objectives.

During 2020-21 the East Lancashire Hospitals NHS Trust continued to provide and / or subcontracted 8 NHS Services. These services have been identified using the CQC's definition of regulated activities. The services provided during the year were:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Nursing care
- Surgical procedures
- Termination of pregnancies
- Management of supply of blood and blood-derived products

The Trust has reviewed all the data available on the quality of care in all of these NHS services. The Trust continues to use its integrated quality, safety and performance scorecard to facilitate this and has begun using a Quality Dashboard to support triangulation. Reports to the Trust Board, the Quality Committee, Trust-wide Quality Governance Group and Senior Leaders Group all include data and information relating to

quality of services. Progress against last year's priorities for quality improvement, as set out in our Quality Account 2020-21; have been managed by way of these reporting functions.

The income generated by the NHS Services reviewed in 2020-21 represents 98% of the total income generated from the provision of NHS services by the East Lancashire Hospitals NHS Trust for 2020-21. (2019-20 97%).

2.3 Priorities for Quality Improvement 2021-22

The Trust co-ordinates a comprehensive rolling programme of quality improvement and harm reduction initiatives and the publication of the Quality Account give us the opportunity to highlight some of the initiatives which we will specifically focus on during the coming year.

Due to the response to the COVID pandemic there has been a delay in determining the quality priorities for 2021-22. As an interim measure work continues on the previous Current Harms Reduction Programme (falls, SAFER surgery, medication errors, hand hygiene, MatNeoSip, deteriorating patient), End of Life Care and Nutrition and Hydration.

During June 2021, a comprehensive engagement exercise will be undertaken to agree improvement priorities for the next 12 months.

The engagement exercise will comprise 3 virtual workshops:

- 11 June – Senior Team (Senior Leadership Group/Quality Committee/Quality Governance Team/Improvement Hub Team)
- 18 June – All staff
- 28 June – Patients and Partners

The workshops will provide an opportunity to review progress made against quality priorities from the last 3 years and will identify key future improvement priorities for the next 12 months. The aim is to identify 5 main improvement priorities from a long-list of 13 areas. These are:

1. Communication (Accuracy of information and handover)
2. Nutrition and Hydration (NBM and the link to Vulnerable adults)
3. Management of V/adults (Safeguarding, LeDer, Mental Health, Older adults)
4. ED (Transfer patient flow, Inappropriate handover linked to EWS, delay in treatment, concern of care given)
5. LocSSIPs/WHO checklists (knowledge and understanding, Access)
6. Medication (Administration and delay)
7. Trauma Pathways (linked to NWAS handovers)
8. End of Life (DNA/CPR, advanced care planning)
9. Deterioration of condition of patients (ESW none compliance with escalation)
10. Safer surgery (WHO and 5 steps)
11. Maternity and Neonatal (deaths)
12. Communication with Patients and family
13. Radiology (X-rays escalation of findings and missed diagnosis)

2.4 Mandated Statements on the Quality of our Services

2.4.1 Clinical Audit and Confidential Enquiries

Clinical Audit involves improving the quality of patient care by reviewing current practice and modifying it where necessary. The Trust takes part in Regional and National Clinical Audits, and we also carry out local audits. Sometimes there are also National Confidential Enquiries which investigate an area of health care and recommend ways of improving it. The Trust also takes part in these Confidential Enquiries.

During 2020-21 61 national clinical audits and 5 national confidential enquiries covered services that ELHT provides. During that period East Lancashire Hospitals NHS Trust participated in 55 (89%) national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The National Clinical Audits and National Confidential Enquiries that ELHT was eligible for, and subsequently participated in are set out in the table below. The National Clinical Audits and National Confidential Enquiries that ELHT participated in, and for which data collection was initiated or completed during 2020-21 also appears in the table below alongside the percentage of cases required by the terms of that audit or enquiry.

National Audits

Audit Topic	Coordinator	Frequency	Participation	Required / Sample Submission
Adult Asthma Secondary Care (NACAP)	RCP	Intermittent	Yes	100%
Bladder Outflow Obstruction Audit	BAUS	Intermittent	Yes	100%
Breast and Cosmetic Implant Registry (BCIR) -	BCIR	Continuous	Yes	100%
Case Mix Programme (CMP)	ICNARC	Continuous	Yes	100%
Chronic Obstructive Pulmonary Disease (COPD) Secondary Care (NACAP)	RCP	Continuous	Yes	100%
Cytoreductive Radical Nephrectomy Audit	BAUS	Intermittent	No	NA
Elective Surgery (National PROMs Programme)	NHS Digital	Continuous	Yes	>100%
Female Stress Urinary Incontinence Audit (Closed Dec 2020)	BAUS	Continuous	Yes	100%
Fracture Liaison Service Database (FLSD) (FFFAP)	RCP	Continuous	Yes	100%
Fracture Liaison Service Database / Vertebral Fracture Sprint Audit (FFFAP)	RCP	Intermittent	Yes	100%
Fractured Neck of Femur (care in emergency departments)	RCEM	Intermittent	Yes	100%
Head & Neck Cancer Audit (HANA)	Saving Faces	Continuous	TBC	TBC
Infection Control (care in emergency departments)	RCEM	Intermittent	Yes	100%
Inflammatory Bowel Disease (IBD) Biological Therapies Audit	IBD Registry	Continuous	No	NA
Learning Disability Mortality Review Programme (LeDeR)	University of Bristol	Continuous	Yes	100%
Management of the Lower Ureter in Nephroureterectomy	BAUS	Intermittent	Yes	100%
Mandatory Surveillance of HCAI	PHE	Continuous	Yes	100%
Mimic: A multi-centre cohort study evaluating the role of inflammatory markers in patients presenting with acute ureteric colic (Mimic)	University College London Hospital	Intermittent	No	NA
Myocardial Ischaemia National Audit Project (MINAP) - National Cardiac Audit Programme (NCAP)	NICOR	Continuous	Yes	100%
NaDIA-Harms - Reporting on diabetic inpatient harms in England – Adult (NDA)	NHS Digital	Continuous	No	NA
National Acute Kidney Injury Programme	UKRR	Continuous	Yes	100%
National Audit of Breast Cancer in Older Patients (NABCOP)	RCS	Continuous	Yes	100%
National Audit of Cardiac Rehabilitation	University of York	Continuous	Yes	100%
National Audit of Cardiac Rhythm Management (CRM)	NICOR	Continuous	Yes	100%
National Audit of Dementia (Spotlight Audit – Antipsychotic Drugs)	RCPsych	Intermittent	Yes	100%

National Audit of Inpatient Falls (FFFAP)	RCP	Intermittent	Yes	100%
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty) - National Cardiac Audit Programme (NCAP)	RCP	Continuous	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	RCPCH	Intermittent	Yes	100%
National Audit of Small Bowel Obstruction (NASBO)	ACPGBI/ RCS	Intermittent	No	NA
National Bowel Cancer Audit (NBOCA)	NHS Digital	Continuous	Yes	100%
National Cardiac Arrest Audit (NCAA)	ICNARC	Continuous	Yes	100%
National Child Mortality Database	University of Bristol	Continuous	Yes	100%
National Core Diabetes Audit –Adults (NDA)	NHS Digital	Intermittent	Yes	100%
National Diabetes Foot Care Audit –Adults (NDA)	NHS Digital	Continuous	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	BSR	Continuous	Yes	>100%
National Emergency Laparotomy Audit (NELA) Year 7	RCA	Continuous	Yes	100%
National Heart Failure Audit	NICOR	Continuous	Yes	100%
National Hip Fracture Database (FFFAP)	RCP	Continuous	Yes	100%
National Joint Registry (NJR)	HQIP	Continuous	Yes	100%
National Lung Cancer Audit (NLCA)	RCP	Continuous	Yes	100%
National Maternity and Perinatal Audit (NMPA)	RCOG	Continuous	Yes	100%
National Neonatal Audit Programme (NNAP)- Neonatal Intensive and Special Care	RCPCH	Continuous	Yes	100%
National Oesophago-Gastric Cancer Audit (NOGCA)	NHS Digital	Continuous	Yes	100%
National Ophthalmology Database (NOD)	RCOphth	Continuous	No	NA
National Paediatric Diabetes Audit (NPDA)	RCPCH	Continuous	Yes	100%
National Pregnancy in Diabetes Audit - Adults (NDA)	NHS Digital	Continuous	Yes	100%
National Prostate Cancer Audit (NPCA)	RCS	Continuous	Yes	77%
National Vascular Registry	RCS	Continuous	Yes	100%
Paediatric Asthma Secondary Care (NACAP)	RCP	Continuous	Yes	100%
Pain in Children	RCEM	Intermittent	Yes	100%
Perioperative Quality Improvement Programme	RCA	Continuous	Yes	100%
Pulmonary Rehabilitation Audit	RCP	Continuous	No	NA
Renal Colic Audit	BAUS	Intermittent	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	RCP	Continuous	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	SHOT	Continuous	Yes	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA)	SAMBA	Intermittent	Yes	100%
Surgical Site Infection Surveillance Service (SSISS)	PHE	Continuous	Yes	100%
Trauma Audit & Research Network (TARN)	TARN	Continuous	Yes	100%
RESECT - transurethral REsection and Single instillation mitomycin C Evaluation in bladder Cancer Treatment	BURST	Intermittent	Yes	100%
UK Registry of Endocrine and Thyroid Surgery (BAETS)	BAETS	Continuous	Yes	100%
UK Renal Registry	UKRR	Continuous	Yes	100%

Key to Audit Coordinator abbreviations	
ACPGBI	Association of Coloproctology of Great Britain & Ireland
BAETS	British Association of Endocrine and Thyroid Surgeons
BAUS	British Association of Urological Surgeons
BCIR	Breast and Cosmetic Implant Registry
BSR	British Society for Rheumatology
BURST	British Urology Researchers in Surgical Training
FFFAP	Falls and Fragility Fractures Audit Programme
HQIP	Health Quality Improvement Partnership
IBD	Inflammatory Bowel Disease
ICNARC	Intensive Care Audit & Research Centre
MINAP	Myocardial Infarction National Audit Project
NACAP	National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme
NBOCAP	National Bowel Cancer Audit Project
NDA	National Diabetes Audit
NICOR	National Institute for Cardiovascular Outcomes Research

Key to Audit Coordinator abbreviations	
NPDA	National Paediatric Diabetes Audit
PHE	Public health England
RCA	Royal College of Anaesthetists
RCEM	Royal College of Emergency Medicine
RCOG	Royal College of Obstetricians and Gynaecologists
RCOphth	Royal College of Ophthalmologists
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
RCPsych	Royal College of Psychiatrists
RCS	Royal College of Surgeons
RESECT	Transurethral REsection and Single instillation intra-vesical chemotherapy Evaluation in bladder Cancer Treatment
PROMs	Patient Recorded Outcome Measures
SAMBA	Society for Acute Medicine's Benchmarking Audit
TARN	Trauma Audit Research Network
TURBT	Transurethral resection of bladder tumour
SSISS	Surgical Site Infection Surveillance Service
UKRR	UK Renal Registry

National Confidential Enquiries (NCE's)

Audit Title	Coordinator	Frequency	ELHT Participated	Data collection completed 2020 - 21	Sample Submission
Medical and Surgical Clinical Outcome Review Programme: Dysphagia in Parkinson's Disease	NCEPOD	Intermittent	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality Surveillance	MBRRACE-UK, NPEU, University of Oxford	Continuous	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality and Morbidity confidential enquiries	MBRRACE-UK, NPEU, University of Oxford	Continuous	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE-UK, NPEU, University of Oxford	Continuous	Yes	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal morbidity confidential enquiries	MBRRACE-UK, NPEU, University of Oxford	Continuous	Yes	Yes	100%

Key to Audit Enquiry Coordinator abbreviations	
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
MBRRACE-UK	Mothers and Babies - Reducing Risk through Audits and Confidential Enquiries – United Kingdom
NPEU	National Perinatal Epidemiology Unit

The results of 66 national clinical audit reports and 5 National Confidential Enquiry reports were received and reviewed by the Trust in 2019-20. Following the review of National Clinical Audit reports, East Lancashire Hospitals NHS Trust intends to continue to implement the following actions to improve the quality of healthcare provided:

- National Audit reports will continue to be presented at specialty/ multi-specialty effectiveness meetings or other appropriate forums where lessons learnt, subsequent recommendations and action will be agreed so that practice and quality of care can be improved
- A list of all National Audit Reports received will be collated and shared with the Medical Director, Divisional / Directorate Leads, this will be monitored via Trust

Clinical Effectiveness Committee to provide assurance that these reports are being reviewed and lessons learnt, and any subsequent recommendations and action captured

- The Medical Director / Designated Deputy may request clinical leads to present finding at Clinical Leaders Forum or Quality Committee for further assurance
- National audit activity which highlights the need for improvement will be reviewed for inclusion in subsequent quality improvement activity plans
- The Clinical Audit and Effectiveness Team Annual report which will continue to focus on lessons learnt to be presented to the Clinical Effectiveness Committee and the Trust Quality Committee for on-going assurance and monitoring

228 local clinical audits were completed by East Lancashire Hospitals NHS Trust in 2020-21. The results of which were presented / scheduled to be presented at specialty/ multi-specialty audit or other appropriate forums and the Trust intends to take the following actions to improve the quality of healthcare provided:

- All local audit activity will continue to be presented and discussed at specialty/multi-specialty effectiveness meetings and/or appropriate forums where lessons learnt are captured, recommendations and actions agreed and shared to support improvement
- Monitoring of action matrices will occur at subsequent effectiveness or designated meetings to ensure that actions are implemented to agreed timescales led by the Specialty Effectiveness Lead
- All specialty effectiveness meeting minutes and action matrices will be shared for discussion at Divisional Clinical Effectiveness meetings or appropriate management forums. Outcomes will be included in divisional reporting to the Trust Clinical Effectiveness Committee
- All local clinical audit activity will also be included in the Clinical Audit Annual Report as a record of all activity and lessons learned as a result of audit to provide assurance and support improvement in quality and patient care

2.4.2 Research and Development

The number of patients receiving NHS services provided or sub-contracted by the Trust during 2020-21 that were recruited up to the 31st March to participate in research approved by a research ethics committee was 4723. This figure has been greatly inflated by the substantial number of Covid positive patients whose data was collected for the various studies within the Trust, to inform the national/international response to the pandemic.

2.4.3 National Tariff Payment System and CQUIN

NHS England and NHS Improvement will be consulting separately on changes to the National Tariff Payment System for 2021/22. It is likely that the 2021/22 arrangements will propose a greater reliance on fixed payments, especially where larger contract values are involved. This will help to reduce the complexity of financial negotiations and monitoring. A revised approach of this kind will necessitate some minor changes to the Contract wording. At this stage, we have provisionally proposed removing the separate provisions from Service Condition 36 dealing with the current “blended payment” approach for emergency care and outpatient services. We will confirm the final position when we publish the final Contract, after the outcome of the Tariff consultation is known.

We are also considering changes for 2021/22 to CQUIN, the national scheme to incentivise improvements in quality of care. Here too, we are keen to simplify the financial arrangements, whilst not losing our focus on taking forward key clinical initiatives. At this stage, we have not proposed changes to the Contract text relating to CQUIN (Service Condition 38 and Schedule 4D). Revised arrangements will be published in the New Year, and we will then make any necessary amendments when we publish the final version of the Contract.

2.4.4 Care Quality Commission Compliance

East Lancashire Hospitals NHS Trust is required to register with the Care Quality Commission and its current registration status is unconditional.

East Lancashire Hospitals NHS Trust has participated in reviews of both the Emergency Department and Infection Prevention and Control processes during Covid, in line with the Patient First CQC methodology. No matters of patient safety concern were identified through these reviews.

2.4.5 Data Quality Assurance

East Lancashire Hospitals NHS Trust submitted the following records during 2020-21 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Records submitted from Apr 20 to Mar 21 (most recent figures):

• Admitted Patient Care	139,576
• Outpatient Care	591,832
• Accident & Emergency Care	145,749

The percentage of records in the published data - which included the patient's valid NHS number, was:

Performance for Apr 20 to Mar 21 (most recent figures):

▪ Admitted Patient Care	99.9%
▪ Outpatient Care	100%
▪ Accident and Emergency Care	98.6%

The percentage of records in the published data - which included the patient's General Medical Practice Code was:

Performance for Apr 20 to Mar 21 (most recent figures):

• Admitted Care	100%
• Outpatient Care	100%
• Accident and Emergency Care	99.5%

East Lancashire Hospitals NHS Trust will be taking the following actions to improve data quality:

- Continue to use the Second User Service (SUS) data quality tools and other benchmarking tools to identify areas of improvement
- Support data quality improvement within the meeting structures

- Continue to embed data quality ownership across the Trust

2.4.6 Information Quality and Records Management

The Trust aims to deliver a high standard of excellence in Information Governance by ensuring on is collated, stored, used and disposed of securely, efficiently and effectively and that all of our processes adhere to legal requirements. This includes completion of Data Protection Impact Assessments, annual Information Governance training for all staff, contract reviews and a comprehensive information asset management programme. The Trust has a suite of Information Governance policies to ensure patient, staff and organisational information is managed and processed accordingly.

The Data Security and Protection Toolkit sets out standards for maintaining high levels of security and confidentiality of information. Our Information

Governance Assessment report for 20-21 is ongoing with the final submission due at the end of June 2021. The Data Security and Protection framework and workplan is overseen by the Information Governance Steering Group which is chaired by the trusts SIRO. The Information Governance Steering Group reports into the Trusts Audit Committee.

2.4.7 Clinical Coding Audit

The following external clinical coding audits were carried out in 2020/21:

- **Data Security and Protection Toolkit Audit 2020-21 (200 episodes)** – Lancashire Coding Collaborative (Delayed due to COVID-19 - scheduled for April 2021 - using 2020/21 data)

In addition to this, the department has one member of staff training as a Clinical Coding Auditor (scheduled to qualify in 2021 - Accepted on Auditor Training Assessment Day - May 2021) and they carried out the following internal coding audits:

- Mastoidectomy Audit (27 episodes)
- ENT FESS Audit (25 episodes)
- Simple Max Fax Audit (20 episodes)
- Complex Head and Neck Audit (37 episodes)
- Therapeutic Mammoplasty Review (10 episodes)
- NICU Audit (50 episodes)
- Seizure Audit (26 episodes)
- Band 3 Endoscopy Audits (100 episodes per coder)
- Band 3 Performance Audits (50 episodes per coder)
- Targeted Band 4 Performance Audits (200 episodes per coder)

2.5 Complaints Management

Feedback is a powerful and useful mechanism for improving the quality of care and the patient experience, individually and for the wider NHS, as well as contributing to a culture of learning from experience. Patients, relatives and carers are encouraged to communicate any concerns to staff with the aim of addressing those concerns immediately. The Trust has adopted the principles of good complaints handling, as set out by the Parliamentary and Health Service Ombudsman and which reflect the Trust's own vision and values as follows:

Getting it right - Being customer focused - Being open and accountable – Acting fairly and proportionately - Putting things right - Seeking continuous improvement.

These principles are in line with the Trust Vision and Values.

The Trust Board acknowledges the importance of listening to patients' stories directly. As a result, these are now presented at Trust Board meetings.

The Customer Relations Team deals with concerns raised formally and informally, ensuring that individual concerns are addressed effectively and lessons are learnt from the issues raised. During 2020-21, 1954 enquiries were received from a variety of sources. The team reports key performance indicators to Executive and Divisional leads to closely monitor concerns raised and to ensure a timely response is provided. Within the enquiries, 225 were logged as formal complaints during this period. Complainants are contacted as soon as possibly following raising their concerns.

The current policy ensures that complainants are kept informed and updated and that greater compassion is evident within responses. Further training is being planned to raise awareness of complaints requirements and correct procedures to ensure that complaints are dealt with in a timely and appropriately manner, providing assurance that lessons are learned from complaints across the Trust and themes have been identified. Regular reports now include more detail of these. The Trust has a Share 2 Care news bulletin ensuring that learning is disseminated to all staff and shared within teams. Complainants have the right to take their complaint to the Parliamentary and Health Service Ombudsman if they remain dissatisfied with the Trust's response. During the financial year 2020-2021, 5 complaints were referred to the Ombudsman, 1 required further local resolution prior to PHSO review, 3 are currently under investigation by the Ombudsman and 1 is being reviewed for possible investigation.

2.6 Duty of Candour

The Duty of Candour requirement has been implemented within the Trust by the development of a Standard Operating Procedure for the daily tracking and monitoring of the delivery of duty of candour. A report is published daily and made available to the Divisional Quality and Safety Leads, to support clinical teams to deliver the duty of candour regulation requirements to patients in a timely manner. An escalation report is forwarded to the Executive Medical Directorate Team to support a resolution of issues and the delivery of duty of candour. Oversight of the effectiveness of this procedure is vested in the Medical Director and the Associate Director for Quality and Safety with assurance reports to the Trust's quality committee. The Trust has an e-learning training package for Duty of Candour which is available on our Trust's learning hub for all staff to access.

2.7 NHS Staff Survey Results

The NHS Staff Survey is conducted by the Picker Institute Europe and the Trust is required to publish the results of two elements of the survey as follows:

Indicator	Question	% Result
KF21 (Q14)	Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? Workforce Race Equality Standard 1	87.5%
KF26 (Q13c)	In the past 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	16.2%

For Q14, ELHT has seen a significant improvement on the previous year's percentage (85.2%). This places ELHT in the top 20% of Acute and Community Trusts and is significantly better than average when benchmarked nationally.

For Q13c, ELHT has seen a significant improvement on the previous year's percentage (17.5%). This places ELHT in the top 20% of Acute and Community Trusts and is significantly better than average when benchmarked nationally.

3.0 PART THREE - QUALITY ACHIEVEMENTS, STATUTORY STATEMENTS AND AUDITOR'S REPORT

3.1 Achievements against Trust Quality Priorities

Due to the COVID pandemic the Trust reviewed its Quality Priorities for the year and re-prioritised them to reflect:

- New quality priorities specifically linked to the organisational response to the pandemic
- Original priorities which needed to continue to support ongoing delivery of safe, personal and effective care.

The revised priorities are summarised below:

COVID/WINTER	NON-COVID
<ul style="list-style-type: none"> • COVID Cohort Wards • Effective Flow / Site Management • Effective Ward Rounds/ Board Rounds • Effective Transfer • Ongoing COVID Management • COVID testing • Mass Recruitment HCAs • ICU Staff Wellbeing 	<ul style="list-style-type: none"> • Elective (pre-operative assessment and cancellations on the day) • Quality Harms Reduction Programme (key priorities) • Clinicians in Training QI projects (140 x FY1/2, 77 x Year 4 medical students, 9 TACPs – assigned to all of the team)

The table below gives an overview of progress against the quality improvement priorities outlined above:

Improvement Priorities linked to COVID and Winter 2021-22	
COVID Cohort Wards	<ul style="list-style-type: none"> • COVID-19 admission check list devised and implemented for all COVID-19 patients • Development and implementation of Oxygen guidance for management of COVID-19 patients. Improvement from 16% to 75% of COVID-19 patients to have initial treatments and assessments within agreed timeframes (target 80%), sustained well. Oxygen prescriptions in place for 93.33% of patients and accurate for 92.86%, target SPO2 maintained at over 90% (against a target of 80%) • Treatment escalation plan documentation devised and implementation for all COVID-19 patients
Ongoing COVID management	<ul style="list-style-type: none"> • COVID rehabilitation pathway established for patients admitted to Critical Care with a diagnosis of COVID-19 • Long COVID service established in partnership with partners across Pennine Lancashire Integrated Care Partnership
COVID Testing	<ul style="list-style-type: none"> • Pathways development and implemented to facilitate Point of Care testing for COVID-19 in Emergency Department

Effective Flow / Site Management	<ul style="list-style-type: none"> • New standard work for bed meetings and roles/responsibilities for flow agreed • SitRep published within 8-12 minutes of bed meeting (improvement from 45-55 minutes) • Electronic app established and power BI reporting to collate all National Discharge Policy guidance reporting requirements • In-patient Priority Tracking List devised and implemented • Daily Every Minute Matters Meetings reducing Long Length of Stay patients through daily review
Effective Ward Rounds/ Board Rounds	<ul style="list-style-type: none"> • Standard work for effective board rounds and ward rounds agreed • Implementation of improvement coaching on 10 medical wards
Effective Transfer	<ul style="list-style-type: none"> • Identification of PDSAs to improve timeliness of transfer of patients from Royal Blackburn Hospital to community hospital sites
Mass Recruitment HCAs	<ul style="list-style-type: none"> • Redesign of recruitment processes to facilitate recruitment of 126.99 WTE Healthcare Assistants in 3 months
Improvement Priorities (Non-COVID)	
Elective Restoration	<ul style="list-style-type: none"> • Review and improvement of pre-operative assessment pathway • Review of cancellations on the day in Urology and identification of improvement actions

3.2 Harm Reduction Programme

ELHT's Harm Reduction Programmes encompass a number of different improvement initiatives designed to improve patient care and reduce harm. Each element of this programme has its own steering group, supported by the Quality Improvement Team, and updates are reported through to Patient Safety and Risk Assurance Committee on a bi-monthly basis.

During the past 12 months, due to the response to the COVID-19 pandemic, some of these work streams have been stood down or have had to change their focus to support immediate priorities for patients presenting with COVID-19. As part of standing these programmes up again a full review of the Harms reductions programmes over the last 3 years has been undertaken.

The table below provides an overview of the aims and key achievements of each individual project over the last 3 years

Achievements

Aim	Key Achievements
Falls Reduction To reduce the number of inpatient falls resulting in harm (low/minor and above) across all inpatient	<ul style="list-style-type: none"> • Falls change package introduced 2016 • Compliance regularly audited and action plans in place • New aims set in June 2021 to reduce falls by 10% by January 2022 • Falls Steering Group oversees work programme

<p>areas at ELHT by 10% by January 2022</p>	<ul style="list-style-type: none"> • SOP 004 Levels of Enhanced Care reviewed and revised with development of training package underway. • Falls Awareness Week planned for 20-26 September 2022. To be used to invigorate the change package. • Number of Improvement Projects currently registered - 4
<p>Medication Errors</p> <p>Reduction of Medicines Omissions especially for critical medicines Reduction in dosing errors with Insulins</p>	<ul style="list-style-type: none"> • The Trust-Wide Medicines Safety Share 2 Care has been published, with content including specific coverage of Insulins safety • Reporting dashboard established in 2018 to monitor and track medicine omissions through incident reporting • Dedicated Ward Pharmacy System – piloting and extension • 5 Minutes Facts educational documents have been prepared and circulated including the latest on Allergies to Medicines • 2 Discovery Events to obtain deeper understanding of reasons underlying medicines omissions. High impact/quick wins identified along with longer term improvements. • Diabetes Insulin Prescription, Administration and Monitoring booklet development and implementation • Number of Improvement Projects currently registered - 34
<p>Maternity Neonates</p> <p>To reduce the national rate of preterm births from 8% to 6% and reduce the rate of stillbirths, neonatal deaths and brain injuries occurring during or soon after birth by 50% by 2025</p>	<ul style="list-style-type: none"> • 21 different key achievements listed over last 2-3 years! • Comprehensive SharePoint site of all key workstreams linking to evidence for CNST. • Implementation of the Saving Babies Lives Care Bundle – Placenta Clinic, GROW trained staff, GROW training in line with Perinatal Instate, K2 Training package, introduction of Rainbow Pregnancy Clinic, Training of Midwifery Sonographers to meet requirement of Saving Babies Lives 2, for Appointment of Fetal Monitoring Lead Midwife, Triage service monitoring Fetal growth and wellbeing • Improvement work on Maternity Communications and development of Maternity Communications Strategy (enhanced by Ockenden Report) • Still births halved over 3 years • Number of Improvement Projects currently registered - 7
<p>Hospital Acquired Infections</p> <p>Prompt To Protect - To improve the rates of hand hygiene across the Trust (all areas) by 20%</p>	<ul style="list-style-type: none"> • Development of Change Package – examples of results seen: • Ward D3 made a 33% improvement in hand hygiene, 50% improvement in the environment. • Ward B20 made a 26% improvement in hand hygiene, 20% improvement in the environment • Ward C10 made a 59% improvement in hand hygiene, 34% improvement in the environment • Response to the IPC requirements of the COVID-19 Pandemic • Participation in the NHSE/I initiative 'Every Action Counts' to superseded this Harms reduction Programme going forwards • Number of Improvement Projects currently registered - 13
<p>Safer Surgery</p> <p>To improve the safety culture in theatres through the use of the “5 Steps to safer surgery” for all planned/ elective operating lists and all patients to have</p>	<ul style="list-style-type: none"> • WHO Checklist and Brief/Debrief Forms and Briefing Boards – development of electronic brief/debrief form • 10,000 Feet – rolled out across all theatres • Theatres Culture Programme – RESPECT (A Respectful Environment Providing Safe, Persona and Effective Care Together). • Focus on training e.g. scenario based learning/simulated learning, online training modules, ODP Apprenticeship

a quality brief/debrief and a compliant WHO checklist completed	<ul style="list-style-type: none"> Value Stream Analysis event with focus on theatre start times and theatre productivity Number of Improvement Projects currently registered - 3
<p>Deteriorating Patient Improve the recognition and response to acutely deteriorating patients with a resultant decrease in unexpected cardiac arrests by 50% by January 2018 To improve the recognition and timely management of sepsis in the emergency department and acute admissions unit Improve the recognition and management of AKI and reducing avoidable harm by decreasing the % of patients who develop AKI 2 and 3 during their Hospital stay after 48 hours</p>	<ul style="list-style-type: none"> Key Workstreams: <ul style="list-style-type: none"> Cardiac Arrests NEWS2 Sepsis Fluid Balance Acute Kidney Injury Transfers Sepsis Care Bundle work: Maternity, Neutropenic sepsis, Paediatric, Adult Revised AKI Care Bundle Devised and Implemented, Development of scorecard and training NEWS2 recommendations reviewed, Maternity Inpatient MEOWS chart revised and launched, NEWS2 App, Escalation SOP for PCH. Fluid Balance Electronic Audit Tool, Fluid balance change package, Fluid Stewardship Group commenced. Transfers - Adult Transfer Policy agreed, Safe Patient Transfer Group established, Improving timeliness of transfers to community improvement project underway

The Future

Due to the response to the COVID pandemic there has been a delay in determining the quality priorities for 2021-22. As an interim measure work continues on the previous Current Harms Reduction Programme (falls, SAFER surgery, medication errors, hand hygiene, MatNeoSip, deteriorating patient), End of Life Care and Nutrition and Hydration.

During June 2021, a comprehensive engagement exercise will be undertaken to agree improvement priorities for the next 12 months.

The engagement exercise will comprise 3 virtual workshops:

- 11 June – Senior Team (Senior Leadership Group/Quality Committee/Quality Governance Team/Improvement Hub Team)
- 18 June – All staff
- 28 June – Patients and Partners

The workshops will provide an opportunity to review progress made against quality priorities from the last 3 years and will identify key future improvement priorities for the next 12 months.

3.3 Achievement against National Quality Indicators

3.3.1 Summary Hospital Level Mortality Indicator (SHMI)

The Summary Hospital Level Mortality Indicator (SHMI) was introduced by the Department of Health in 2011-12 and reports on risk adjusted ratios of deaths that occur in hospitals and up to thirty days after discharge, divided by the number of deaths that were expected

given the size of the Trust and other factors such as the patient's age, method of admission and underlying medical conditions.

The latest published SHMI trend data up to January 2021 for East Lancashire Hospitals NHS Trust is set out in the following table:

SHMI Outcomes	Latest published rolling 12 months to Jan-21
East Lancashire NHS Trust SHMI Value	1.08
East Lancashire NHS Trust % of deaths with palliative care coding	32
East Lancashire NHS Trust SHMI banding	2 (as expected)
National SHMI	1.00
Best performing Trust SHMI	0.734
Worst performing Trust SHMI	1.194
Trust with highest % of deaths with palliative care coding	32
Trust with lowest % of deaths with palliative care coding	7

East Lancashire Hospitals NHS Trust considers that this data is as described for the following reasons:

The trust has seen deterioration in mortality indicators due to the effects of the COVID 19 pandemic.

East Lancashire Hospitals NHS Trust is taking the following actions to improve this ratio and so the quality of its services by:

- Focusing on coding and clinical documentation to ensure that the coded diagnosis and comorbidities are as accurate as possible.
- Detailed data review to understand the effects of the pandemic on mortality data.
- Reviewing alerting groups and where appropriate undertaking quality improvement in these areas.
- Continuing to work on the response to the deteriorating patient.
- Focusing on dissemination of 'lessons learned' to ensure organisational learning is maximised.

3.3.2 Percentage of Patient Deaths with Palliative Care Coding

This is an indicator designed to accompany the Summary Hospital-level Mortality Indicator. The SHMI makes no adjustments for palliative care. This is because there is considerable variation between Trusts in the coding of palliative care. Using the same data as the SHMI this indicator presents crude percentage rates of death that are coded with palliative care at either diagnosis or treatment speciality level.

East Lancashire Hospitals NHS Trust percentage of deaths with palliative care coding	32%
National percentage of deaths with palliative care coding	37%
Trust with highest percentage of deaths with palliative care coding	62%
Trust with lowest percentage of deaths with palliative care coding	7%

East Lancashire Hospitals NHS Trust considers that this data is as described for the following reasons:

The trust has a lower than average score for specialist palliative care coding. This is reflected in part by differences in coding palliative care input in some areas of the trust such as critical care.

East Lancashire Hospitals NHS Trust is taking the following actions to improve this ratio and so the quality of its services by:

- Relunched our trust wide end of life care strategy group.
- Input into ICP wide end of life care discussions to improve quality of advance care planning discussions.
- Prioritising quality improvement in delivery of end of life care across the trust.

3.3.3 Patient Recorded Outcome Measures (PROMs)

Patient Recorded Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient’s perspective. Currently covering two clinical procedures PROMs calculate health gains after surgical treatment using pre and post-operative surveys.

The two procedures are:

- Hip Replacement
- Knee Replacement

PROMs measures a patient’s health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires. This health status information is collected pre-op and 6 months after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients; this data has been collected by all providers of NHS funded care since April 2009.

The following tables set out the percentage of ELHT patients identified as achieving an ‘improved post-operative adjusted average health gain’ in comparison with the national figures for both of the PROMs procedures using the EQ-5D measure of health gain. The ‘EQ-5D Index’ scores are a combination of five key criteria concerning patients’ self-reported general health: mobility, self-care, usual activities, pain/discomfort and anxiety/depression.

3.3.3.1 Hip Replacement Surgery

Hip Replacement Surgery	2016-17	2017-18	2018-19	2019-20*	2020-21*
ELHT	91.5%	90.7%	92.9%	93.8%	No Data
National Average	89.1%	89.7%	89.8%	90.1%	No Data

3.3.3.2 Knee Replacement Surgery

Knee Replacement Surgery	2016-17	2017-18	2018-19	2019-20*	2020-21*
ELHT	83.4%	83.9%	83.4%	88.3%	No Data
National Average	81.1%	82.2%	82.2%	83.2%	No Data

**PROMs outcome data covering April 2019 to March 2020 published by NHS Digital Hospital / Provider is currently provisional. PROMs data for 2020-21 has yet to be published.*

East Lancashire Hospitals NHS Trust considers that this data is as described for the following reasons:

ELHT has a process in place to ensure patients receive a pre-operative questionnaire via the post; completion is prompted during their telephone pre-operative assessment.

Patients can decline to complete the questionnaire (optional); in these cases questionnaires are still collated to monitor ELHT submission rates and inform where education and patient information may be required.

East Lancashire Hospitals NHS trust is taking the following action to improve performance, and so the quality of its services:

A verbal request sheet has been scripted to ensure standardisation of information given to maintain and improve participation rates.

Random spot checks will be continued to prevent a decline in participation rates, regular feedback will be given on a to the Pre-op assessment coordinator via email.

On attendance at Ward 15 patients will be asked to confirm completion of the questionnaire at pre-op, if not a questionnaire will be provided for completion.

3.3.4 Readmissions within 28 Days of Discharge

The following table sets out the Trust's performance during 2020-21 for emergency admissions within twenty-eight days of discharge. We have used Dr Foster data which provides national benchmarking from the National Hospital Episodes Statistics data. The Health and Social Care Information Centre (HSCIC) do not provide data on readmissions at the level of detail required. Figures shown are as at Sep 20.

All ages	2013/14	2014/15	2015/16	2016-17	2017-18	2018-19	2019-20	2020-21 (Apr - Sep 20)
Readmission Rate	8.40%	8.74%	8.79%	8.44%	8.30%	8.62%	9.07%	10.37%
Age Band	2013/14	2014/15	2015/16	2016-17	2017-18	2018-19	2019-20	2020-21 (Apr - Sep 20)
0-15	11.15%	11.22%	12.06%	12.21%	11.75%	12.51%	12.03%	11.62%
16+	7.80%	8.19%	8.05%	7.64%	7.54%	7.81%	8.52%	10.14%

East Lancashire Hospitals NHS Trust considers that this data is as described for the following reasons:

The overall ELHT 28 day readmission rate produced by Dr. Foster is 10.37% which is above the Dr. Foster risk adjusted expected rate of 10.28% but within the expected range. Compared to local acute hospitals, the Trust is middle of the group and just above the national rate of 10.18%.

- For the 0-15 age group, the rate is 11.62% which is higher than the expected rate of 10.22% and the national rate of 8.93%.
- For the 16+ age group the rate is 10.14% which is below the expected rate of 10.29% and better than the national rate of 10.27% reflecting good performance and **Safe**, **Personal** and **Effective** care in terms of discharge planning.

East Lancashire Hospitals NHS Trust has taken the following actions to improve the ratio for the under 0-15 age group and so the quality of its services by:

The readmission and admission rates for ELHT are skewed by the fact that our assessment units (including assessment and ambulatory care) is coded as an 'inpatient admission'. Many of our pathways readmit children into the assessment unit, which is clinically appropriate and efficient, but this skews data.

Key actions taken to manage readmission rate in the 0-15 year age band:

1. Introduction of 'common childhood illnesses' guides, to support parents manage illness and reduce parental anxiety and hence need for support. This is now used by all agencies in East Lancashire so that the same messages are shared and is also available as a mobile phone App.
2. Hot clinics have been set up and are working very successfully, for urgent paediatric consultant input – as an alternative to admission or readmission. Slots are accessed directly from GPs.
3. Telephone advice line for GPs directly accessing a consultant paediatrician – to help GPs manage care in practice rather than referring back to hospital. This is in addition to Advice & Guidance processes.
4. The Community Children's Nursing (CCN) service has been extended so that GPs can refer directly to the CCN rather than hospital for care.
5. Open Access policy to our Observation Unit has changed from direct open access for all children for 48 hours, to 24 hours open contact or until GP opens (e.g. until 9am the next working day). Patients have to call unit for advice first and details of this service have been removed from general information leaflets.
6. Consultant presence in COAU extended until 10pm Monday- Friday – to support more senior decision making.
7. Extended Community Children's Nursing service to a longer day / 7 day service (was previously Mon-Fri 8am-6pm service).

8. Discharge process tightened so that all discharges are reviewed at Consultant level.
9. Establishment of 'Patient Trigger Reviews' so that parents can contact the department directly for an outpatient consultation after admission/last appointment. This allows parents control on required further help and advice and offers a more suitable alternative to readmission - this has been established.
10. Allergy specialist nurse recruited February 2020, so that children and families with severe allergies can be managed safely at home and avoid admission and readmission for acute episodes. Also, the development of Allergy MDT with Consultant Paediatricians to manage allergy patients in a more seamless way.
11. Introduced direct ED referrals to our Children's Community Nursing Service and are rolling that out to NWS to support admission avoidance.
12. Increased our nurse led clinics for respiratory and community nurses and are setting up for epilepsy and allergy.
13. Children's Hub -pilot in one locality – which is a multi-disciplinary community hub is on-going – which has shown initial reduction in admissions and need for secondary care interventions. There are plans to extend hub working in 2021/22.
14. A review of the top 5 reasons for admission and comprehensive review of 5 clinical pathways to improve flow and support discharge, thus reducing readmission. Care pathways for croup, bronchiolitis, fever in under 5's and gastroenteritis established across primary and secondary care. An asthma pathway has also been developed in Emergency Department. The new pathways are now in place.
15. Developing an asthma severity score and associated pathway using QI methodology.
16. Developing an allergy pathway using QI methodology.
17. Developing same day emergency care model and 111 booked appointments in Paediatrics in next 12 months.
18. Exploring the use of a virtual ward within Paediatrics to support children post discharge.

Key further actions within the Directorate in the next 12 months to support further reductions in readmission rate:

1. A pilot of a Children's Hub – which is a multi-disciplinary community hub is on-going – which has shown initial reduction in admissions and need for secondary care interventions.
2. Development of a new Assistant/Advance Practitioner for self-management of key chronic conditions where children and parents can get advice and support and directly contact the specialist team for advice. This is being piloted in diabetes services and includes guidance on managing acute episodes, sick day rules etc. for parents to avoid admissions and re-admissions.
3. A review of the top 5 reasons for admission and comprehensive review of 5 clinical pathways to improve flow and support discharge, thus reducing readmission. Care pathways for croup, bronchiolitis, fever in under 5's and gastroenteritis established

across primary and secondary care. An asthma pathway has also been developed in Emergency Department. The new pathways are being launched across GPs, primary and community services and the hospital in April 2019.

4. A third epilepsy nurse specialist started in June 2020, to support care in community and support children on discharge from hospital – particularly focusing on newly diagnosed patients so that hospital admissions and readmissions are minimised.
5. Investment in Allergy specialist nursing who joined in February 2020, so that children and families with severe allergies can be managed safely at home and avoid admission and readmission for acute episodes - joint allergy clinics/MDT commencing Sept 2020.
6. Development of Advanced Paediatric Nurse Practitioners and joint workforce with Emergency Department so that children re-attending hospital after admission are supported on arrival and do not need further admission.

3.3.5 Responsiveness to Personal Needs of Patients

By any standard imaginable 2020/21 has been a challenging year for our patients, their carers and our staff; the impact of the pandemic has on occasions left us with uncertainty as to what would happen in the coming weeks, months and year. We have at times had to make decisions that went against our values and ethos, such as restricting visiting for patients. These challenges have only sought to highlight the importance of delivering excellent care and experience.

The Trust has continually sought to elevate the experiences of our patients and their carers; throughout the pandemic we have proactively searched for and encouraged feedback on how our services perform. We have continued to meet with our public participation panel, established a Children and Young People's Forum, and engaged with patient representative organisations

Due to the indirect impact of Covid-19 the national programme of patient satisfaction surveys, such as the Adult Inpatient Survey 2020 were postponed until late 2020. The Adult Inpatient Survey 2020 was undertaken at the Trust but the results were not available at the time of writing this briefing.

The Trust continues strengthen their objectives 2019/20 and will update their Patient Experience Strategy 2021/23, utilising the Adult Inpatient Survey 2020 findings and other patient experience metrics.

3.3.6 Recommendation from Staff as a Provider of Care

The Trust has not been able to run the staff FFT and People Pulse last year due to Covid Pandemic.

3.3.7 Friends and Family Test Results (Inpatients and Emergency Department)

In April 2013, the Department of Health introduced the Friends and Family Test (FFT) as a means to establish whether patients that have recently received care within acute hospital Trusts would be happy for their friends or relatives to receive similar care within the same environment.

Following an extensive consultation and review, NHS England announced that from 1st April 2020 a new mandatory question would take effect. The mandatory question asks, in the context of each service, ‘Overall, how was your experience of our service?’ Patients are invited to respond to the question by choosing one of six options ranging from very good to very poor. Patients can give feedback at any time during their episode of care and there will be a greater emphasis on the use of feedback to drive improvement.

In March 2020, in order to reduce the burden on NHS organisations during the Covid-19 pandemic, NHS England and NHS Improvement temporarily suspended the submission of FFT data to NHS England. All collection methods that involved face to face contact with patients, including feedback cards had to be stopped.

It was important to continue listening to patients and to ensure that patients still had the opportunity to give feedback, even more so now due to the direct and indirect impact of the pandemic on hospital services. During this period we continued to collect FFT feedback from patients via SMS texting across Accident & Emergency, Outpatients attenders, maternity and community services. Patients were also able to complete the FFT question online via the Trust’s website using their own devices.

Following advice from NHS England, the Trust resumed the collection of FFT feedback across all areas from 1st September 2020 following a specific process for collecting paper forms in order to protect staff and patients

The following table sets out the percentage positive rating for the period April 2020 to March 2021. National comparisons are not available due to the suspension of data submissions to NHS England.

FFT Area	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020
% positive rating												
Inpatients	-	-	-	-	91	98	98	98	98	95	97	96
A&E	94	88	87	86	80	83	80	84	82	83	82	87
Maternity	94	90	88	90	87	91	88	92	86	90	90	91
Community	96	88	86	85	84	88	92	90	88	89	92	91
Outpatients	97	94	92	91	92	89	92	93	91	94	93	93

The East Lancashire Hospitals NHS Trust considers that this data is as described for the following reasons:

We consider the collection of feedback from our patients to be a high priority; therefore staff are encouraged to collect information from patients.

The number of FFT cards completed has been impacted by the suspension of paper collections during the Spring and Summer of 2020, particularly on inpatients wards where SMS texting was not available. In addition, necessary ward moves across the Trust due to the Covid-19 pandemic also meant that in some cases data could not be attributed to the correct ward as specialities changed. FFT therefore had to be paused in some areas during this period of disruption.

Restrictions in place during the pandemic, for example on visiting, have impacted on the positive response rate across some areas as has the postponement and rebooking of appointments and elective surgery.

However, despite the impact of Covid-19, over 30,000 patients have provided feedback during April 2020 – March 2021 and the Trust has received a consistently high score, with an average of 90% of people rating their overall experience as either very good or good.

Advice and support will continue to be provided to specific areas so that feedback is collected and recorded in a timely manner and used to inform service improvements.

3.3.8 Venous Thromboembolism (VTE) Assessments

The table below sets out the Trust's VTE risk assessment performance captured through our Trust Information systems.

VTE Assessments 20-21		Q1	Q2	Q3	Q4	Total	Year to date	
ELHT	Number of VTE-assessed Admissions	20192	28396	30937	31210	110735		
	Total Admissions	20704	29089	31537	31780	113110	97.90%	
	Percentage of admitted patients risk-assessed for VTE	97.53%	97.62%	98.10%	98.21%	97.90%		
National	Number of VTE-assessed Admissions	National figures are NOT available currently because VTE assessments (2020-21) Data submission from Trusts to NHS UNIFY system was suspended by NHSEI as per Trust IT team update due to the Covid-19 pandemic.					Nil Available	
	Total Admissions	Data therefore NOT available at NHSEI site currently for this reporting period due to pandemic impact: https://improvement.nhs.uk/resources/venous-thromboembolism-vte-risk-assessment-201920/					Nil available	
	Percentage of admitted patients risk-assessed for VTE							
	Best Performing Trust	Nil available presently				Nil available	Nil available	
	Worst performing Trust	Nil available presently				Nil available	Nil available	

The above data is ready for submission to NHS UNIFY system from Trust whenever the data submission portal is opened and this is requested by NHSEI as the data submission was suspended by NHSEI in view of the Covid 19 pandemic during this period 01/4/2020 to 31/3/2021 as updated by Trust IT team. The annual data over the four quarters compared with the national average and the best and worst performing Trusts is not available as a result in the absence of National data publication comparators that is normally available and was available until 31/3//2020.

The year to date figure in the previous reporting year 2019/2020 was 98.3% and this year has seen a drop of 0.40% compared to last year at 97.90% and a drop of 1.10% compared to the year before of 99% in 2018/2019. The Trust VTE committee that monitors the Divisional and Directorate VTE risk assessment figures and Trust figures with action plans as part of the VTE Harms reduction program remains suspended from April 2020 in view of the pandemic. The monitoring was therefore through the Divisions during this period.

East Lancashire Hospitals NHS Trust considers that this data is as described for the following reasons:

- Systems and processes are in place at ELHT for risk assessing all appropriate patients utilizing the national VTE risk assessment tool on admission.
- The Trust monitors quarterly VTE performance figures routinely using an electronic system with real time capture of data on admission in the Extra med Hospidea system as well as from Patient Administration System (PAS) and Electronic Patient Tracking System (EPTS).
- Trust VTE performance has consistently improved from just above 95% in 2012, to 97% since July 2013, above 97.5% since July 2014 and above 98.3% since July 2016 until April 2020. There is a drop in the VTE risk assessment figures noted by 0.40 % overall over the last 12 months compared to the previous year's figures of 98.3% in year ending April 2020 and 1.10% drop compared to the year before in year ending April 2019 when it was 99%. The reasons for this drop in VTE risk assessment figures are not entirely clear as the VTE committee was paused due to the pandemic since April 2020. Therefore, during this period, the paused VTE committee was not in a position to be able to scrutinize and deep dive into the details behind the data every two months as it always used to as a multi-disciplinary team as part its monitoring functions enabling this scrutiny through the committee.

East Lancashire Hospitals NHS Trust is taking the following action to improve performance, and so the quality of its services:

- To reinstate the VTE committee in quarter two of 2021/22 to ensure the continued high standards of care is sustained long term. This is especially important in light of the 0.40% drop in VTE risk assessment figures noted this year compared to last year. This is a significant drop of more than 1.10% compared to the previous year's figures of 99% in April 2019 when ELHT was in the top ten acute NHS trusts in the country with highest VTE risk assessment figures nationally.
- A drop in VTE risk assessment figures from 99% in April 2019 to 98.3% in April 2020 and 97.9% in April 2021 is noted suggesting a downward trend which needs to be resolved and contained in a timely manner. This suggests a gradual decline in VTE risk assessment figures from 99% to 98.3% to current 97.9% although still above National average benchmark of 95% and above that is expected Nationally.
- The drop last year was due to impact of transition of VTE risk assessment documentation from historical paper version to the electronic risk assessment in Extramed Hospedia system. A transition period was allowed when documentation was still accepted in paper version but organizational figures were calculated from electronic system only. The full transition to electronic system was completed by 01/4/2020 and therefore figures were expected to improve with ongoing support through VTE Committee.
- The reasons for this drop in VTE risk assessment figures currently are not entirely clear as the VTE committee was not in place during the pandemic to be able to scrutinize and deep dive into the details behind the data bimonthly as it does as a team as part of the monitoring enabling this robust scrutiny through the multi-disciplinary VTE committee that was well embedded since 2014 until March 2020 pre pandemic.

- Once VTE committee is restored, the VTE Harms reduction QI project will be resumed and interventions will be planned and implemented periodically as during the pre-pandemic depending on the contributory factors identified from the deep dive of reasons behind the data which is on hold until the VTE committee is reinstated.
- Monitoring of VTE risk assessment through formal bi-monthly reporting by all divisions through the Trust VTE committee which functions as a sub-committee of the Trust Patient Safety and Experience Group (PSEG).
- Trust participated in the National VTE GIRFT audit (Getting it right first time) and the GIRFT VTE audit report received from the national audit forum, was shared across the Divisions through the Divisional management Boards and through them to the Directorates for cross organizational learning dissemination. Trust wide Action plan in response was developed and implemented to incorporate shared learning from GIRFT audit cross organizationally.
- Each of the Trusts divisions participates in VTE clinical audits to ensure effective compliance with VTE risk assessment on admission. The next Trust wide re audit is planned for 2022 supported through Trust Clinical audit and effectiveness team.
- VTE committee and its Quality Improvement membership group leads on focused quality improvement projects to enhance the robustness of the VTE risk assessment.
- Trust VTE prevention Information leaflet for patients was updated again last year as outlined in previous annual report to enhance patient awareness regarding VTE and VTE prevention strategies made available in three languages namely English, Polish and Urdu.
- VTE committee agreed to develop an educational video for all patients needing to use medication for VTE prevention in the Trust using the example from Family Care Division, but this has been delayed due to pause with VTE committee and awaiting restoration of VTE committee to resume its full effective operational functions to benefit patients across Trust.
- The VTE diagnosis and management pathway was updated incorporating Age adjusted D-Dimer testing in those aged over 50 years. Trust wide implementation of this pathway was delayed due to Covid pandemic and implemented after first wave National lockdown and incorporated as part of the updated Trust guidance on VTE diagnosis and Management CP17 part 2 approved through the singular VTE committee meeting reinstated in September 2020 before being paused again and subsequently ratified through policy council in September 2020 with financial and efficiency gains besides enhancing patient experience.
- Trust VTE policies CP17 part 1 as well as Part 2 are currently being updated yet again due to new NICE guidance published very recently in April 2021 and will need approval at the next VTE committee before ratification at Policy council. The VTE committee is being reinstated to enable this seamlessly for enhancing patient safety and quality of care with robust clinical effectiveness inbuilt.
- Trust successfully made the transition from Enoxaparin to Dalteparin for VTE prophylaxis with financial gains exceeding £480,000 per year and guidance to enable this switch implemented. A literature review and exploration with other Trusts is underway for evidence based consensus on AntiXa monitoring with prophylactic

Dalteparin. This will be incorporated into updated guidelines further to next VTE committee consensus once committee is restored.

- Trust is currently exploring the move from Hospidea system to Alcadion system to host the varied holistic patient risk assessment processes on admission which includes the VTE risk assessment as well being moved to the new system. This is yet another transition for medical and nursing professionals to get familiar with and supported with again since extramed electronic risk assessment implementation a year ago. The reinstatement of the VTE committee will enable this through appropriate built in educational and awareness raising campaigns and ward based support resources as appropriate as part of the QI interventions to sustainably improve safety and quality.

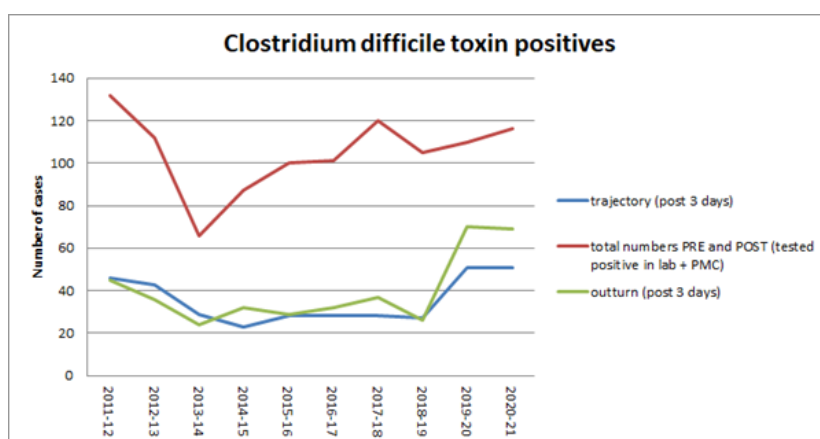
3.3.9 Clostridium Difficile Rates

The data made available to the Trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C. difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period. The Trust reported 69 clostridium difficile positives the trajectory for 2020/21 was not set.

In 2019/20 changes were made to the reporting algorithm whereby the number of days to identify hospital onset healthcare associated cases reduced from ≥ 3 to ≥ 2 days following admission HOHA and also the addition of a prior healthcare exposure element for community onset cases COHA.

This updated graph 2020/21 is based on the number of HOHA cases only.

Clostridium difficile toxin positive results from April 2020 – March 2021:



East Lancashire Hospitals NHS Trust considers that this data is as described for the following reasons:

Assertive action on management of hospital acquired infections has been undertaken for a number of years to reduce the rate to the present level. Each case of HOHA & COHA are discussed at the C. difficile multidisciplinary CCG meeting to determine lapses in care. (These have not taken place over the past 16 months due to COVID)

East Lancashire NHS Trust intends to take actions to improve this rate and so the quality of its services by:

Further improving compliance to hand hygiene, improving antimicrobial prescribing and continuing the post infection review process to enable any lapses in care across the Health Economy to be identified and rectified. The Trust will continue with its current approach of zero tolerance to hospital acquired infections and will aim to further reduce this rate year on year and so improve the quality of its services and patient experience.

3.3.10 Patient Safety Incidents

NHS Trusts are required to submit the details of incidents which involve patients to the National Reporting and Learning System (NRLS) on a regular basis. The Trust uploads data via the NRLS on a weekly basis. The NRLS publishes Patient Safety Incident Reports by organisation bi-annually showing comparative data with other large acute Trusts. East Lancashire Hospitals NHS Teaching Trust is able to use this information to understand its reporting culture; higher reporting Trusts usually have a strong safety culture and as such the Trust continues to actively encourage the reporting of incidents and near misses. The information set out in the table below has been extracted from the latest NRLS organisational data workbook and sets out the Trust's performance over the last eleven reporting periods. The table also compares the Trust's performance against similar large acute organisations in the cluster data.

Patient safety incidents per 1000 bed days	Oct 2014 to Mar 2015	April 2015 to Sept 2015	Oct 2015 to Mar 2016	April 2016 to Sept 2016	Oct 2016 to Mar 2017	April 2017 to Sept 2017	Oct 2017 to Mar 2018	April 2018 to Sept 2018	Oct 2018 to Mar 2019	April 2019 to Sept 2019	Oct 2019 to Mar 20
ELHT number reported	7563	6732	6579	7010	7122	7032	7401	6426	6398	8128	8269
ELHT reporting rate	48.2	44.18	42.05	44.9	44.8	45.5	46.4	42.0	40.9	52.0	53.2
Cluster average number	5458	4647	4818	4995	5122	5226	5449	5583	5841	6276	6502
Cluster average reporting rate	31.2	39	39.6	40.7	41.1	43	43	44.5	46	50	51
Minimum value for cluster	443	1559	1499	1485	1301	1133	1311	566	1278	1392	1271
Maximum value for cluster	12784	12080	11998	13485	14506	15228	19897	23692	22048	21685	22340
Patient safety incidents resulting in severe harm	Oct 2014 to Mar 2015	April 2015 to Sept 2015	Oct 2015 to March 2016	April 2016 to Sept 2016	Oct 2016 to March 2017	April 2017 to Sept 2017	Oct 2017 to March 2018	April 2018 to Sept 2018	Oct 2018 to March 2019	April 2019 to Sept 2019	Oct 2019 to Mar 20
ELHT number reported	28	18	16	13	8	14	9	6	9	5	6
ELHT % of incidents	0.4	0.3	0.2	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Cluster average number	17.3	15	13.7	13.4	13.8	13	13.5	13.5	14	15	14.5
Cluster average reporting rate	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.2
Minimum value for cluster	1	1	0	0	0	0	0	0	0	0	0
Maximum value for cluster	128	89	85	75	67	92	78	74	62	76	91
Total incidents across	2373	2052	1862	1826	1872	1821	1810	1771	1780	1896	1870

cluster											
Cluster % of incidents	0.4	0.3	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2
Patient safety incidents resulting in death	Oct 2014 to Mar 2015	April 2015 to Sept 2015	Oct 2015 to March 2016	April 2016 to Sept 2016	Oct 2016 to March 2017	April 2017 to Sept 2017	Oct 2017 to March 2018	April 2018 to Sept 2018	Oct 2018 to March 2019	April 2019 to Sept 2019	Oct 2019 to Mar 20
ELHT number reported	6	8	8	6	8	2	2	1	6	4	6
ELHT % of incidents	0.1	0.1	0.1	0.1	0.1	0	0	0	0.1	0	0.1
Cluster average number	5.2	5	5.7	5	5.5	5	5.3	5.1	5.2	4.8	5
Cluster average reporting rate	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Minimum value for cluster	0	0	0	0	0	0	0	0	0	0	0
Maximum value for cluster	24	22	37	36	31	29	24	22	23	24	22
Total incidents across cluster	716	665	780	690	751	661	712	706	678	628	666
Cluster % of incidents	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1

East Lancashire Hospitals NHS Trust considers this data is as described for the following reasons:

The overall number of incidents reported by the Trust in the last reporting period has increased from the previous 3 years. Staff are encouraged and understand the importance of reporting all levels of incidents across the Trust so that learning can be shared. The Trust does however consistently report higher numbers of incidents compared with similar Trusts in the cluster, which demonstrates an open and honest culture within the Trust. Serious Incident Requiring Investigation (SIRI) Panel has focused on the identification of lessons learned and actions taken following review of serious incident investigations to ensure services are improved and harm is reduced. The Trust has a comprehensive harms reduction programme supported by Quality Improvement Team and Quality and Safety Unit which provides assurance of the reduction in harms to the Trusts Quality Committee. The Trust is not an outlier in terms of severe harms and deaths due to patient safety incident and have seen a decrease in the number of these severity of incidents year on year.

In early 2020 the Trust was approached by NHS England and NHE Improvement to be an early adopter for the draft NHS Patient Safety Incident Response Framework which is replacing the Serious Incident Framework (SIF). Due to the COVID Pandemic this work was put on hold in April 2020 but has restarted in March 2021. The Trust will be focusing on the implementation of the PSIRF which will include:

- Enhancing capabilities in being open when things go wrong
- Further developing robust support mechanisms for patients, staff and investigators affected by or involved in patient safety incidents
- Developing the Trusts Patient Safety Incident Response Plan (PSIRP) in consultation with stakeholders and getting agreement for the plan from our commissioners and NHS England
- Enhancing Knowledge, understanding, application and monitoring of patient safety improvement as the key output in response to patient safety incidents that will lead to quality improvement programmes.

- Providing feedback on the PSIRF to NHS England and NHS Improvement to support the development of the final version of the framework.

3.3.11 Never Events

A Never Event is a serious incident that is recognised as being entirely preventable if all the correct guidance is followed and all our systems work to create a safe situation for patients and staff. Over 2020/21 the Trust has reported 3 incidents that meet the criteria of the NHS Never Event Framework:

Type of Never Event	Number
Administration of Medication by the wrong route	1
Retained foreign object post procedure	1
Wrong site surgery	1

Each incident above has been investigated and in all incidents we found important learning that has been shared with staff across the Trust, with our commissioners and the patient and/or family. Detailed action plan for each incident have been developed, updated and assurance provided to Executive Management Team on a monthly basis.

Learning from Never Event Incidents

On three occasions within 2020/21 the Trust has not met the expectations of **Safe**, **Personal** and **Effective** care in regards to Never Events. The Trust has identified a number of key changes in systems and processes within teams and across the organisation. These include:

- Multi professional shared learning from incidents, based around the five steps to safer surgery, Local Standards for Invasive Procedures (LocSSIPs) with scenario based training for all clinical staff
- A more robust processes has been developed and being implemented across the Trust (including updating Trust Policy) to ensure that the National Patient Safety Alert NHS/PSA/RE/2015/008: Supporting the introduction of the National Safety Standards for Invasive procedures is actioned in full and assurance provided to the Trusts Quality Committee and our Commissioners. Improvements include:
 - Development of a clear document structure and pathway for approval and reviews of LocSSIPs
 - Ensuring the trust has a library of LocSSIPs which is up to date and easy to access by all staff
 - Development of e-learning package on LocSSIPs to raise awareness
 - All local inductions for new staff identify any LocSSIPs that service use, how to access and the standards for completion
 - Audit programme to monitor the compliance of LocSSIPs and identify any further areas of improvement

3.3.12 Learning from Deaths

Throughout 2020/21 East Lancashire Hospitals NHS Trust has been using the Structured Judgement Review (SJR) methodology to review clinical care of patients who have died. This has included deaths of patients with COVID-19 to assure the trust of the quality of care if these patients during the pandemic. This methodology assigns a score to particular elements of care and an overall score for a patient's care. A score of 1 or 2 identifies a concern that care was poor and a secondary review process (based on SJR methodology) is triggered to determine whether or not this poor care contributed to the patient's death. If this is felt to be the case a round table discussion is held with the clinical team involved and where the SJR concerns are validated a full Root Cause Analysis (RCA) of the case is undertaken and presented to the Trust's Serious Incident Requiring Investigation (SIRI) Panel.

The identification of cases to be reviewed follows the processes identified within 'Learning from Deaths' and in line with National Guidance.

Not every death is subjected to an SJR; the primary reasons for triggering an SJR are listed in the trusts learning from deaths policy. The triggers for SJR are reviewed and amended in line with alerting groups.

Breakdown of deaths in 2020-21 and number of completed SJR's for this time period.

Total number of inpatient deaths 2020/2021	Completed	2020-2021	
	Q1	569	
	Q2	411	
	Q3	760	
	Q4	767	
Total		2507	
Number of Stage 1 & 2 SJR's completed 2020/2021 (May contain deaths from current and prior years)		SJR 1	SJR 2
	Q1	50	9
	Q2	49	4
	Q3	34	3
	Q4	56	13
Total		189	29

Number of Stage 2 SJR cases which were sent for Fast Track Rapid Review, Concise Review or Route Cause Analysis 2020/2021		SJR 2	Fast Track Rapid Review	Sent for Concise Review	Sent for RCA
Cases which scored 1 - Very Poor or 2 – Poor and where deficiencies in care may have contributed to death (May contain deaths from current and prior years)	Q1	4	2	0	2
	Q2	3	0	0	3
	Q3	1	0	0	0
	Q4	5	0	0	2
Total		13	2	0	7

The learning points from SJR reviews are collated into areas of good practice and also areas for improvement.

Areas of good practice the Trust has highlighted include:

- Timely senior review
- Good documentation
- Appropriate treatment of patients with coronavirus in line with the latest guidance.

Areas of learning the Trust have identified as requiring improvement are:

- Management of the deteriorating patient
- Management of end of life care
- Recognising and acting on delays in inpatient treatment or investigation pathways
- Communication with families complicated by limitations on visiting during the pandemic.

These themes are collated with learning from other clinical governance functions/claims, complaints, incident reviews) and help to inform the Harms Reduction and Quality Improvement Projects. Section 3.1.2 and 3.1.1 of the Quality Account describes what achievements have been made against areas of learning and what future improvement plans the Trust will be focusing on in 2020/21.

Paediatric Mortality

At East Lancashire Hospitals NHS trust, all Paediatric deaths including out of hospital deaths are reviewed through a mortality process. In 2019 a strengthened review process more akin to the structured judgement review process used in adults was implemented. All paediatric deaths are subject to a multidisciplinary primary review with a paediatric consultant and senior nurse reviewing the case in a structured way. Following this all deaths are reviewed at the paediatric mortality group consisting of consultant’s senior nurses and doctors in training. Actions for improvements are noted and implementation is monitored through this group. Going forwards this process will also align with the newly implemented child death review meetings.

The table below demonstrates the number of cases reviewed by the process.

		In Hospital	At Home	Another Trust	Out of Area
Total number of Paediatric Deaths by Location and quarter the Death occurred 2020/2021	Q1	2	0	0	0
	Q2	1	2	0	0
	Q3	2	0	3	1
	Q4	1	3	1	1
	Total		6	5	4
Number of Stage 1 & 2 PMR's completed during by quarter 2020/2021 And the number which required an RCA (May contain deaths from current and prior years)	Completed	PMR 1	PMR 2	Sent for RCA	
	Q1	8	5	0	
	Q2	2	1	0	
	Q3	3	4	0	
	Q4	6	8	0	
Total		19	18	0	

Over the past 12 months we have seen a decrease in child mortality however the following quality themes and trends have been identified from the primary mortality review process

In summary areas of good practice noted through this process are:

- Paediatricians and Children's Community Teams for Children and Young People with life limiting conditions.
- When advance care planning is done well it has an incredibly empowering impact on the families whose voice can be clearly heard in the process
- Resuscitations started by North-West Ambulance Service and continued in the Emergency Department with general paediatric input are extremely systematic and processes for bereavement support and escalation to the Child Death Overview Panel robustly followed

Key issues for which actions have been generated relate to the following:

- End of Life Care and Advance Care Planning should be started at earliest opportunity. This would prevent escalation of care to tertiary centres when the ceiling of care has been reached.
- Discussion of what the ceiling of care is and being clearly documented to prevent invasive interventions should be had early in the patient journey when it is clear that further escalation would not have a positive outcome
- Advance Care Planning should be considered and evidenced even before End Of Life Care in order to ensure child and families wishes are captured and to prevent feeling of panic when difficult conversations need to take place

- Primary care management of acutely unwell child needs to be supported to empower GP's and ensure children get the most appropriate and timely review.
- Childhood suicide has been more prevalent nationally and local trends although low are evident in the reviews.
- As part of the review of child mortality it has become evident that there is a gap in service with the need for a Bereavement/Palliative care nurse based locally to empower families and promote Advanced Care Planning. This discussion is currently taking place with commissioners and has been incorporated as part of the community specialist nursing review.

Learning Disability Mortality Reviews (LeDeR)

Learning Disability Mortality Reviews (LeDeR) are routinely completed following the death of inpatients who had a known Learning Disability. These reviews are reported through the Mortality Steering Group and actions from learning monitored.

The reviews outline key areas such as Contributory Factors, Problems with Service Delivery, Good Practice. Any inpatient with a known Learning Disability will receive a Mortality Review as defined by National guidelines and Trust process.

In 2021 reviews of patients with coronavirus were prioritised in line with national guidance. In 2021 the local process was also updated to ensure that all patients with a learning disability undergo both an SJR and a LeDeR review. If concerns are identified then an RCA will be requested to review the issues in more detail.

All deaths of patients who had a Learning Disability are routinely uploaded to the National LeDeR data system and an external review completed. The process is monitored through East Lancashire CCG and the Trust has remained an active partner in the regional LeDeR steering group.

Breakdown of Learning Disability deaths in 2021/21 and number of completed LeDeR's for this time period by financial quarter:

		2020/2021
Total number of Learning Disability deaths 2020/2021	Q1	11
	Q2	5
	Q3	2
	Q4	3
Total		21

	2020/2021	
Number of LeDeR's completed 2020/2021 (May contain deaths from current and prior years)	Q1	9
	Q2	7
	Q3	9
	Q4	0
Total		25
	RCA	
Number of LeDeR which required an RCA (May contain deaths from current and prior years)	Q1	0
	Q2	0
	Q3	0
	Q4	0
Total		0

3.3.13 Seven Day Service Meeting the Clinical standards

The Trusts self-assessment of care in line with the NHS 7 day priority standards is as follows:

During 2020/21 as a result of the Corona Virus Pandemic formal assessment and audit of 7 day standards was suspended in line with national guidance.

Standard 2: All emergency admissions have a thorough clinical assessment by suitable consultant as soon as possible, at the latest within 14 hours from admission

During the pandemic Consultant commitments were adjusted to ensure emergency care priorities were met in all specialities. There is no reason to believe that our previous (November 2019) measured rates of 75% of acutely admitted patients are seen by a consultant within 14 hours of admission on both weekdays and weekends within Medicine, 65 - 75% of patients within surgery, and 72% of children during week days and 47% at weekends was not maintained or exceeded.

Indeed vacant acute medicine consultant posts have now all been recruited. In addition the opening of the new Acute Medical Unit which achieves an integrated acute medical unit and ambulatory emergency care unit opened in December 2020. These will have enhanced performance.

Surgical consultant recruitment and rota changes may also have enhanced early consultant review.

Speciality performance in Stroke and vascular surgery of 86-90% will also have been maintained.

Standard 5: Hospital inpatients have scheduled seven-day access to diagnostic services within 1 hour for critical patients, within 12 hours for urgent patients, within 24 hours for non-urgent patients

- East Lancashire Hospitals is fully compliant with this standard

Standard 6: Hospital inpatients have timely 24 hour access, seven days a week, to consultant directed interventions including Critical care, Interventional radiology, Interventional endoscopy and Emergency general surgery

- East Lancashire Hospitals is fully compliant with this standard

Standard 8: All patients with high dependency needs should be reviewed twice daily by a Consultant. All other acute inpatients should be reviewed once every 24 hours seven days per week by a consultant, unless agreed and documented that they would not benefit from this.

Changes to consultant working patterns in our integrated critical care units, COVID cohort wards and other inpatient areas will have enhanced our previous performance of 95% of patients have daily consultant review on weekdays and 75% at weekends. Level 2 and 3 patients will have received more enhanced consultant reviews at least twice a day with the need during COVID 19 supported by 24 hour consultant presence.

Formal audit of all standards will be restarted in 2021.

3.3.14 Staff can speak up (Freedom to speak up)

ELHT is committed to ensuring the highest standards of service and the highest ethical standards in delivering this service. The Freedom to Speak up (Whistleblowing) policy (HR20) is in place to support and assist staff in raising concerns without fear of discrimination or reprisal. ELHT will deal with all disclosures consistently, fairly and confidentially. Anyone who works (or has worked) in for East Lancashire Hospitals NHS Trust can raise concerns under this policy. This includes agency workers, bank staff, temporary workers, students, volunteers and governors.

Anyone raising a concern under this policy is not at risk of losing their job or suffering any form of reprisal as a result. ELHT will not tolerate the harassment or victimisation of anyone raising a concern. Nor will the Trust tolerate any attempt to bully staff into not raising any such concern. Any such behavior is a breach of ELHT values as an organisation and, if upheld following investigation, could result in disciplinary action.

Staff can raise concerns in a variety of ways and advice is given that in the first instance to raise the concerns with their line manager (or lead clinician or tutor) if staff member feels able to do so, however if this is not an option or this step does not resolve matters, the other options are:

- Though the Staff Guardian - identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with direct access to anyone in the organisation, including the chief executive, or if necessary, outside the organization.

- If a concern remains then they can be brought to the attention of our Executive Director or Non-Executive Director with responsibility for whistleblowing or one of the external bodies as listed in the Trust Policy.

Feedback to the person who raised the concern is critical. The sense that nothing happens is a major deterrent to speaking up. There are situations where this is not straightforward due to the need to respect the privacy of others involved in the case. However there is almost always some feedback that can be given, and the presumption should be that this is provided unless there are overwhelming reasons for not doing so. Feedback is given to those who speak up in a variety of ways, mainly face to face, letter or via email.

ELHT are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with the model published in Sir Robert Francis's CQ (2015) Freedom to Speak up: an independent report into creating an open and honest reporting culture in the NHS.

The Trust board is provided with regular information in a full board report about all concerns raised by our staff and what actions are being taken to address any problems.

3.4 Other Quality Achievements

3.4.1 East Lancashire Hospitals' research team actively supporting the fight against coronavirus

As well as providing high levels of care and treatment for its patients, East Lancashire Hospitals NHS Trust (ELHT) also remains fully committed to research and innovation.

On 1 April, the Trust established a dedicated Directorate of Education, Research and Innovation. ELHT has been actively involved in research and education for many years; training the next generation of healthcare professionals, contributing to new knowledge and improving patient care through research and innovation. The new Directorate reinforces how important this work is to the Trust.

As the world is busy treating patients who are critically ill with the coronavirus, the Directorate is also involved in delivering world-class COVID-19 research. This is a key element of the Government's overall response to the pandemic. There are currently four nationally prioritised Covid-19 studies open. Each following different places in the patient pathway:

- The PRIEST study: Pandemic Respiratory Infection Emergency System Triage – Over 80 patients have been recruited
- CCP UK - ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections - Over 290 patients have been recruited
- UKOSS: Pandemic Influenza in Pregnancy - 1 patient has been recruited
- The RECOVERY Trial – Randomized evaluation of COVID-19 therapy – 7 patients have been recruited

The RECOVERY trial is a randomised trial among adults hospitalised for confirmed COVID-19. It is investigating a series of treatments including Lopinavir-Ritonavir, Hydroxychloroquine, corticosteroids and Azithromycin. Eligible patients are randomly allocated between treatment arms, each given in addition to the usual standard of care. The study is sponsored by The University of Oxford and was mentioned in the government's briefing on 03 April 2020 by Professor Jonathan Van Tam, Deputy Chief Medical Officer, as

a priority and of clinical importance.

The team are expecting to open further new studies shortly and will be working with divisions across the Trust to support these, including;

- REMPAP-CAP: Randomized, embedded, multifactorial, adaptive platform trial for Community Acquired Pneumonia
- GENOMICC: Genetics of susceptibility and mortality in critical care

3.4.2 Switched on hospital team ranked seventh nationally

Our unsung NHS heroes have been recognised for their outstanding work as our switchboard service is ranked seventh-best nationally.

The National Switchboard Audit monitored 175 NHS trusts by making a series of calls to their switchboard at different times of the day. These calls were checking for any avoidable delays in contacting emergency bleep operators. Any failure to direct these calls quickly could delay clinicians from obtaining urgent medical advice and compromise patient care. If any problems are identified, the audit would issue recommendations for improvement.

3.4.3 Top flu fighters! Best in country!

ELHT are celebrating following the announcement that we are once again the top Acute Trust in the country for staff flu vaccination uptake.

Kevin McGee, Chief Executive for ELHT said:

"I am delighted that over the last few years we have created a strong and genuine culture of awareness and individual responsibility, which has led to over 7,500 of our workforce taking up the vaccination. Our staff recognise the important part they play in protecting their patients, their colleagues and themselves.

"Every year, NHS organisations across the country face the challenge of seasonal flu. We believe the flu vaccination programme is one of the most important ways of maintaining **Safe, Personal** and **Effective** Care across east Lancashire. And this year, with the presence of COVID-19, it will be even more essential for our community to take up the seasonal flu vaccine.

"The aim of the Flu programme is to reduce the health impact of Flu through effective monitoring, prevention and treatment. ELHT's seasonal flu campaign is carefully planned each year, taking into account the latest information received from national and international experts and data. The vaccination programme has been shown to be extremely effective in the 'prevention' element of the virus.

"The final uptake of flu vaccinations at ELHT for the 2019/2020 campaign was 94.8% and has exceeded last year's very successful campaign target of 93.6%. This was the highest uptake of flu vaccinations for frontline health care workers in the country and the second time in three years that we have been the Trust with the highest uptake. This is a truly impressive achievement which shows the high level of commitment our staff, particularly the frontline workers; have for the flu fighter campaign.

"ELHT has been identified as one of the stand out Trusts in the UK and we have supported other organisation in their planning an implementation of their own flu campaigns. Planning

is already under way for the 2020 Flu campaign, with the aim to improve on last year's uptake."

3.4.4 Funding boost confirmed for Emergency Department expansion

We are delighted that the allocation of £6m to further improve our Emergency Department has now been confirmed. This is great news for the people of East Lancashire and Blackburn with Darwen. Work will begin immediately to expand capacity in both Emergency and Urgent care and ensure we are well prepared for the coming winter.

This is a phased programme of work to provide thirteen additional 'majors' cubicles, the first five of which will be ready for use in December. The Emergency Department at the Royal Blackburn Teaching Hospital is one of the busiest in the North West and meeting the national four hour standard has often proved difficult. This investment will have a significant impact on its ability to improve services for local people and the working environment of the doctors and nurses.

A two-storey extension to the building will allow for a further eight cubicles on the ground floor, with staff facilities on the top storey. We expect this work to be completed by early 2021.

However, as always, we are reliant on people using our services wisely and appropriately and only attending A&E in an emergency. People should first think about the other services that are available through their local pharmacy, GP, minor injury centre or NHS 111. If people do need to come to our hospitals, we can assure them that protective measures are in place regarding COVID-19, and they are as safe as they can be.

You can get further information on choosing the right health care by going to our website www.elht.nhs.uk or by calling NHS 111.

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

East Lancashire Hospitals NHS Trust has held a virtual opening ceremony for a new 'Garden of Memories' on the Royal Blackburn Teaching Hospital site.

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

"It's especially important during these challenging times to have a place to take "time out" and relax, in a beautiful environment", said Executive Director of Nursing, Christine Pearson.

"I'm delighted that we could open the Garden and celebrate the hard work that has gone in to making it a reality. There is significant research that shows that the natural environment of a garden space is beneficial to physical wellbeing, health, recovery, mental and emotional wellbeing, and we hope that creating this garden will achieve these outcomes for our staff, our patients and our community."

"The current circumstances have meant that we are unable to open the Garden in a traditional way, however we have put together a virtual tour which we hope will give a preview of the area whilst the visiting restrictions on our hospital sites remain in place."

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

The Garden was funded through donations gifted to the Trust's official charity, ELHT&Me. Donors included Engie, Prosol, Piggot and Whitfield, Wood Integrated Building Services, Marland Electricals, Thorne, IHP and Pendle Signs, who contributed time and/or materials for the Garden. Financial donations were received by HCP, Turners, D&G Builders, Medi Teknique Ltd, Brooktherm Refrigeration Ltd, Quartz and Bannister Hall.

3.4.6 A great honour on #RxTechDay

On World Pharmacy Technician Day (20 October 2020) two Medicines Optimisation Care Home Technicians at East Lancashire Hospitals NHS Trust, Jane Shanahan and Alison Marshall, were honoured by the Chief Pharmaceutical Officer for NHS England, Department of Health and Health Education England, Keith Ridge.

The remarkable recognition was shared on social media, with an honorary certificate branded for the occasion with The Association of Pharmacy Technicians, who is the professional leadership body for pharmacy technicians in the UK.

They were congratulated for the outstanding work they have carried out implementing a new ward-based clinical pathway. In the new guidance Pharmacy Technicians calculate the anticholinergic burden score of in-patients' medication before passing it over to a ward clinician for review, where necessary. Appreciation was also given for the vital, life-saving support they have provided to care home residents and staff this year.

Keith Ridge, in an open letter to all Pharmacy Technicians in the NHS, wrote: "I have been impressed by the many examples of leadership, delivery and sheer fortitude that have been shown by pharmacy technician colleagues across all parts of the NHS and these are deserving of great praise.

"I also want to highlight how the profession has a great future ahead. The NHS Long Term Plan identifies a strong and growing role for the pharmacy team across the NHS which won't be achievable without the appropriate clinical deployment of pharmacy technicians. The role of the pharmacy technician is critical to the functioning of the pharmacy team and pharmacy and medicines optimisation services in the NHS. The professional contribution of pharmacy technicians during the pandemic further confirms that this is the right approach."

Jane Shanahan and Alison Marshall also received a request from CPPE England, the Centre for Pharmacy Postgraduate Education, to write a special blog which they featured on the day, celebrating the diverse roles of Pharmacy Technicians.

In their blog for CPPE England, Jane and Alison wrote: "Our role gives us huge job satisfaction, particularly as we look back on our development over the last twelve months.

"With regards to the COVID-19 pandemic and the challenges faced, the excellent skills of leadership and resilience that we have acquired from Medicines Optimisation in Care Homes (MOCH), have allowed us to quickly adapt to new ways of working, as we support care homes with new priorities; COVID-19 Homely Remedies, Medicines Reuse Scheme,

virtual patient facing consultations, Proxy Access and electronic Repeat Dispensing, as just some examples.”

3.4.7 NHS Parliamentary Awards – Excellence in Urgent and Emergency regional winners

We are delighted to confirm the East Lancashire Falls Response Service Team (FRS) has been chosen as North West regional winners for the Excellence in Urgent and Emergency award.

The FRS is a partnership between NWS and East Lancashire Hospitals NHS Trust (ELHT). It sees the collaboration of a Paramedic and an Occupational Therapist who respond to non-life threatening 999 calls for falls, so that patients can be treated at home without having to go to hospital or can be referred to an appropriate community service.

People aged 65 and older have the highest risk of falling; around a third of people aged 65 and over, and around half of people aged 80 and over, fall at least once a year. Unaddressed fall hazards in the home are estimated to cost NHS England a staggering £435 million.

83% per cent of the patients treated by the FRS remained at home, many were referred onwards to community teams and specialist nursing teams. This means that the team is successfully making a difference by getting people who fall the help they need at home to prevent them falling again, as taking them to hospital isn't always the right place for them to go.

From the start of the service to June 2020 FRS has attended 4946 incidents, and kept 83% of those patients at home. For the first 6 months of 2020 they have attended 487 patients and 84% of those patients remained at home and avoiding the need to attend the Emergency Department, which was particularly important during the peak of first wave of the COVID-19 pandemic.

In addition to the above, other paramedic crews will ring for advice or refer patients to the FRS for a follow up assessment – which gives crews confident to support people to remain at home. When the service received these referrals they check first whether community therapy teams are already involved and will refer back to them if they are, to prevent any duplication.

The project was set up at very short notice in response to winter pressures during the winter of 2014-15 with time limited funding. The car has now been on the road for five years, it was originally 5 day service expanded to 7 in 2017.

Due to the success of the scheme's model, it has received a lot of interest from other organisations both in and outside of the UK and the team has shared its innovative practice ideas with others. New services who have set up by the Scottish Ambulance Service (Glasgow division), St Helens, Bath, Guernsey, Dublin, North Midlands and Devon.

3.4.8 Deputy Chief Nursing Officer for NHS England visits ELHT

East Lancashire Hospitals NHS Trust was delighted to host Deputy Chief Nursing Officer for NHS England and Improvement, Hilary Garratt CBE, BSc, MSc, RGN, SCPHN (RHV), PGCE, in December 2020.

Hilary visited the Royal Blackburn Teaching Hospital site on 4 December to meet with Chief Nurse and Executive Director of Nursing, Chris Pearson, and other senior nursing colleagues, to get an insight in to the challenges our staff have experienced whilst working through the pandemic. She was given a tour of our new Acute Medical Unit and several clinical wards, as well as observing a support session at our Spiritual Care Centre, led by Hospital Chaplain, David Anderson and Jasper the Therapy Dog.

3.4.9 Robotic surgery first at ELHT Gynaecology department

A patient with severe endometriosis has been given the chance to undergo the first Gynaecological robotic surgery at East Lancashire Hospitals NHS Trust, after her diagnosis left her in pain since she was eighteen years old.

The patient underwent a hysterectomy, a procedure where the womb is removed, but instead of using traditional keyhole surgery, a robot was used to assist in the surgery instead. During the surgery, the robot holds and moves the instruments and the camera inside the patient, which a surgeon controls from a console away from the bedside.

Robotic surgery is already used across the Trust, but this is the first time it has been used in the Gynaecology department. The benefits of using the robot are that post-operative pain is reduced for the patient, and the risk of surgical complications is reduced.

3.4.10 New app for cancer patients

East Lancashire Hospitals NHS Trust has launched a new smartphone app that will 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.

You can download the app by searching for the 'HealthZone UK' app and then for 'ELHT Cancer Team App'.

3.4.11 'Quran Cube' project supports Muslim patients across East Lancashire

Generous donations of Quran Cubes and MP3 players to East Lancashire Hospitals NHS Trust's Chaplaincy Department 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 hospitals – Royal Blackburn and Burnley General Teaching Hospitals, and Accrington Victoria, Clitheroe and Pendle Community Hospitals.

70 of the Quran Cubes were donated by the Guidance Hub, a community charity in Manchester, in memory of Mrs Asiya Shah, one of their volunteers and a Chaplain at North Manchester General Hospital. ELHT staff members Aamena Patel, Asia Azram, Shahla Hussain, Naimat Jan, Sanah Mahmood, Khatija Patel and Nazneen Kadir, some of whom work in the Critical Care Unit, acquired 50 MP3 players and 25 mini Quran Cubes. Mo Congress, a local influencer and charity worker also supported the Quran Cube project through social media appeals, and by donating hundreds of disposable earphones, power leads, and chargers.

3.4.12 £3m investment in new MRI scanners for Burnley General Teaching Hospital

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.

3.4.13 Conversations with Jasper – How ELHT's Listening Lounges are helping student nurses during the Covid-19 pandemic

Chaplaincy colleagues at East Lancashire Hospitals NHS Trust 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.

The sessions have highlighted trauma experienced by both staff and student nurses, for example when patients they have looked after for a considerable time have sadly passed away, or when they have had to communicate the death of a loved one to families.

The sessions also enable the Trust to offer further dedicated support to staff and students whom it would be beneficial, either through one-to-one sessions, or by referral to occupational health services.

During the sessions participants share their fears and experience, and David as the facilitator follows their lead within the discussion. There is no advice within the session, simply acceptance and discussion, and participants are never mandated to attend, or forced to speak in any session.

The NHS has continued to focus on safeguarding vulnerable groups and individuals during the pandemic, and these Listening Lounges have highlighted the importance of understanding potential safeguarding risks amongst staff.

3.4.14 East Lancashire resident praises Pennine Covid Virtual Ward after beating virus at home

The Pennine Covid Virtual Ward has supported more than 1500 people across East Lancashire and Blackburn with Darwen to remain safely at home with Covid-19.

The 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 (within the last 14 days) 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.

The Covid Virtual Ward helps to keep patients in their own homes whilst providing physical and psychological support through regular contact, as well as ensuring that the patient's own GP is engaged to help with continuity of care. However, if and when patients require further treatment, they will be rapidly admitted to hospital if needed. Patients on the 'ward' are kept in touch with daily by health care professionals, either by phone, video consultation or if required a home visit.

As well as supporting patients to monitor their blood oxygen levels, the team also provides emotional and practical support. The virtual ward is able to onward refer patients and their families to other teams including voluntary services in district council hubs. The district hubs can help people with shopping, financial concerns, pet welfare and other practical challenges that people and their families face when isolating due to Covid.

3.4.15 Trust's "exemplary" catering team nationally recognised

The Catering Department at East Lancashire Hospitals NHS Trust is one of only eight Trusts nationally to have joined the NHS Exemplary Trusts Programme and Hospital Food Network.

The Trust, which manages Royal Blackburn and Burnley General Teaching Hospitals and Accrington, Clitheroe and Pendle Community Hospitals, has been chosen for their innovation, high food standards and consistent service providing food for patients, staff and visitors across the 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.

Joining the Network is another boost to Tim's 100-strong team, who were recently featured on Channel 4's 'Food Unwrapped' as an example of safe, efficient and high-quality hospital food, dubbed "quite possibly, the best in the NHS". The Trust has invested heavily in their catering workforce, increasing the number of chefs through apprenticeship schemes, and programmes like 'Get in to Hospitals', run by the Princes Trust.

3.4.16 Patient care 'top priority' says survey

Staff at East Lancashire Hospitals NHS Trust believe care of patients is the organisation's top priority, according to the latest NHS Staff Survey.

Results of the major annual survey, carried out across organisations and NHS staff around the country to benchmark performance and help measure staff satisfaction across a range of topics, have now been made public.

For the 2020 survey, more staff at East Lancashire Hospitals NHS Trust took part than last year, despite the pressures of the Covid pandemic.

Highlights include that 83% of staff believe care of patients / service users is the organisation's top priority (compared to a national average of 79%), that 75% of staff would be happy with the standard of care if a friend or relative needed treatment (compared to 74% in 2019) and that 72% would recommend it as a place to work (vs a national average of 67%).

In total, 90% of staff believed that their role makes a difference to patients (equalling both the national average and the Trust's 2019 result).

The Trust's response rate was 55% per cent, which means 4,795 staff members took the opportunity to have their say and influence the way the Trust is run. This is above the national average and is an increase of 8% on the Trust's 2019 survey results.

Staff were asked a range of questions based on ten themes, which included equality and diversity, health and wellbeing, quality of care and safety culture. In eight of the themes, the Trust scored above the national average. In two the Trust equalled the average.

The national results can be seen here - <https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/>

3.5 Statements from Stakeholders

In January 2021, NHS England and NHS Improvement issued a letter with requirements for NHS Accounts for 2020-21. In which it states 'NHS Trusts are not expected to commission assurance on their Quality Accounts for this year. From 2021-22 onwards, this assurance exercise will be optional for all providers.'

Due to Covid-19, ELHT will not be asking for assurance from our partner organisations, but going forward the expectation is the Trust will provide an opportunity to these organisations from next year.

3.6 Statement of Directors' Responsibilities

The Directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulations 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual quality accounts incorporating the above legal requirements.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

Signed By Order of the Board:

Chairman:

Chief Executive: **Kevin McGee**

Date: **30th June 2021**

3.7 GLOSSARY

Term	Explanation
Acute Kidney Injury (AKI)	Acute kidney injury is a sudden episode of kidney failure or kidney damage that happens within a few hours or few days.
Advancing Quality (AQ)	A process to standardise and improve the quality of healthcare provided in NHS hospitals
Advancing Quality Alliance	The Advancing Quality Alliance was established to support health and care organisations in the North West to deliver the best health, wellbeing and quality of care for all by being a trusted source of quality improvement expertise for the NHS and wider health and social care systems.
Always Event	Always Events refer to aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time.
Antimicrobial	An agent that kills microorganisms or inhibits their growth
Board Assurance Framework (BAF)	The BAF is a key framework which supports the Chief Executive in completing the Statement on Internal Control, which forms part of the statutory accounts and annual report, by demonstrating that the Board has been properly informed through assurances about the totality of the risks faced by the Trust.
Care Bundle	A group of interventions which are proven to treat a particular condition
Care Quality Commission (CQC)	The independent regulator for health and social care in England
Clinical Audit	A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Clostridium Difficile Infection (CDI)	A type of infection
Commissioning for Quality and Innovation (CQUIN)	A payment framework linking a proportion of a Trust's income to the achievement of quality improvement goals
Commissioning Support Unit (CSU)	Commissioning Support Units provide Clinical Commissioning Groups with external support, specialist skills and knowledge to support them in their role as commissioners, for example by providing business intelligence services and clinical procurement services.
COPD	Chronic Obstructive Pulmonary disease – This is the name used to describe a number of conditions including emphysema and chronic bronchitis
Datix	An electronic system that supports the management of risk and safety involving patients and staff
Dr Foster Guide	A national report that provides data on patient outcomes in hospitals in the UK
Duty of Candour	The Duty of Candour is a legal duty on hospital Trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.
EQ-5D	Instrument for measuring quality of life
Family Liaison Officer	Acts as a single point of contact for the relevant person, patient, next of

(FLO)	kin in regards to liaise with on the investigation of a serious incident.
Get It Right First Time (GIRFT)	A programme to improve the quality of care within the NHS by reducing unwarranted variations, bringing efficiencies and improvement patient outcomes
Healthwatch	Healthwatch England is the national consumer champion in health and care and has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.
Health Education England (HEE)	Supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
HCV	Hepatitis-C virus
Hospital Episode statistics	A data warehouse containing records of all patients admitted to NHS hospitals in England
Hospital Standardised Mortality Ratio (HSMR)	A national indicator that compares the actual number of deaths against the expected number of deaths occurring within hospitals
Indicator	A measure that determines whether a goal or an element of a goal has been achieved
Information Governance Toolkit	An online tool that enables NHS organisations to measure their performance against information governance requirements
Lean	Lean is a system of continuous process improvement, which is increasingly being applied to health services in the UK and overseas to: improve the quality of patient care; improve safety; eliminate delays; and reduce length of stay.
Mersey Internal Audit Agency (MIAA)	The Trust's uses this internal audit firm who support improved outcomes through audit, assurance, challenge and solutions.
Morbidity	The disease state of an individual, or the incidence of illness in a population
Mortality	The state of being mortal, or the incidence of death (number of deaths) in a population
MBBRACE	Mothers and babies: reducing risk through audits and confidential enquires across the UK
National Confidential Enquiries (NCEs)	A process to detect areas of deficiency in clinical practice and devise recommendations to resolve them
National Early Warning Scores (NEWS)	A tool to standardise the assessment of acute illness severity in the NHS
National Patient Safety Alerts (NPSA)	National patient safety alerts are issued by NHS Improvement to rapidly warn the healthcare system of risks. They provide guidance on preventing potential incidents that may lead to harm or death.
National Reporting and Learning System (NRLS)	A national electronic system to record incidents that occur in NHS Trusts in England
Never Event	Never Event are serious medical errors or adverse events that should never happen to a patient
NHS England (NHSE)	A body that oversees the budget, planning, delivery and day-to-day operation of the NHS in England as set out in the Health and social Care Act 2012
NHS Improvement (NHSI)	A body that supports foundation Trusts and NHS Trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NHS Number	A twelve digit number that is unique to an individual and can be used to

	track NHS patients between NHS organisations
National Institute for Health and social Care Excellence (NICE)	A body to improve outcomes for people using the NHS and other public health and social care services by producing evidence-based guidance and advice for health, public health and social care practitioners. NICE develops quality standards and performance metrics for those providing and commissioning health, public health and social care services and provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	The purpose is to assist in maintaining and improving standards of care for adults and children for the benefit of the public by reviewing the management of patients, by undertaking confidential survey and research.
Nursing Assessment Performance Framework (NAPF)	Measures the quality of nursing care delivered by individuals and teams and is based on the 6Cs Compassion in Practice values.
Palliative Care	When there is no cure for an illness, palliative care tries to make the end of a person's life as comfortable as possible
Parliamentary and Health Service Ombudsman	A body that investigates complaints where individuals perceive they have been treated unfairly or have received poor service from government departments, other public organisations and the NHS in England
Patient Administration System (PAS)	An electronic system used by acute Trusts to record patient information such as contact details, appointments and admissions
Patient Advice and Liaison Service (PALS)	A service that offer confidential advice, support and information on health-related matters
Quality Impact Risk Assessment Process (QIRA)	A robust process to ensure that our Safely Releasing Costs Programme ensures the Trust continues to maintain Safe, Personal and Effective care as it works to reduce its cost base.
Quality and Safety Framework	The means by which quality and safety is managed within the Trust including reporting and assurance mechanisms
Red Flag Drugs	Within ELHT specific drugs/drug classes are identified as those where timeliness of dosing is crucial and these are known as RED Flag drugs . Healthcare professionals involved in the medication administration process must make every effort to secure the timely availability of these drugs for dosing
Research Ethics Committee	A committee that approves medical research involving people in the UK, whether in the NHS or the private sector
Secondary Uses Service	A national NHS database of activity in Trusts, used for performance monitoring, reconciliation and payments
Share 2 Care	A process to facilitate sharing of best practice and lessons learned
Structured Judgement Review (SJR)	A methodology for reviewing case records of adult patients who have died in acute general hospitals. The primary goal is to improve quality through qualitative analysis of mortality data.
Summary Hospital Mortality Indicator (SHMI)	The ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die
Systemic Anticancer Therapy	Systemic Anti-Cancer Therapy (SACT) encompasses both biological therapy (therapies which use the body's immune system to fight cancer or to lessen the side effects that may be caused by some cancer treatments) and cytotoxic chemotherapy (a group of medicines containing

	chemicals directly toxic to cells preventing their replication or growth, and so active against cancer).
Venous Thromboembolism (VTE)	A blood clot forming within a vein
WHO Checklist	A checklist that identified three phases of an operation, before induction of anaesthesia, time out, sign out that helps minimize the most common and avoidable risks endangering the lives and well-being of surgical patients
10'000 Feet	'Ten Thousand Feet' is a staff-led service improvement initiative that is now in use in theatres across ELHT to reduce the noise level and increase concentration if staff feel safety is potentially being compromised.