

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

**TRUST BOARD MEETING (OPEN SESSION)**
**19 JANUARY 2022, 13.00**
**VIA MS TEAMS**
**AGENDA**

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

OPENING MATTERS				
TB/2022/001	<b>Chairman's Welcome</b>	Chairman	v	
TB/2022/002	<b>Apologies</b> To note apologies.	Chairman	v	
TB/2022/003	<b>Declaration of Interest</b> To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2022/004	<b>Minutes of the Previous Meeting</b> To approve or amend the minutes of the previous meeting held on 10 November 2021.	Chairman	d✓	Approval
TB/2022/005	<b>Matters Arising</b> To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2022/006	<b>Action Matrix</b> To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2022/007	<b>Chairman's Report</b> To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2022/008	<b>Chief Executive's Report</b> To receive an update on national, regional and local developments of note.	Interim Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2022/009	<b>Patient Story</b> To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2022/010	<b>Corporate Risk Register</b> To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Executive Medical Director	d	Assurance/ Approval
TB/2022/011	<b>Board Assurance Framework Review</b> To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Executive Medical Director	d✓	Assurance/ Approval
TB/2022/012	<b>Serious Incidents Assurance Report</b> To receive information in relation to incidents in month or that may come to public attention in month and be assured about the associated learning.	Executive Medical Director	d✓	Information/ Assurance

ACCOUNTABILITY AND PERFORMANCE				
TB/2022/013	<b>Integrated Performance Report</b> To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed, with items being raised by exception: <ul style="list-style-type: none"> <li>a) Introduction (Interim Chief Executive)</li> <li>b) Safe (Executive Medical Director and Executive Director of Nursing)</li> <li>c) Caring (Executive Director of Nursing)</li> <li>d) Effective (Executive Medical Director)</li> <li>e) Responsive (Chief Operating Officer)</li> <li>f) Well-Led (Executive Director of HR and OD and Executive Director of Finance)</li> </ul>	Executive Directors	d✓	Information/ Assurance
TB/2022/014	<b>Raising Concerns Annual Report</b>	Executive Director of HR & OD	d✓	Information/ Assurance
STRATEGY				
TB/2022/015	<b>ELHT Staff Health and Wellbeing Programme Action Plan</b>	Executive Director of HR & OD	d✓	Information
GOVERNANCE				
TB/2022/016	<b>Trust Charitable Fund Reporting</b> <ul style="list-style-type: none"> <li>a) Trust Charitable Funds Update Report</li> <li>b) Charity Annual Accounts and Report (Board is meeting as Corporate Trustee for this item)</li> </ul>	Committee Chair  Executive Director of Finance	d✓  d✓	Information  Approval
TB/2022/017	<b>Finance and Performance Committee Information Report</b> To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2022/018	<b>Quality Committee Information Report</b> To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2022/019	<b>Audit Committee Information Report</b> To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2022/020	<b>Trust Board Part Two Information Report</b> To note the matters considered by the Committee in discharging its duties.	Chairman	d✓	Information
TB/2022/021	<b>Remuneration Committee Information Report</b> To note the matters considered by the Committee in discharging its duties.	Chairman	d✓	Information

FOR INFORMATION				
<b>TB/2022/022</b>	<b>Any Other Business</b> To discuss any urgent items of business.	Chairman	v	
<b>TB/2022/023</b>	<b>Open Forum</b> To consider questions from the public.	Chairman	v	
<b>TB/2022/024</b>	<b>Board Performance and Reflection</b> To consider the performance of the Trust Board, including asking: <ol style="list-style-type: none"> <li>1. Have we, as the Board, via the agenda and our discussions fulfilled our objective of supporting our: <ol style="list-style-type: none"> <li>a. Communities</li> <li>b. Staff</li> <li>c. Stakeholders</li> </ol> </li> <li>2. Have we, as the Board fulfilled our statutory obligations</li> </ol>	Chairman	v	
<b>TB/2022/025</b>	<b>Date and Time of Next Meeting</b> Wednesday 9 March 2022, 1.00pm, via MS Teams	Chairman	v	

**TRUST BOARD REPORT**

**Item** **4**

**19 January 2022**

**Purpose** Approval

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

**Summary:** The minutes of the previous Trust Board meeting held on 10 November 2021 are presented for approval or amendment as appropriate.

**Report linkages**

Related strategic aim and corporate objective      As detailed in these minutes

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

**Impact**

Legal	Yes	Financial	No
Maintenance of accurate corporate records			
Equality	No	Confidentiality	No

Previously considered by: NA

**EAST LANCASHIRE HOSPITALS NHS TRUST  
TRUST BOARD MEETING, 1.00PM, 10 NOVEMBER 2021  
MINUTES**

**PRESENT**

Professor E Fairhurst	Chairman	Chairman
Mr M Hodgson	Interim Chief Executive/Accountable Officer	
Mrs P Anderson	Non-Executive Director	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
Mrs S Gilligan	Chief Operating Officer	
Mr J Husain	Executive Medical Director	
Miss N Malik	Non-Executive Director	
Mr T McDonald	Executive Director of Integrated Care, Partnerships and Resilience	Non-voting
Mr K Moynes	Joint Executive Director of HR and OD (ELHT and BTHT)	Non-voting
Mrs F Patel	Associate Non-Executive Director	Non-voting
Mrs C Pearson	Executive Director of Nursing	
Mr K Rehman	Non-Executive Director	
Mr R Smyth	Non-Executive Director	
Mr M Wedgeworth	Associate Non-Executive Director	Non-voting
Miss S Wright	Joint Executive Director of Communications and Engagement (ELHT and BTHT)	Non-voting

**IN ATTENDANCE**

Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr D Byrne	Corporate Governance Officer	Minutes
Mrs J Hardacre	Assistant Director of Safety and Risk	Agenda Item: TB/2021/140
Mr S McGirr	Director of Clinical System Analytics	
Mr M Pugh	Corporate Governance Officer	Minutes
Mrs E Schofield	Head of Resourcing and Strategic Projects	
Mrs K Quinn	Operational Director of HR and OD	

**APOLOGIES**

Professor G Baldwin            Non-Executive Director  
Mr T McDonald                Executive Director of Integrated Care, Partnerships and Resilience

**TB/2021/124                    CHAIRMAN'S WELCOME**

Professor Fairhurst welcomed Directors and members of the public to the meeting

**TB/2021/125                    APOLOGIES**

Apologies were received as recorded above.

**TB/2021/126                    DECLARATIONS OF INTEREST REPORT**

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

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

**TB/2021/127                    MINUTES OF THE PREVIOUS MEETING**

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

**RESOLVED:                    The minutes of the meeting held on 8 September 2021 were approved as a true and accurate record.**

**TB/2021/128                    MATTERS ARISING**

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

**TB/2021/129                    ACTION MATRIX**

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

**TB/2021/112: Pennine Lancashire ICP Update and Partnership Agreement for 2021-22 -**

Professor Fairhurst noted that regular updates on the status of the Pennine Lancashire Integrated Care Partnership (ICP) would continue to be provided through standing agenda

items such as the Chief Executive's Report, but confirmed that final consideration was due to given at the meeting in March 2022.

**RESOLVED: Directors noted the position of the action matrix.**

#### **TB/2021/130 CHAIRMAN'S REPORT**

Professor Fairhurst updated Directors on the work she had been involved in since the previous meeting. She stated that most of her recent activity had been related to external matters concerning the Provider Collaboration Board (PCB), the Lancashire and South Cumbria (LSC) Integrated Care System (ICS) and the Pennine Lancashire Partnership. Professor Fairhurst also informed members that she had been invited to be part of the LSC Health Equity Commission and to participate in other work taking place in relation to anchor institutions. She reminded Directors that the work of the Health Equity Commission, alongside that of the Lancashire Enterprise Partnership (LEP), was contributing to the development of the Greater Lancashire Plan and advised that there would be a strong focus on the connection between health and wealth over the coming years.

**RESOLVED: Directors received and noted the update provided.**

#### **TB/2021/131 CHIEF EXECUTIVE'S REPORT**

Mr Hodgson referred Directors to the previously circulated report and highlighted several matters for information across national, regional and Trust specific areas. He reminded Directors that a significant amount of pressure was currently being placed on the Trust due to the rising numbers of COVID-19 patients and record numbers of patients requiring urgent or emergency care, whilst also having to deliver elective procedures to reduce the substantial backlog which had built up over the previous 18 months.

Mr Hodgson stated that the national COVID-19 vaccination programme continued to be a success, with over 10,000,000 people having now received their booster vaccination. He reported that September 2021 had been the busiest in terms of patient activity on record nationally, which had then continued into October and November, with over 1,400,000 people treated during this time. Mr Hodgson informed Directors that, in order to reduce the number of patients unnecessarily attending urgent and emergency care departments, the Government had announced a new blueprint for accessing GP appointments which would be funded through the Winter Access Fund.

Mr Hodgson reported that the vaccination programme across LSC had also continued to be a success but advised that the prevalence of COVID-19 in the local community had increased



over recent weeks, with over 2,5 wards of COVID-19 positive patients currently being treated in the Trust. Directors noted that the Trust had recently been rated against the NHS Oversight Framework by NHS Improvement/England (NHSI/E) and had been rated in segment 2. Mr Hodgson clarified that this was the first time such an exercise had been carried out at Trust, Clinical Commissioning Group (CCG) and ICS levels and reported the ICS had been rated in segment 3. He added that a wider explanation on what this meant in practical terms was included in the report for those wishing to know more. He went on to inform Directors that a significant amount of new guidance had been published relating to the establishment of the statutory bodies and that announcements regarding appointments to the LSC Chief Executive role and other senior finance, medical and nursing roles were expected shortly. Mr Hodgson added that the ICB would be operating in a 'shadow board' format initially, with a view to taking on a full statutory role from April 2022 onwards. He advised that five governance models had been developed for place-based partnerships and that this had resulted in all areas choosing to adopt a place-based lead approach.

Mr Hodgson reported that there had been significant achievements in the Trust over recent months despite the extreme pressures, with ward C18B receiving three green awards through the Nursing Assessment Performance Framework. He added that it was now on track to achieving silver status upon receipt of its fourth green award and stated that he was happy to recommend this to the Board. Mr Hodgson informed Directors that LSC was required to submit a system wide plan for the second half of the financial year (H2) and confirmed that the Trust had contributed to this process. He explained that a rigorous system had been put in place around winter and elective recovery plans, as well as for workforce and finance. He reported that the Trust had successfully achieved its financial targets for the first half of the financial year (H1). Directors noted that the Trust's Emergency Department (ED) had come out in the top five achievers in terms of improvement to the patient experience following a recent survey by the Royal College of Emergency Medicine and that two of the Trust's chefs had recently won the first NHS Chef of the Year competition. Mr Hodgson concluded his update by referring to the recent national publicity around hospital mortuaries and confirmed that although the Trust already complied with many requirements, it was thoroughly assessing its position in preparation for a national submission due on the 16 November 2021.

Mrs Pearson advised that during the pandemic the Trust had been unable to properly recognise, on a face-to-face basis, wards which had achieved silver accreditation. He confirmed that a series of 'SPECTacular Tea Party' events would be taking place in the future to ensure that this could be done.

Professor Fairhurst stated that the support provided by the Trust's finance team to achieve its H1 position was acknowledged by the Board. She also informed Directors that the Trust's Black, Asian and Minority Ethnic (BAME) Network had been shortlisted for a Health Service Journal (HSJ) award and that the outcome of this was expected the following week.

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

**An update on the Trust's progress with the national submission regarding mortuary security will be provided at the next meeting**

### **TB/2021/132 PATIENT/STAFF STORY**

Mrs Pearson explained that the story being presented concerned a patient that had attended the Trust's ED and orthopaedic ward following an injury and advised that although it was positive overall, several areas requiring improvement had been identified.

Mrs Pearson reported that the patient had first arrived in the Trust after badly breaking his/her ankle at home, he/she was then dropped off at the ED by their daughter after being told they would have to wait three to four hours for an ambulance. The patient was assessed immediately by a nurse and received treatment for the pain, after which he/she was taken for an X-ray. The patient's leg was straightened sometime later, and he/she was told that he/she required an operation before he/she could be sent home. The patient was very complimentary of the individualised care received from staff during this process and of his/her time staying on ward B24. Following the patient's operation, he/she was seen regularly by physiotherapist colleagues.

Mrs Pearson advised that the patient also had a few experiences that were less positive which were detailed in his/her story. One of these occurred when the patient was taken to the bathroom during the night; the nurse escorting the patient inadvertently caught their toes on the doorframe. On another occasion, the patient was again taken to the bathroom and wheeled towards the toilet despite the presence of another patient's discarded night dress on the floor, as well as urine on the toilet seat and floor. On the morning of the patient's discharge, he/she was asked if he/she would like to be moved to the discharge lounge, but the nurse was unable to answer any questions about the lounge or the move, so he/she elected to stay on the ward. The patient also relayed an occasion where another patient in the bed next to them was being asked if he/she wished to be resuscitated when no family or nursing staff were present; this was quite upsetting to the patient. Despite these issues, the patient overall felt that Trust staff had gone above and beyond for him/her and that he/she hoped that his/her story would show

that Royal Blackburn Teaching Hospital (RBTH) was a great place, and that people should feel comfortable going there for treatment.

Professor Fairhurst thanked Mrs Pearson for reading out the patient's story.

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

### **TB/2021/133 CORPORATE RISK REGISTER (CRR)**

Mr Husain referred Directors to the previously circulated report and requested it be taken as read. He reported that all risks had active controls in place except for risk 5 (lack of recurrent investment and review of CNP services resulting in service at risk) which remained with inadequate controls. Mr Husain also informed Directors that the scoring assigned to risk 8 (Failure to adequately manage the Emergency Capacity and Flow system) had been escalated from 16 to 20 to reflect the increased ED flow and capacity issues in the hospital. He reported that the total number of open risks was currently 1709 and that the current number of overdue risks stood at 162, down from 181 the previous month. Mr Husain stated that it was hoped that risks 11 (loss of Transfusion Service), 12 (absence of an end-to-end IT maternity system) and 16 (potential interruption of high-flow oxygen therapy to critically ill patients across RBTH) would be removed from the CRR at the end of the financial year, as much of the associated work for each had now been successfully completed.

Mr Barnes observed that several risks affecting the Trust were linked to external events, such as those related to pathology, and enquired how it was planning to address this. Mr Husain responded that oversight of pathology related matters was being provided through the ICS and PCB and explained that any associated risks would likely be added to divisional risk registers rather than the CRR. Mr Barnes suggested that it may be worth considering adding more information regarding these risks to the Board Assurance Framework (BAF) as well.

Mr Hodgson confirmed that as part of the process to establish a single LSC Pathology Network an extensive due diligence exercise had been carried out which had highlighted several risks. He agreed that this should be reflected more in the CRR and the BAF. Mr Hodgson stated that risk 8 would be the single biggest risk for the Trust on the CRR going into the winter period but stressed that this situation was the same at every other NHS organisation in the country.

Mr Smyth requested clarification on whether recruitment was underway for the Trust's vacant Head of Risk Management post or if an alternative post was due to be put in place. Mr Husain advised that interviews would be taking place the following day for this post and explained that plans were in place for risk management and health and safety to be brought together under this individual's portfolio.

Directors confirmed that they had received assurance regarding the risks on the CRR and the mitigations and controls in place.

**RESOLVED: More narrative regarding the Lancashire and South Cumbria Pathology Collaboration to be added to the CRR and BAF.  
An update on recruitment for the joint health and safety and risk management post is to be provided at the next meeting.**

#### **TB/2021/134 BOARD ASSURANCE FRAMEWORK (BAF)**

Mr Husain summarised the main changes to the BAF and explained that some additional narrative had been added to each risk. He confirmed that more information regarding pathology would be added to BAF risk 3 as well as additional commentary regarding any risks. Mr Smyth informed Directors that he had arranged a discussion with the Non-Executive members of the Trust's Audit Committee to discuss and review the BAF, and advised that they had suggested areas for improvement.

Mr Wedgeworth commented that more information regarding the wider tension between system integration whilst having to operate a hospital under extreme pressure should be added to the BAF. Responding to a query from Professor Fairhurst, Mr Wedgeworth clarified that he felt risk 3 would be the most appropriate section of the BAF for this information to be added. Mr Hodgson agreed with the concerns raised by Mr Wedgeworth around the Trust needing to deliver as an organisation whilst also playing a role in the wider system but stated that there was substantial evidence that it was achieving in both areas. Mr Wedgeworth agreed that this was the case and clarified that this concerns related to the risk that one area or the other wouldn't be as pursued as well as they could be due to having to maintain this balance. Professor Fairhurst enquired if Directors were content for revisions to be made to the BAF before it was presented at a future meeting. Directors confirmed that they were content with this approach.

**RESOLVED: Directors received, discussed and approved the updated Board Assurance Framework.  
The Board Assurance Framework will be revised and presented at a future meeting.**

#### **TB/2021/135 SERIOUS INCIDENTS ASSURANCE REPORT**

Mr Husain referred Directors to the previously circulated report and requested it be taken as read. He advised that a total of 25 serious incidents had been reported in September and

October 2021 and that all had been discussed at the Serious Incidents Requiring Investigation (SIRI) panel. Mr Husain reported that several themes had been identified at the September and October panel meetings, including escalation routes for deteriorating patients, decision making in community areas and accuracy of documentation. He confirmed that good progress continued to be made with adopting the new Patient Safety Incident Response Framework (PSIRF) approach and that five priorities had been identified in the Trust's Patient Safety Incident Response Plan (PSIRP); nutrition and hydration, slips, trips and falls, communication in relation to do not attempt cardiopulmonary resuscitation (DNACPR) orders, internal transfers and handovers of patients from the ED and the management of cancer patients waiting 104 days or more for treatment.

Professor Fairhurst observed that the report would mark the final time that it was presented in its current format due to the imminent changeover to the PSIRF system and extended her thanks to colleagues for their work in this area in the past.

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

## **TB/2021/136 INTEGRATED PERFORMANCE REPORT (IPR)**

### **a) Introduction**

Mr Hodgson introduced the item and confirmed that it covered the period to the end of September 2021. He informed Directors that a presentation on statistical process control had been provided at the ICS Board meeting previous week and stated that he felt the IPR in its current format didn't present information along the correct trend lines. Mr Hodgson also referred to the ongoing operational difficulties being experienced in the Trust due to it having to manage ongoing COVID-19 infections, elective recovery, ED pressures and workforce pressures whilst also having to deliver on its financial requirements. He reported that there had been a deterioration in ED 4-hour performance in September 2021 but confirmed that the Trust continued to perform well in ambulance handover times. Directors noted that the Trust also continued to perform well in terms of elective recovery and in reducing its numbers of long waiters, but sickness rates remained above the threshold at 6.81%.

### **b) Safe**

Mr Husain requested that the safe section of the report be taken as read and provided a summary of highlights. He reported that there had been no cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia in the reporting period and that Venous Thromboembolism (VTE) risk assessment performance remained above threshold at 98%. Mr

Husain informed Directors that there had been 2 confirmed cases of Clostridium difficile (C.diff) identified in September, taking the Trust's total for the year to 30, against a trajectory of 67. Directors also noted that there had been 3 cases of Methicillin-Susceptible Staphylococcus Aureus (MSSA) identified. Mr Husain advised that the outbreak of Escherichia coli (E. coli) on the Trust's Neonatal Intensive Care Unit (NICU) was ongoing and confirmed that colleagues from the Infection Prevention and Control (IPC) team were working hard, in collaboration with external partners, to address this. He added that the situation was also being closely monitored by colleagues from Public Health England (PHE). Mr Husain concluded his update by reporting that the numbers of COVID-19 positive patients in the Trust had continued to rise over recent weeks and that there were currently 73 patients being treated in the Trust.

Mrs Pearson advised that there had been nosocomial outbreaks of COVID-19 on 3 ward areas in the Trust and that nursing and midwifery staffing continued to be extremely challenging, with 6 wards falling below the safe staffing 80% fill rate. She added that no harm had been identified to any patients and that work was underway to recruit a substantial number of additional Healthcare Assistants (HCAs).

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

### c) Caring

Mrs Pearson referred Directors to the Caring section of the report and requested that it be taken as read. She reported that there had been a reduction in the scores for the Friends and Family Test (FFT) for patients going through the Emergency Department (ED) but advised that other areas were starting to return to normal levels. Mrs Pearson advised that work was taking place to clear complaints and to ensure that those over 50 days old were addressed as soon as possible.

Directors confirmed that they were content with the assurance provided in relation to the matters presented in the caring section of the report.

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

**An update on the work taking place to reduce the numbers of outstanding complaints will be provided at the next meeting.**

**d) Effective**

Mr Husain drew Directors' attention to the Hospital Standardised Mortality Ratio (HSMR) and reported the Trust's performance at 104. He explained that the Trust's HSMR had been calculated on presumptions of normal NHS activity over the previous 12 months period and that this had now been corrected by the Dr Foster team, resulting in the drop from the results reported earlier in the year. Mr Husain advised that there were still few areas of concern, such as pneumonia cases, which were being closely monitored. He added that palliative coding was also still an issue but confirmed that the Trust's quality and safety team was fully sighted on these. Mr Husain reported that a total of 58 Structured Judgement Reviews (SJRs) had been allocated, with 49 completed, and informed Directors that the Trust was in the process of training more colleagues to be able to carry out these reviews in the future.

Directors confirmed that they were content with the assurance provided under the Effective section of the report.

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

**An update on the actions being taken to address the issues with palliative coding will be provided at the next meeting.**

**e) Responsive**

Mrs Gilligan reported that the Trust's cancer performance was still very challenging but stressed that this was due in part to patient choice, as many were choosing not to come into hospital for treatment. She informed Directors that there had been 23 breaches of the 12-hour trolley wait standard, 10 due to physical reason and 13 due to waits for mental health beds to become available. Mrs Gilligan reported that attendance numbers in ED continued to be high, with 76 more patients seen per day on average in September 2021 when compared to the baseline numbers from 2019/20. She stated that the steadily rising numbers of COVID-19 infections were adding to the pressure of managing various pathways, as a significant portion of beds were unavailable due to the presence of COVID-19 patients in neighbouring areas. Mrs Gilligan confirmed that discussions were taking place around how to resolve these issues but explained that a multifaceted approach would be needed. She stated that a presentation would be provided at the next meeting of the Finance and Performance Committee to provide further oversight on the work taking place with the Trust's Improvement Team in this area.

Mrs Anderson commented that in many ways the current climate was significantly more pressured than it had been at the height of the pandemic due to the many different fronts requiring attention from an already exhausted workforce.

Mr McGirr informed Directors that the current level of pressure recorded at the Trust's ED was 2.3 times higher than what would be normally expected at the time of year and stated that colleagues deserved praise for their success in managing it. He confirmed that every option was being explored externally to improve the situation.

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

**f) Well-Led**

Mrs Schofield reiterated that the Trust was above threshold for staff sickness at 6.81% but explained that it was one of the lowest in the North West overall. She advised that 0.4% of this total was due to COVID-19 related factors and that around two thirds were classed as long-term sickness or absence. Mrs Schofield confirmed that active management of these issues had recommenced after being suspended during the peak of the pandemic and that a review of the Trust's absence policy was due to be carried out as part of its wider health and wellbeing offer. She also confirmed that plans were in place to raise appraisal compliance back up to the 90% threshold but explained that there were several challenges to achieving this, particularly in clinical areas. Mrs Schofield concluded her update by reporting that vacancy rates had dropped slightly and a significant programme of work was underway to reduce nurse vacancies for the following year.

Mrs Brown informed Directors that the financial envelope for the second half of the financial year (H2) had still not yet been agreed and that work was taking place with system colleagues to bridge and mitigate the expected financial gap for the ICS. She confirmed that the Trust continued to pay all suppliers within the Better Payment Practice Tariff (BPPT) code and was doing so within an average of seven days. In response to a query from Mr Barnes regarding the expected financial deficit for the system she confirmed that the gap was substantial but advised that several options were being explored to reduce this, including securing additional funding for elective and transformation work. She acknowledged that the Trust would also have to rely on non-recurrent sources of funding in order to meet its targets.

Directors confirmed that they were content with the assurance provided in relation to the items presented under the Well-led section of the report.



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

**An update on the Trust's review of its absence policy will be provided at the next meeting.**

**TB/2021/137 WORKFORCE RACE EUQUALITY STANDARD (WRES) ACTION PLAN UPDATE**

Mrs Schofield referred Directors to the previously circulated report and presented a summary of key highlights. She confirmed that the profile of the BAME agenda across the Trust had increased significantly over recent months and advised that an active BAME Network was now in place. Mrs Schofield explained that a substantial number of separate pieces of work were rippling out into the wider organisation and that more information regarding any associated actions taken was provided in the report. She pointed out that several actions were currently red or amber due to operational pressures but stressed that everything was being done to keep things on track.

Mrs Pearson advised that an update on the system wide BAME action plan had been provided during a call with her fellow Directors of Nursing the previous day and enquired what was being done to link in with the work already being done in this area to prepare potential leaders for wider roles outside of the Trust. Mrs Quinn explained that it had been recognised that a substantial amount of work was still required within the Trust to ensure that colleagues had the opportunity to access leadership development, after which further work would take place across the ICS to ensure there was a consistent offer across the system.

Mr Rehman stated that he was confident that good progress would continue to be made in this area over the coming months and that he was pleased to see the energy and enthusiasm across the Trust in making sustainable changes.

Professor Fairhurst stated that she welcomed the progress being made and extended her thanks to colleagues for their efforts in achieving it.

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

**TB/2021/138 BEHAVIOURAL FRAMEWORK LAUNCH**

Mrs Quinn provided a brief introduction to the item and explained that the new framework had been developed to promote a more compassionate inclusive culture across the Trust.

Mrs Schofield referred Directors to the previously circulated report and clarified that it had been intended to highlight how the framework had been developed and how it was intended

to be launched across the Trust. She went on to explain that it had been designed with input from multiple professional groups and stated that the next step would be promoting a cultural change and embedding the framework into all areas of the Trust. Mrs Schofield confirmed that there had been good attendance at recent sessions which had been organised to formally launch the framework and advised that several teams had already started to use it. She informed Directors that the progress would be reviewed on a six-monthly basis and that a further update would be provided to the Board at a later date.

Mr Wedgeworth suggested that the language used around the framework could be changed to focus more on colleagues working better together, adding that he felt the current focus on behaviours could have had negative implications.

Mr Rehman stated that he welcomed the framework and that he hoped the Trust would be able to build on the references made to building trust and respect and to both conscious and unconscious behaviours expressed by staff.

Mr Hodgson agreed that the framework being presented was a strong starting point but noted that it would be crucial to consider how it would become a bedrock for all the Trust's activities in the future. He acknowledged that it would likely take some time but that it was particularly pertinent at the current time given the relentless pressure on the Trust.

Mrs Schofield clarified that the language used in the framework had been deliberated on extensively during its development but confirmed that the feedback provided would be considered.

Professor Fairhurst confirmed that, based on the discussions which had taken place, the Board was content to accept the framework in its current form and was committed to playing its part in supporting its implementation across the Trust. She stated that it was important to note that the framework had been developed as a bottom-up piece of work rather than coming from the top down.

**RESOLVED: An update on the progress made with the rollout of the Trust's new Behavioural Framework will be provided at a future meeting.**

**TB/2021/139 NORTH WEST STAFF HEALTH AND WELLBEING PROGRAMME AND PLEDGES**

Mrs Schofield referred Directors to the previously circulated report and requested that it be taken as read. She explained that it had been developed following a North West workshop in September 2021 and was being presented to encourage the Board to sign up to the proposals therein to move to a more proactive and holistic approach to health and wellbeing support for

staff. Mrs Schofield reiterated that a fundamental review of the Trust's absence policy would be one of several areas being focused on over the coming months and confirmed that a further update on the associated action plan would be provided at the next meeting in January 2021. Mrs Quinn noted that the rollout of the programme had been well timed as it tied into the Trust's existing Health and Wellbeing programme and the additional funding that had recently been secured for the ICS.

Professor Fairhurst confirmed that the Board was content to approve and sign up to the health and wellbeing pledge and stated that she looked forward to a further update on the progress made to be provided at the meeting in January 2022.

**RESOLVED: An update on the action plan developed in relation to the North West Health and Wellbeing Programme will be provided at the meeting in January 2022.**

#### **TB/2021/140 PATIENT SAFETY INCIDENT RESPONSE PLAN (PSIRP)**

Mr Husain provided a brief introduction to the item, explaining that the Trust had agreed to be an early adopter of the national Patient Safety Incident Response Framework (PSIRF) and that it would replace the existing Serious Incidents Requiring Investigation (SIRI) framework, if approved by the Board. He further explained that the PSIRF would provide a new structure and new guidance around how the Trust would identify and report any incidents resulting in harm in order to support a culture of continuous improvement.

Mrs Hardacre informed Directors that the report being presented summarised the steps being taken to move the Trust from the SIRI framework to the PSIRF and how it had invested additional resources in growing its Patient Safety Incident (PSI) team. She advised that a series of workshops had been held with key stakeholders earlier in the year to identify the Trust's key priorities and requested approval from the Board for the five priorities set out in the report. Mrs Hardacre also requested approval from the Board for the 'go live' date for the PSIRF to be set for the 1 December 2021.

Mr Hodgson stated that he supported the proposals outlined by Mrs Hardacre and noted that the Trust being an early adopter of the PSIRF would help to place it in a leading role over the coming years as all organisations began to implement it.

Directors confirmed that they were content to approve the PSIRP, the five key priorities outlined in the report (nutrition and hydration, slips, trips and falls, communication around do not attempt cardiopulmonary resuscitation (DNACPR) orders, internal transfers and the

handover of patients from the ED and 104-day cancer cases), and the proposed implementation date of the 1 December 2021.

**RESOLVED: Directors approved the PSIRP, the five key priorities outlined in the report and the proposed implementation date of the 1 December 2021.**

**TB/2021/141 DOCTORS APPRAISAL AND REVALIDATION ANNUAL REPORT**

Mr Husain referred Directors to the previously circulated report and explained that the Trust was required to submit it to NHS England (NHSE) to confirm that it was compliant with all relevant regulations. He confirmed that all recommendations from the previous year had been completed and that 100% of appraisals went through a robust quality assurance process which was then sent to both appraisers and appraisees.

Professor Fairhurst noted that the report was an important source of assurance for the public as it clearly showed that the Trust's patients were being cared for by clinicians who had been carefully appraised and had had recommendations made about their development. She added that this was particularly important given the recent pressures that the Trust had needed to work through.

**RESOLVED: Directors approved the report and its submission to NHS England.**

**TB/2021/142 EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) ANNUAL ASSURANCE STATEMENT AND REPORT 2020/2021**

Mrs Gilligan requested that the item be taken as read and informed Directors that the EPRR Annual Assurance Statement had been successfully submitted after delegated authority was granted to do so at the last meeting of the Board. She confirmed that the report demonstrated full compliance for the Trust and that the additional resources put in to support the Trust's response during the pandemic would remain in place until at least March 2022.

Professor Fairhurst requested confirmation from Directors that they were content to accept and acknowledge that the EPRR Annual Assurance Statement had been submitted under delegated authority and was being presented in order to complete the process. Directors confirmed that they were content.

**RESOLVED: Directors acknowledged the submission of the EPRR Annual Assurance Statement**

**TB/2021/143            FINANCE AND PERFORMANCE COMMITTEE INFORMATION REPORT**

The report was presented to the Board for information.

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

**TB/2021/144            QUALITY COMMITTEE INFORMATION REPORT**

The report was presented to the Board for information.

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

**TB/2021/145            AUDIT COMMITTEE INFORMATION REPORT**

The report was presented to the Board for information.

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

**TB/2021/146            TRUST BOARD (CLOSED SESSION) INFORMATION REPORT**

The report was presented to the Board for information.

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

**TB/2021/147            REMUNERATION COMMITTEE INFORMATION REPORT**

The report was presented to the Board for information.

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

**TB/2021/148            ANY OTHER BUSINESS**

No items were raised for discussion

**TB/2021/149            OPEN FORUM**

No queries were raised by members of the public prior to the meeting.

**TB/2021/150            BOARD PERFORMANCE AND REFLECTION**

Professor Fairhurst sought feedback from Directors as to whether they felt the Board had appropriately addressed and fulfilled its objectives in relation to its communities, staff and stakeholders.

Mr Hodgson stated that the Trust's commitment to system working was clearly apparent and that its commitment to its communities and its staff had also been shown in the context of the challenging operational conditions which it found itself in.

Mrs Anderson commented that the meeting had felt forward-looking due to the inclusion of the Behavioural Framework and the WRES report and that the agenda items had reflected the complexity of the work currently taking place.

Mrs Patel agreed that the meeting had demonstrated a good balance between the pressures and the priorities that the Trust was having to manage.

Mr Smyth agreed with the comments already made and stated that the enormity of the pressures facing the Trust had been accurately reflected through the discussions which had taken place. He enquired if the local communities had sufficient understanding of these pressures. Miss Wright confirmed that work was taking place across the Trust and with colleagues at Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT) to facilitate communication with the wider public around these pressures. She pointed out that much of this messaging had unfortunately lost its impact due to the extent and duration of the pressures on the NHS and confirmed that other work was taking place to boost morale internally as well.

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

**TB/2021/151                      DATE AND TIME OF NEXT MEETING**

Professor Fairhurst informed Directors that the next Trust Board meeting would be taking place a week later than originally planned on Wednesday, 19 January 2022 at 13:00, via MS Teams.

# TRUST BOARD REPORT

Item

6

19 January 2022

Purpose Information

Title

Action Matrix

Author

Mr D Byrne, Corporate Governance Officer

Executive sponsor

Professor E Fairhurst, Chairman

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

## Report linkages

Related strategic aim and corporate objective

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

Related to key risks identified on assurance framework

Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.  
Recruitment and workforce planning fail to deliver the Trust objectives  
Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.  
The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.  
The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

## Impact

Legal

No

Financial

No

Equality

No

Confidentiality

No

### ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
<b>TB/2021/112: Pennine Lancashire ICP Update and Partnership Agreement for 2021-22</b>	A further update on the Pennine Lancashire IPC will be provided at a future meeting.	Interim Chief Executive	March 2022	Agenda Item: March 2022
<b>TB/2021/131: Chief Executive's Report</b>	An update on the Trust's position in relation to mortuary security will be provided at the next meeting.	Executive Director of Integrated Care, Partnerships and Resilience	January 2022	The Trust submitted its response to the national submission on 16th November 2011 (the required date for submission). A Mortuary Security Cell was established and is chaired by the Executive Director of Integrated Care, Partnerships and Resilience to oversee the required actions. All the actions have now either been completed or are near to completion.
<b>TB/2021/133: Corporate Risk Register</b>	More narrative regarding the Lancashire and South Cumbria Pathology Collaboration will be added to the CRR and BAF.	Executive Medical Director	January 2022	Complete



Item Number	Action	Assigned To	Deadline	Status
	An update on recruitment for the joint health and safety and risk management post is to be provided at the next meeting.	Executive Medical Director	January 2022	Complete: John Houlihan has commenced in post as the Trust's Assistant Director of Health, Safety and Risk Management.
<b>TB/2021/134: Board Assurance Framework (BAF)</b>	The Board Assurance Framework will be revised and presented at a future meeting.	Executive Medical Director	May 2022	Agenda Item: May 2022
<b>TB/2021/136: Integrated Performance Report – Caring</b>	An update on the work taking place to reduce the numbers of outstanding complaints will be provided at the next meeting.	Executive Director of Nursing	January 2022	Update: Work is taking place with each of the clinical divisions to address the number of complaints outstanding. The Chief Nurse, Head of Patient Experience and the Customer Relations Team Manager meet with the senior team of the divisions to discuss the complaints that exceed 60 days to gain an understanding of what factors are causing the delays. The reasons can be many, from being multi organisational issues, more than one division involved or the patient delaying a meeting. The Electronic Patient Record will assist with earlier completion of responses as a number

Item Number	Action	Assigned To	Deadline	Status
				of clinicians can access the patient notes at the same time. Following the meeting actions are taken to expedite the complaint response.
<b>TB/2021/136: Integrated Performance Report – Effective</b>	An update on the actions being taken to address the issues with palliative coding will be provided at the next meeting.	Executive Medical Director	January 2022	<p>Update: All encounters by the Palliative Care Team are recorded and coded accurately and systems are robust. Issues arise due to the fact that the Trust has less patients in hospital who receive 'specialist palliative care' than others. Some of this is related to the capacity within the specialist palliative care team. Patients receiving Critical Care services that receive good palliative care, however this is done by the Critical Care Team as opposed to the specialist team, which affects the coding of the care.</p> <p>There is ongoing quality improvement work through the End of Life Steering Group and a business case is in development to increase the capacity of the specialist service.</p>

Item Number	Action	Assigned To	Deadline	Status
				Updates are regularly reported to the Quality Committee via the Mortality Report.
<b>TB/2021/136: Integrated Performance Report – Effective</b>	An update on the Trust’s review of its absence policy will be provided at the next meeting.	Executive Director of HR & OD	January 2022	Update: An interim review of the policy will be undertaken by the end of March 2022, with a full review being carried out in 2022/23.
<b>TB/2021/139: Behavioural Framework Launch</b>	An update on the progress made with the rollout of the Trust’s new Behavioural Framework will be provided at a future meeting.	Executive Director of HR & OD	May 2022	Agenda Item: May 2022
<b>TB/2021/139: North West Staff Health and Wellbeing Programme and Pledges</b>	An update on the action plan developed in relation to the North West Health and Wellbeing Programme will be provided at the meeting in January 2022.	Executive Director of HR & OD	January 2022	Agenda item: January 2022.

# TRUST BOARD REPORT

Item

8

10 January 2022

Purpose Information

**Title**

Chief Executive's Report

**Author**

Mrs E-L Cooke, Joint Deputy Director Communications and Engagement

**Executive sponsor**

Mr M Hodgson, Chief Executive

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

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

Directors are also asked to consider and approve the awarding of SPEC status to the Elective Care Centre and Wilson Hey Theatre as set out in the report.

**Report linkages**

Related strategic aim and corporate objective

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

Related to key risks identified on assurance framework

Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.  
 Recruitment and workforce planning fail to deliver the Trust objectives  
 Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.  
 The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

**Impact**

Legal

Yes

Financial

Yes

Equality

No

Confidentiality

No

Previously considered by: N/A

# CEO Report

January 2022

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

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

## One - National Headlines

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

### UK COVID-19 update

Almost 52 million people have had a first vaccine dose, more than 47 million have had both doses and just over 35 million have received their booster or third dose. In total 134,563,461 vaccinations have been administered.

The programme began a drive to protect the most vulnerable ahead of Christmas, amid concerns over the Omicron variant. The number of booster or third doses administered each day peaked mid-December at 846,466 (7 day average at 886,797), dropping to 141,825 (7 day average of 163,058) at the beginning of January.

Data issued on 6 January showed that:

- [59%](#) of the world's population has received at least one dose of a COVID-19 vaccine
- [9.37 billion doses](#) have been administered globally, and [30.16 million](#) are now administered each day
- Only [8.9%](#) of people in low-income countries have received at least one dose

The UK has 69.74% of it's population fully vaccinated and 6.32% who are only partly vaccinated, giving a total of 76.06% of the total population.

More than 80,000 NHS staff were absent each day on average, up from 71,000 last week, a 13% rise. On average, 36,000 of those absences were down to COVID, up from 25,000 the week before. Almost half of staff absences are due to COVID (44%), up from 36% last week – a rise of more than a fifth (22%).

The NHS [answered almost 80,000 more 111 calls this week](#) than the week before, a rise of more than a quarter, and [almost 50,000 more calls than the previous high this winter](#) (336,000 week ending 19 December). The NHS is recruiting 1,000 more 111 call handlers to deal with the increase.

Bed occupancy remains high, with an increase of two percentage points on the previous week, which accounts for [an average of over 1,500 more patients in hospital per day](#).

[Almost 3,000 critical care and general acute beds](#) have been closed due to COVID or norovirus over the last week. The [number of patients arriving by ambulance increased to 83,640](#), up from 83,000 last week.

On average, almost 10,000 patients who no longer met the criteria to reside were not discharged each day. On average each day, 42% of patients that no longer meet the criteria to reside in hospital are being discharged. This is slightly down from 45% in the week before Christmas (week ending 19 December). The week of Christmas (week ending 26 December), traditionally see's higher discharge figures.

Nine tenths (90%) of long stay patients (three weeks) who no longer meet the criteria to reside in hospital are not being discharged each day to places such as social care on average. On average each day last week, 4,495 patients who had been in hospital for three weeks no longer met the criteria to reside, with just 440 on average being discharged.

## **NHS priorities and operational planning guidance announced**

On 24 December the NHS issued '[2022/23 priorities and operational planning guidance](#).' This guidance sets out 10 priority areas for the NHS for the forthcoming 12 months based on a scenario where Covid-19 returns to a low level enabling progress to be made to restore services. Given the immediate pressures being faced it is not expected for teams to engage with the specific planning asks now and as such the planning timetable is, at the moment, expected to be extended to the end of April 2022 with draft plans due in mid-March.

This will be kept under review. It should be noted that a new target date of 1 July 2022 has now been agreed for new statutory arrangements for Integrated Care Systems and the creation of Integrated Care Boards (ICBs) as new NHS bodies. This is a change from 1 April 2022. As part of this year's planning round initially one-year revenue allocations for 2022/23 are to be published with three-year capital allocations to 2024/25. The remaining two-year revenue allocations to 2024/25 will be published in the first half of 2022/23.

## **Next Chief Pharmaceutical Officer for England announced**

Following an open recruitment process, David Webb, currently Chief Pharmacist and Clinical Director for Pharmacy and Medicines Optimisation at Guy's and St Thomas' NHS Foundation Trust in London, will join the Medical Directorate and lead the national pharmacy team from February.

**Safe | Personal | Effective**

In his new role, David will be a member of NHS England and NHS Improvement Medical Directorate's senior management team, the UK Government Chief Medical Officer's senior clinical group, Head of the Pharmacy Professions in England and the principal advisor on pharmacy and medicines use in the NHS, which includes supporting the Department of Health and Social Care.

David will be the Senior Responsible Officer for reducing inappropriate prescribing of antibiotic medicines as part of efforts to tackle antimicrobial resistance and the programme to address overprescribing in the NHS.

He will lead the NHS's medicines optimisation strategy which aims to enable patients and clinicians to make the best use of medicines in English healthcare, as well as ongoing pharmacy educational reform, the promotion of inclusive pharmacy practice and transforming the practice of hospital, primary care network and community pharmacy in line with the [NHS Long Term Plan](#).

## **NHS plans new Nightingale facilities in response to Omicron**

The NHS is setting up new Nightingale surge hubs at hospitals across the country as part of preparations for a potential wave of Omicron admissions.

Work is underway to create temporary structures capable of housing around 100 patients in the grounds of eight hospitals across the country.

These Nightingale hubs will improve NHS resilience if the record number of COVID-19 infections leads to a surge in admissions and outstrips existing capacity.

Placing the new Nightingale facilities in hospital grounds will make it easier to flex staff and equipment if there is a surge in admissions, providing access to diagnostics and emergency care if required.

NHS trusts have also been asked to identify areas such as gyms and education centres that can be converted to accommodate patients and more Nightingale sites could be added to create up to 4,000 "super surge" beds across the country.

The move comes as hospitals are using hotels, hospices and care homes to safely discharge as many people who are medically fit to leave as possible.

## **New treatment to reduce effects of peanut allergy**

Thousands of children and young people will receive a pioneering treatment for peanut allergy after NHS England secured the first deal of its kind in Europe. The treatment, known as Palforzia, helps to reduce the severity of reactions to peanuts – including anaphylaxis – making family holidays abroad, birthday parties, and Christmas treats possible for some children for the first time.

Patients receive a monthly dose, enabling tolerance to be carefully built over time. Children and young people in England will be the first in Europe to benefit from the treatment through an access deal struck by the NHS. Up to 600 aged four to 17 are expected to be treated this year, rising to as many as 2,000 each year after that.

Peanut allergy affects one in 50 children in the UK and is one of the most common causes of food-related deaths. Currently, people with the allergy have to strictly avoid peanuts and manage any allergic reactions with emergency medication.



# Two - Lancashire and South Cumbria

## Headlines

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

### COVID-19 update

The NHS nationally upgraded the response to Covid to a Level 4 Incident in December in light of the . This is the highest level now assigned to the relentless response to and management of the pandemic.

The continued challenges health care providers across Lancashire and South Cumbria are facing include:

- Continued high demand and long waits to be seen in emergency departments and urgent care centres and pathways
- Hospitals running at or close to full capacity
- The continued struggle to discharge people who no longer meet the medical criteria to reside in hospital which is becoming more difficult with increasing outbreaks of Covid in the community
- The basic unsustainable sum of more people being admitted to hospital each day than are being discharged
- A significant increase in Covid infections, which continue to rise
- High numbers of Covid positive patients and those classed as 'contacts' in the hospitals
- And lastly, but most importantly, high staff sickness absence and isolation levels of above 10%

New Nightingale surge hubs are being put in place at hospitals across the country as part of surge. The temporary structures will be capable of housing around 100 patients and erected in the grounds of eight hospitals across the country. Work is underway at the Royal Preston Hospital, which will house the new ward in the visitor car park opposite the main entrance.

These Nightingale hubs will improve NHS resilience if the record number of COVID-19 infections leads to a surge in admissions and outstrips existing capacity.

Placing the new Nightingale facilities in hospital grounds will make it easier to flex staff and equipment if there is a surge in admissions, providing access to diagnostics and emergency care if required.

NHS Trusts have also been asked to identify areas such as gyms and education centres that can be converted to accommodate patients and more Nightingale sites could be added to create up to 4,000 "super surge" beds across the country.

The Regional Director of the NHS in the North West Dr Amanda Doyle has also written to NHS Trusts, setting out the current position and actions that need to be taken to manage the pressures over the coming weeks.

1. The letter reiterated six areas for immediate action, which were:
2. Maximising discharges across the system and wider health and social care sector
3. Reviewing provision of virtual wards and home oximetry provision to create capacity
4. Creating capacity to manage any additional surge in hospitalisations from Omicron
5. Ensuring effective management of the workforce, including redeployment of non-clinical colleagues
6. Protecting elective recovery plans for high priority procedures
7. Ensuring key messages and information is shared with patients and colleagues, particularly around getting vaccinations and booster or flu jabs and appraising communities of alternative access points for care to A&E

Taking all of that into account, it's clear that the NHS as a whole continues to face a challenging and complex set of circumstances on top of our usual winter pressures that always come at this time of year.

The system continues to work together diligently and with the combined continued hard work and dedication of colleagues we are doing everything we can to provide safe, personal and effective care – not just to our communities but to our staff too.

The recent 'Home for Christmas' campaign, which resulted in the highest number of discharges ever recorded for ELHT, has evolved into the 'Why not home? Why not today?' campaign. This will, again, bring focused attention on supporting and preventing people from needing to come into hospital through effective care and treatment in the community, as well as discharging patients in the most timely and effective way possible across Lancashire and South Cumbria.

Working together will be paramount in sustaining the fine balance between the number of people who need to come into hospital and the safe discharge of patients who no longer have a medical reason to be there.

### **Vaccination programme update**

Almost 3.5 million Covid vaccinations have been administered in Lancashire and South Cumbria; 900,000 of which are booster doses. This is almost 80% of those eligible for a booster have now come forward. In the run-up to Christmas and following the government announcement to accelerate the booster programme, the NHS in Lancashire and South Cumbria doubled its jabbing capacity from 10,000 a day to 20,000 a day. This was an incredible achievement and wouldn't be possible without a dedicated and flexible workforce. 45,000 booster jabs were administered on the Saturday and Sunday before Christmas in the biggest weekend for the COVID-19 vaccination programme so far.

The vaccination programme has made a significant impact on the pandemic and has saved countless lives. In its December update, the UKHSA estimate that, as of 24 September, 127,500 deaths and 24,144,000 infections have been prevented as a result of the COVID-19 vaccination programme.

NHS staff and volunteers are redoubling their efforts to accelerate the booster programme and continue to deliver the largest vaccination drive in our history, at the same time as providing care for everyone who needs it. Councils, community organisations and others are also playing an important role as strategic partners, for example by sourcing convenient sites and raising awareness among residents.

## **Elective Care Recovery**

Hospitals across Lancashire and South Cumbria are working together to make inroads into our waiting lists ensuring those with the greatest clinical need and those who have waited the longest are prioritised for care and treatment.

Increasing numbers of patients with Covid-19 being admitted to our hospitals alongside rising demand for urgent and emergency care has reduced bed capacity, created increased pressure on our workforce pressures and led to the cancellation of some elective procedures, as it has across the country, but at the same time the elective accelerator programme has allowed us to mitigate against those issues with elective activity scaled up to ensure we collectively see and treat as many people as we can as quickly as possible.

The Accelerator funding we received from NHS England has already proved critical. It has underpinned our elective recovery by providing additional bed capacity in hospitals across the region and enabling improvements in pre- and post-op patient assessments, improving day case rates, and reducing the number of unnecessary admissions for treatments such as angiograms by monitoring patients remotely.

Our latest data, which includes diagnostics services - a crucial element of recovery - shows Accelerator sites consistently performing above the national average, and Lancashire performing above average in the list of Accelerator sites.

We are profoundly grateful to the efforts of every single one of our staff in achieving the gains we have to date, especially against the backdrop of the North West being one of the areas of the country hardest hit by the pandemic, suffering the greatest losses and spending nearly two months longer in lockdown, and with, on average, 10 per cent more hospital beds occupied by Covid-19 patients in the region than in the rest of England.

Staff have gone above and beyond the call of duty, time and again, putting their own lives on the line, to make sure patients who have needed us the most have been cared for during these unprecedented times, and despite funding coming to an end this month, we will be working hard to maintain the programmes of work we have put in place in an effort to reduce the waiting lists and continue to provide the best possible care to our communities.

## Local Initiatives

ChatBot is an Artificial Intelligence (AI) programme, developed as a result of significant advances in digital and medical technology. It was developed in London and underwent a pilot in Worcester, where 50 per cent of AI calls were successful. ChatBot uses AI to automatically call patients to ask about their health status, to ensure people on waiting lists still need to be there. Patients will receive a text message to let them know they will receive an automated call within 24 hours. The call will guide them through a clinical script. ChatBot will then create a spreadsheet grouping patients into three categories: people requesting to leave the waitlist, remain on it, or who require follow-up. People who require extra support will be directed to a traditional call centre. This will be implemented in Lancashire and South Cumbria from January 2022.

The 'Set for surgery' programme aims to improve the health of Morecambe Bay patients approaching surgery. Co-designed by surgeons, GPs and patients, the programme aims to give the best possible care and treatment to patients and improve their wellness ahead of surgery. As part of the programme, patients receive help and support with their physical health - be it losing weight, stopping smoking or addressing drug and alcohol issues, in preparation for surgery in order to better their outcomes post-op.

## New Hospitals Programme update

Following the publication of our [Case for Change](#) report in July 2021, the Lancashire and South Cumbria New Hospitals Programme has now entered an important phase. The programme team has been busy collecting information on everything from what future clinical and technological developments that might be needed to be accommodated in new hospital facilities, to potential land availability and building specifications. Thousands of patients, staff and stakeholders have been involved in conversations to start to build a picture of what they do (and don't!) want from new hospital facilities.

In September 2021, the programme team published [a longlist of possible solutions](#) to address some or all of the main challenges facing Royal Preston Hospital and Royal Lancaster Infirmary, with investment in Furness General Hospital. As established through the Case for Change process, these three hospitals are the priority for investment because they need the most investment in terms of the quality of the estate / hospital buildings. They have the highest amount of estates backlog maintenance, which is the list of tasks that need to be performed to repair or maintain buildings to bring them back to a suitable working condition. There are ten proposals on the longlist, including rebuilding on the existing Royal Preston Hospital and Royal Lancaster Infirmary hospital sites, rebuilding two new hospitals on new sites, building a completely new hospital to replace both on a single site and / or refurbishing existing buildings and facilities – and various combinations of all these variables.

Members of the public have had the opportunity to have their say in person at the New Hospitals Programme roadshows with Healthwatch Together, as well as through an online survey, which received nearly 3,500 responses from people across the region. The programme team has also been running a range of focus groups and workshops and hearing directly from people who will be most impacted by new hospital facilities. Feedback on the longlist of proposals was sought from NHS staff and Foundation Trust

members and a wealth of useful comments were received through the Big Chat online discussion, as 1,895 people joined this conversation. MPs and local authorities have also been kept up-to-date with the progress of the programme.

### **What's next?**

The programme team now needs to start narrowing down the possible scenarios for what might be done.

**Step One:** Agree the problems that need to be solved

**Step Two:** Create a draft longlist of possible solutions to those problems

**Step Three:** Work with experts and stakeholders to refine and agree this longlist

**Step Four:** Gather feedback on the longlist of proposals from NHS staff, patients and local people

Now these steps are complete, the programme team will use all the feedback received to help narrow down the proposals to a shortlist. It is anticipated this will conclude in Spring 2022. For the latest news from the Lancashire and South Cumbria New Hospitals Programme, visit the [New Hospitals Programme website](#)

### **Designate Chief Executive appointed to lead the NHS in Lancashire and South Cumbria**

Following a robust national recruitment process, Kevin Lavery has been appointed to the position of Chief Executive Designate of the NHS Lancashire and South Cumbria Integrated Care Board by NHS England and NHS Improvement.

Kevin is an experienced CEO with public and private sector experience in the UK and overseas. Kevin, from Newcastle upon Tyne, has been a CEO for the City of Newcastle upon Tyne, Cornwall Council and the City of Wellington in New Zealand. In his local government roles Kevin has extensive experience working with deprived communities and regeneration initiatives. He also has worked extensively with the health sector on child protection, adult social care and public health. Kevin has been a consultant with Price Waterhouse, was CEO of technology firms Agilisys and Serco Solutions and a director with BT. He was Managing Director for Enterprise PLC which was headquartered in Leyland. Kevin is currently a director of Tuhura and Partners in New Zealand.

The confirmation of Kevin in this role is a significant step in the development of integrated care in Lancashire and South Cumbria and the establishment of an NHS Integrated Care Board which, subject to legislation, will hold a substantial budget for commissioning high quality patient care and have the authority to establish performance arrangements to ensure this is delivered.

## **Executive Recruitment to the Lancashire and South Cumbria Integrated Care Board**

Lancashire and South Cumbria is looking to appoint four executive roles to the region's Integrated Care Board, a new NHS organisation which is proposed to be established from April 2022 as part of national legislation and the developments of the Lancashire and South Cumbria Health and Care Partnership.

All four roles will play a significant part in supporting the development and delivery of the long-term plan of the Integrated Care Board (ICB) and ensure it reflects and integrates all of the relevant partner organisations of the ICB. The successful candidates to the roles of Chief Nurse, Medical Director, Chief Finance Officer and Chief People Officer will be responsible for developing strategy and providing leadership across the partnership.

The NHS Lancashire and South Cumbria Integrated Care Board is proposed to form part of the Lancashire and South Cumbria Health and Care Partnership in the future, which brings together health and care organisations, local government and the voluntary and community sector. The development of integrated care builds on partnership working over a number of years and aims to improve population health, tackle health inequalities and help the NHS support broader social and economic development.

As part of the new legislation, the NHS Lancashire and South Cumbria Integrated Care Board will take on the CCGs' functions and broader strategic responsibility for overseeing healthcare strategies for the system.

## **Health Equity Commission for Cumbria as well as Lancashire**

Leaders in North Cumbria have signed up to join Lancashire and South Cumbria Health Equity Commission (HEC). This means the Health Equity Commission led by international health equity expert Professor Sir Michael Marmot now covers the whole of Lancashire and Cumbria and will aim to help improve the health and wellbeing of nearly 2 million residents across the region. The HEC has now been renamed as the Lancashire and Cumbria Health Equity Commission. The HEC was set up in early 2021 by health and care leaders who wanted to improve health inequalities and make a change in people's health and wellbeing. The Chair of the Health Equity Commission is Professor Sir Michael Marmot, Professor of Epidemiology at University College London, Director of the University College London Institute of Health Equity, and Past President of the World Medical Association.

## **Urgent call for volunteers as COVID-19 booster vaccines campaign steps up**

More volunteers are urgently required to support the COVID-19 vaccinations programme in Lancashire and South Cumbria as thousands of people become eligible for a further dose of the vaccine. Vaccination centres rely heavily on essential volunteers who provide marshalling both within buildings and on car parks to help make sure people feel safe and confident when attending for their appointments.

More than 1,500 have so far volunteered and been a part of the historic COVID-19 vaccinations programme, donating well over 100,000 hours to the cause. Volunteers are managed by the [Lancashire](#)

[Volunteer Partnership](#), which recruits and provides training to those who want to get involved. Volunteers – both young and old and from all walks of life – have marshalled at more than 30 different community vaccination clinics and seven large-scale vaccination centres across Lancashire and South Cumbria. The marshals help patients find their way through the site, from directing them to a parking space, checking they have an appointment, managing the queues and helping them to exit sites safely after their vaccination.

## **Improvements to SEND**

Lancashire County Council and health services within Lancashire have received feedback from the Department for Education (DfE) and NHS England on the progress they have made in improving and delivering outcomes for children and young people with special educational needs and disabilities (SEND).

In 2017, an inspection of Lancashire SEND services by Ofsted and the Care Quality Commission (CQC) found that there were 12 areas of significant weakness to be addressed. In March 2020, a revisit found that Lancashire County Council and health services in Lancashire had successfully addressed seven of those weaknesses. The remaining areas were:

- Continue improving leaders' accurate understanding of the local area
- Further address weak joint commissioning arrangements
- Improve effective diagnostic pathways for autism spectrum disorders (ASD) across the whole area
- Address the poor transition arrangements in 0 to 25 healthcare services
- Improve the quality of information and accessibility of the local offer

On 29 September 2021, a 12-month progress review took place with the DfE and NHS England to review the progress made, which found that both the county council and partnering health services demonstrated sufficient clear and sustained progress in all five areas.

## **Waiting list patients set to benefit from innovative new service**

Patients on waiting lists in Lancashire and South Cumbria are set to benefit from an innovative artificial intelligence service developed by the NHS to allow patients to let their hospital know their current health status. ChatBot, an automated call system, guides patients through a series of questions designed by NHS consultants and healthcare experts. This lets the NHS know if their condition has significantly worsened and possibly, speed up their treatment or lets them know that they no longer require treatment. A pilot of around 2,000 waiting list patients in Morecambe Bay and Preston will soon receive an automated call asking them about their health condition. They will receive an SMS text message beforehand to warn them to expect the call.

The ChatBot service will be rolled out to a wider group of patients waiting for an hospital appointment or operation in Lancashire and South Cumbria later in 2022 and supports the restoration programme.

### **Cancer appointments are continuing**

Lancashire and South Cumbria Cancer Alliance is reassuring people that it is still safe to attend cancer appointments. Cancer has been a priority throughout the pandemic and the NHS will continue to prioritise cancer services as we manage the Omicron wave. Cancer assessment and treatments will continue, and people are being urged to keep their appointments. Measures are in place to help protect patients and staff and it is important to not delay cancer treatment. Urgent cancer surgery is being prioritised, with covid protected areas helping to ensure patients continue to receive safe and timely operations for cancer.

### **Mental Health Trust urges people to use its services in wake of new variant**

Specialist mental health staff at Lancashire and South Cumbria NHS Foundation Trust (LSCft) are encouraging people across Lancashire and South Cumbria to access its range of mental health services. LSCft has seen a rise in demand for its mental health services over the last 12 months which has put pressures on an individual's mental health, leaving them feeling overwhelmed and stressed.

These services include its [24-hour mental health Crisis Line](#), Mindsmatter talking therapy services and access to local crisis teams, all of which are managed by mental health professionals.

There is also a 24-hour Crisis Line available to call to speak to someone urgently about mental health. Call handlers can support people in the moment as well as signpost and refer to further services.

Local Crisis Teams support people of all ages and for a list of direct telephone numbers to crisis teams across all areas of Lancashire and South Cumbria visit: <https://www.lscft.nhs.uk/local-crisis-teams>

Crisis Houses are currently available across Lancashire for those presenting an urgent mental health concern. Triaged through the relevant Home Treatment Team, a person over the age of 16 can then stay up to 7 days at a Crisis House and be treated according to their needs.

A Crisis Café, known at the Light Lounge on Whitegate Drive is a welcoming and non-judgmental environment for individuals struggling socially and emotionally with life challenges or for those in a mental health crisis open seven days a week from 10am to 10pm.

Anyone in Lancashire and South Cumbria can self-refer to talking therapies by completing an online form. More information can be found [here](#).



## **Look out for the elderly this winter**

Health bosses across Lancashire and South Cumbria are urging people to look out for their relatives, friends or neighbours who are on their own this winter. Social isolation during the pandemic has been an increased problem with many people, old and young, struggling with a lack of social contact, but this is not a new phenomenon. Every winter, we see a rise in people seeking health services because they are lonely.

Loneliness and social isolation in older adults are serious public health risks affecting a significant number of people and putting them at risk of dementia and other serious medical conditions. This time of year, elderly or vulnerable people can become increasingly isolated, as they are worried about leaving the house on darker evenings or slipping on the ice in colder weather. This can lead to mental health issues such as depression, but also other health concerns if they are not keeping themselves warm or looking after themselves by eating properly.

This is why we are encouraging everyone to be a good neighbour and ask them if they are warm enough, coping in the cold weather and have sufficient basic supplies. The simplest things could make the biggest difference to health, including offering to get some food shopping, collect a prescription, or drive them to an appointment if they are worried about slipping and falling on the ice. Even taking half an hour to have a cup of tea with them can really give their mental health a boost.

## **'Thank You' week for care workers**

The outstanding care delivered by the whole of the care sector including in care homes, care in the home, supported living and day care services was recognised as part of a Thank You Care Week created to raise awareness of it. The week-long activity specifically asked to hear about inspirational care workers who empower and support those living in the region to give people an opportunity to show their appreciation for the care sector. The campaign was designed to demonstrate how critical care workers are to the region and encourage those living in the area to show their appreciation by posting messages on a dedicated thanking wall, hosted by TAP's social thanking platform. Care workers or care organisations in the region can be publicly thanked quickly, easily and securely using TAP's free-to-use social thanking platform with all messages checked to ensure they are positive.

# Three - ELHT Headlines

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

## Use of the Trust Seal

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

- On 5 January 2022 the seal was applied in relation to a Reservation of Rights letter between East Lancashire Hospitals NHS Trust and Consort Healthcare Limited relating to Hybrid Theatre works at Royal Blackburn Teaching Hospital. The letter was signed by Mr Martin Hodgson, Interim Chief Executive, and Mrs Sharon Gilligan, Chief Operating Officer.

## SPEC award for authorisation

The Elective Care Centre and Wilson Hey Theatres have achieved their first three consecutive Green NAPF outcomes.

Both areas provided a portfolio of evidence and delivered a presentation to the SPEC (Safe, Personal, and Effective Care) panel to demonstrate how they have maintained consistently high standards of care delivery.

The staff also described quality improvement initiatives that have been undertaken and how they will showcase this to the rest of the organisation. The panel agreed that the ward should be recommended for this prestigious status following the review.

Approval is therefore required from the Trust Board to award these areas SILVER for delivering Safe, Personal and Effective Care at all times.

Ward	SPEC Date	Previous SPEC Rating
Elective Care Centre	02/11/2021	NEW
Wilson Hey Theatre	06/01/2022	NEW

## **New Year's Honours**

Professor Iqbal Singh and Kevin McGee joined a privileged list of people highlighted for their extraordinary achievements from across the UK in the [Queen's New Year's Honours list](#).

Professor Singh, Consultant in Medicine for Older People, received a CBE for services to Equality and Inclusion in Healthcare. Kevin McGee, former Chief Executive at ELHT, received an Order of the British Empire for his services to the NHS.

We are proud that both Professor Singh and Kevin's outstanding contribution to healthcare and the NHS have been recognised nationally. We are very grateful for their continued and significant impact on the health outcomes of the population of East Lancashire and the wider footprint.

They have both dedicated a significant amount of energy and focus to the NHS, which has made the most enormous difference to the quality of services, safety and patient experience.

These are well-deserved honours. It is wonderful to see their commitment to improving patient care and providing compassionate and conscientious leadership being recognised in this way.

## **Blackburn sings Christmas with Gareth Malone**

For a seasonal special programme, Gareth Malone, choirmaster, visited Blackburn to create a concert that celebrated the work of NHS staff and the community spirit of the town. It played tribute to the Trust's workforce and many members of the community telling a range of moving stories about how Blackburn, one of the hardest hit areas during the pandemic, pulled together and engendered a real team spirit.

The final concert, showcasing several members of ELHT, was broadcast on BBC 2 and can be watched on iPlayer [here](#).

## **Pancreatic Cancer Rapid Diagnostic Service wins top Macmillan award**

The Trust's Pancreatic Cancer Rapid Diagnostic Service (RDS) received a Macmillan Professionals Excellence Award, in recognition of their outstanding contribution to cancer services.

The service is part of a Lancashire and South Cumbria wide initiative designed to support earlier diagnosis in pancreatic cancer and came out top in the 'Integration Excellence' category. The award recognises teams who have improved the coordination of services and enabled integration across settings such as acute, primary, social and voluntary services to provide a seamless experience for people living with cancer.

The ELHT Cancer Services Team was nominated for their collaborative working with colleagues including diagnostic specialists, biomedical scientists and clinicians. They also work closely with representatives from the Lancashire and South Cumbria Cancer Alliance, Primary Care Networks and third sector organisations, Pancreatic Cancer Action and Pancreatic Cancer UK.

The successful collaborative work has meant that an average wait time for a patient to be diagnosed with pancreatic cancer has reduced considerably following GP referral.

## **ELHT Chefs win top NHS cooking competition**

Two of the Trust's Chefs have been crowned National NHS Chef of the Year at the first ever NHS cooking competition.

After a gruelling six-day final round held at Warminster Cookery School, Sanish Thomas and Sinto Mulavarickal scooped first place in the final by wowing judges with a delicious four-course menu.

The competition launched for the first time ever in July with a round of regional heats held throughout England to showcase the skills of NHS chefs. It was a great opportunity to demonstrate the extent of the knowledge they must possess to meet the specific challenges of patient catering within the health service.

Following their win at the Regional heats in Newcastle in August, Sanish and Sinto competed against seven other teams over two weeks and were presented with a range of challenges specific to hospital catering. These included a breakfast challenge, following a set recipe, children's menu options, plant-based meals, energy-dense, allergen menus, ethnic, cultural and lifestyle choices, sweet and savoury snacks, and light options menus. The second week of the competition moved into a knock-out phase which saw teams gradually eliminated until just three were left standing for the final day.

Both Sanish and Sinto will return to the competition next year as mentors, advising and guiding the next team of ELHT chefs to a hopeful similar success.

The win also comes alongside a host of other recent accolades for the catering team, including winners of Best British Food 2021 and Hospital Catering Service of the Year.

## **ELHT celebrates at prestigious national awards**

Representatives of the Trust were delighted to be invited to attend the highly acclaimed Health Service Journal Awards after being shortlisted for two awards. Sadly, on this occasion, we were not crowned winners but it is still a huge achievement to be recognised in this way.

First up, was the innovative Enhanced Respiratory Unit, shortlisted in the Patient Safety Award category. The Unit, which was developed by the Trust's Critical Care Outreach Team, was created to increase capacity to care for Covid-positive patients and improve their treatment outcomes during the second wave of the Covid pandemic.

In the months before the second wave, the Trust had been developing a plan for an Enhanced Care Area, which acts as a middle ground between the a traditional ward and the Critical Care Unit, but it was still in planning phase when the Unit reached full capacity.

Within 10 hours the Outreach Team opened the Enhanced Respiratory Unit, enabling them to manage the increasing number of critically ill patients who needed much more care than could be delivered on the ward.

The staff team on the Unit included senior clinical staff who had not worked in a ward environment for many years, respiratory physiotherapists and redeployed junior doctors, all out of their comfort zone but committed to providing the best care they could on the new Unit.

The Unit made a huge difference to patient care – in 40 days the unit saw 67 patients and so saved 247 Critical Care bed days. Without the unit, critically ill patients would have had to stay on wards without access to the higher level of oxygen available on the Enhanced Respiratory Unit, the expert interventions or specialist drugs.

The ELHT team has shared the results of the work of the Unit with the Trust's across the North West, as an example of good practice.

Second up was the Trust's Black, Asian and Minority Ethnic (BAME) network group which was shortlisted for their work towards racial equality.

The network, which is run by colleagues from various roles across the Trust, recognises initiatives which identify and tackle ethnic health inequalities for patients and communities and promotes race equality and inclusion within the workplace.

Since its formation, the BAME network has actively listened to the concerns of BAME staff and has worked with Executive Directors at the Trust to reboot the conversation around Race and Ethnicity to influence and set the tone with managers to reshape thoughts and cultures.

This new leadership team of BAME network Co-Chairs has now transformed ELHT into a truly inclusive, active and representative network advancing race equality across the Trust – all of it voluntary and done on top of their demanding day jobs.

The network has successfully increased the proportion of BAME staff at senior levels by 16%, introduced a Reverse Mentoring scheme where Executive Directors are mentored by other colleagues across the Trust on their lived experiences and has helped the Trust become one of only 3% of organisations in the UK to publish a BAME pay gap report which helps ELHT recognise existing issues and become more transparent and accountable.

### **New urgent treatment streaming tool launched**

Patients attending the Urgent Treatment centre at Burnley General Teaching Hospital are benefitting from a new streaming tool to help ensure they get the right treatment at the right time.

Upon arrival at the Urgent Treatment Centre, the tool guides the patient through a series of questions to enable assessment and prioritisation of their condition. Those who do not need immediate treatment will be given an appointment and the option to return to the department at that time.

The streaming tool will help to ensure that everyone receives the treatment they need without lengthy waits in the department, helping to maintain social distancing. The information gathered allows colleagues to determine whether a patient needs to be seen immediately or if they can be asked to return at a later, appointed time. This will reduce crowding in the waiting areas making it much safer for patients and colleagues, especially in light of the increase in cases of the Covid-19 virus.

Once the tool is in full use, the hope is to develop the service further and be able to use it to redirect patients attending to the most appropriate service. Initial feedback from both patients and staff is that it is a welcomed success.

## **eLancs – Patient focused, clinically led and digitally enabled**

November marked the 12 month count down to the Trust implementing one of the biggest programmes on the horizon: an electronic patient record (EPR).

Whilst it might sound simple, it has the potential to completely transform the way we work, with vast benefits for both colleagues and patients and their families. The eLancs system (provided by Cerner) is designed to improve patient care across the health and social care system in the area by replacing paper-based notes and records with a new suite of digital tools and technologies. The programme is patient focussed, clinically led and digitally enabled.

Over the past months adjoining systems, such as BadgerNet and PatienTrack, have been implemented across hospital services and community care in Blackburn with Darwen, Burnley, Pendle, Hyndburn, the Ribble Valley and Rossendale. But the really big changes are scheduled in Autumn of this year when the new electronic patient record system will go live in across all hospital settings. This will provide clinicians with more information at their fingertips to make better, more effective decisions. They'll have automatic access to decision support tools, meaning their decisions will be made based on the best available information. They will be able to take information from many sources. It makes us more efficient and create a smoother care journey for our patients. It will enhance communication across clinicians and teams, reduce duplication and reduce some of the data collection burdens from people by capturing some things automatically.

Paper records will be replaced by digital records and there will be new ways of working introduced to take advantage of this digital approach. It will make a number of administrative tasks easier to manage as information will flow around the organisation more easily.

You can find out more about eLancs [here](#).

## **First ELHT 'Digital' babies born**

Parents of the babies born at the centre in Burnley on Tuesday, 7 December were the first to use a new digital records system for maternity services, accessible via a smartphone app or desktop computer.

The system replaces the need for traditional written notes.

The new tool puts families at the heart of their maternity care and allows the Trust to continually make improvements to its services to benefit the families being cared for and the staff caring for them.

The new system is called BadgerNet and features an online portal and app called Badger Notes. The system was made available to newly registered pregnant women from 9 November and for new parents following giving birth from 7 December.

BadgerNet replaces paper records and gives parents immediate access to their maternity care records. It also allows them to add their own information such as birthing plans. The introduction is designed to empower families by giving them direct and easy access to their notes. Information can be shared to the new parents directly from the maternity system and records can be easily updated at each maternity visit.

Women also access and book directly onto the maternity service via an online booking form. They are then assigned to a midwife and an appointment is generated. The online system removes the need for women to get an appointment with their GP before being referred through to the service and ensures they can be seen by a midwife as soon as possible.

Women who do not have digital access, will be able to telephone the service to self-refer for their pregnancy care.

BadgerNet is just one of the new systems being implemented as part of the Trust's eLancs programme. You can find out more about eLancs [here](#).

## **A robotic milestone for ELHT**

The Colorectal Surgery team is celebrating a major milestone after recently discharging its 100th major robotic cancer resection patient

The robotic colorectal surgery programme was set up in 2017 to bring cutting edge advanced minimally invasive surgery for colorectal cancer to the people of East Lancashire and the wider region. ELHT was the first Trust in the Lancashire and South Cumbria region to offer the surgery. Since its launch, it has seen the hospital take on more complex cases to provide positive outcomes for patients with colorectal cancer.

The robotic surgery offers a minimally invasive approach for patients with challenging pelvic and colonic cancers and offers better views and manoeuvrability for surgeons during the operation. For patients, it also means a shortened stay in hospital, less pain and a quicker return to normal function. Robotic surgery is the future for colorectal surgery and ELHT is now in a strategically beneficial position to be a leader in the field.

Following its success, the team plans to set up a training unit with dual console at the Trust, so they can train not only established surgeons but also trainees so when they are ready to take on a Consultant post they are fully prepared to offer this surgery.

The success of the unit has not been achievable without a fantastic team as the backbone, from theatre staff, ITU and Anaesthetic colleagues, specialist nurses, managers and ward staff who have all been extremely dedicated to the programme.

Ground-breaking robotic surgical technology has been available to eligible patients across East Lancashire since June 2015, when ELHT purchased its first £1.3 million Da Vinci robot, which was based at Royal Blackburn Teaching Hospital. In 2019 the Hospital's charity secured two new robots, one for Blackburn and another for Burnley which increased the offer to deliver more procedures.

### **ELHT nurse shortlisted in BBC screenwriting competition**

An Anaesthetic Nurse at East Lancashire Hospitals NHS Trust has been shortlisted in the NHS Heroes Casualty Writing Contest. An exciting opportunity for frontline medical professionals to have a chance to write their own shadow episode of the hit BBC show Casualty.

Anna Grey, who retired as a senior nurse at 60 but returned to ELHT a year ago to work as a nurse part-time, has fought off hundreds of candidates to claim one of the top four positions in the competition, with final judging due in the new year.

The competition, open to any serving or retired frontline medical professionals, will give one lucky winner full access to a BBC script editor and input from the Casualty team to create their own paid shadow script, which could end up being commissioned for the high-profile programme.

Anna, who qualified as a nurse over 40 years ago, found her love of screenwriting through her passion for her patients, learning from their stories, backgrounds and life experiences. After years of rejections, she wrote a play called 'The Best Little Nightclub in Chorley' which sold out Runshaw College Theatre in 2012 and is now a finalist in the BBC competition.

To get to the final four, Anna had to go through various stages of the competition, including submitting the first and last scene of the episode which was then shortlisted to be read by the Casualty team. Following this, Anna was invited to the interview stage on Zoom with the Casualty script and series producers who give notes on the script submissions after which just four candidates remained.

The final stage of the competition will conclude next year following the producer's notes and then a winner will be announced.



# Four – Communications and Engagement

A summary of the external communications and engagement activity.

November 2021

## Communications and Engagement

# Monthly Media Update

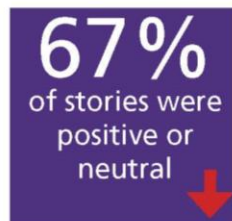
### Top Stories...

- Pancreatic Cancer Rapid Diagnostic Service wins top Macmillan award
- ELHT Chefs win top NHS cooking competition
- ELHT celebrates at prestigious national awards
- Microbiology Team is October’s Employee of the Month
- Hospital Trust urges local community to take care of each other this winter



Sinto and Sanish, ELHT ‘Masterchefs’

### Press and Media Relations...



### Projects the Communications Department has supported...

- Inclusion
- Restoration
- Health and wellbeing
- ED Pressures
- Rollout of Badgernet
- Supervision of filming on-site
- EPR (E-Lancs)
- Surgery School

### Website...



Our website got **163,390** page views by **128,841** people.  
The most viewed webpage was – Waiting times ↑

## Social media and digital...



## The most talked about issues on our social networks..

- Strictly star AJ Odudu's message of support for ELHT (36.1k impressions)
- Burnley residents should choose the most appropriate service for their needs (10.8k)
- #MouthCancerActionMonth (16.2k)
- We are seeing an increasing number of people presenting to our hospitals (10.5k)

## Posts of the month...

East Lancashire Hospitals NHS Trust

As we come to an end of #MouthCancerActionMonth we spoke to Dione, a patient who has overcome a lot since her cancer diagnosis, about the importance of noticing early signs and symptoms.

You can read her story below

**Patient testimonials**

"My journey started in 2015 when I found out I had cancer in the neck which I had surgery for and then radiotherapy. I then found out I had cancer again in 2020 which I had major surgery for. The day of surgery I was absolutely petrified but I was reassured by Mr Vasilios. He told me I was going to be in hospital for two weeks but I was determined I wanted to be at home.

After surgery I had some complications and ended up back in theatre. I was then in intensive care for three days and then I got put onto the ward. I was determined to eat as soon as I could. The trachy was removed and a plaster was put over the hole. I ate on the Thursday and then I was let home on the Monday. I was let home within a week, which I was really pleased about.



A huge thank you to @AJOdudu and her @bbcstrictly dancing partner @Kaiwidd for their message of thanks to our amazing #ELHTFamily!

This will definitely brighten up their day as they go above and beyond to provide the best care for our patients. Remember... keep dancing! [pic.twitter.com/LyqJdTkCw](https://pic.twitter.com/LyqJdTkCw)



**Routine activity:**  
 Weekly staff bulletin  
 COVID briefing  
 Stakeholder Briefing  
 Other News

Website updates  
 Sharepoint/OLI updates  
 Facebook Group

**Safe | Personal | Effective**

If you would like any further information about this report please email [communications@elht.nhs.uk](mailto:communications@elht.nhs.uk)

**Safe | Personal | Effective**

## Communications and Engagement

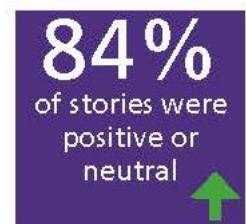
# Monthly Media Update

### Top Stories...

- New urgent treatment streaming tool launched at Burnley General Teaching Hospital
- First ELHT 'Digital' babies born!
- Mobile vaccine clinic open on the Royal Blackburn Hospital site
- ELHT nurse shortlisted in BBC screenwriting competition
- Colorectal Surgery team celebrates discharging 100th major robotic cancer resection patient



### Press and Media Relations...



### Projects the Communications Department has supported...

- Inclusion
- Restoration
- Health and wellbeing
- ED Pressures
- 12 Days of Christmas giveaway
- EPR (E-Lancs)

### Website...



Our website got **150,768** page views by **119,462** people.

The most viewed webpage was – Waiting times



## Social media and digital...



## The most talked about issues on our social networks..

- We're delighted to be part of Blackburn Sings Christmas with Gareth Malone which will air on BBC Two on 23 December at 8pm (21k)
- Today marks #OneYearOn since the first COVID-19 vaccine was given in England (5.6k)
- One of our colleagues, Anna Grey, has made it to the final of the BBC NHS Heros Casualty Writing Contest (9.3k)

## Posts of the month...



**East Lancashire Hospitals NHS Trust** 8 December · 🌐

The secret is out! We're delighted to be part of Blackburn Sings Christmas with Gareth Malone which will air on BBC Two on 23 December at 8pm. In this seasonal special, Gareth Malone heads to Blackburn to meet our #ELHTFamily, our patients and the local community to create a concert that celebrates the work of our NHS staff and the community spirit of the town

A huge thanks to everyone who was involved and we can't wait to watch it with you all - you may need tissues at the ready!  
<https://orlo.uk/MLHae>




The secret's out! We're delighted to be part of Blackburn Sings Christmas with @GarethMalone, a seasonal special on @BBCTwo where he heads to Blackburn to meet our #ELHTFamily, patients and the local community.

Tune in on 23 December at 8pm on BBC2  
[orlo.uk/XfDfF](https://orlo.uk/XfDfF)  
[pic.twitter.com/ch5s6oVAA3](https://pic.twitter.com/ch5s6oVAA3)



<b>Routine activity:</b> Weekly staff bulletin COVID briefing Stakeholder Briefing Other News Website updates Sharepoint/OLI updates	Staff Facebook Group Total members - <b>1,339</b> ↑
	Staff App Total downloads - <b>1,145</b> ↑
	Other News Two editions released Total readers - <b>3,822</b>

**Safe | Personal | Effective**

Please email [communications@elht.nhs.uk](mailto:communications@elht.nhs.uk) for more information on this report.

**Safe | Personal | Effective**

# Five - Chief Executive's Meetings

Below is a summary of the meetings the Chief Executive has chaired or attended since the last board meeting and due to chair or attend in the next month.

## December 2021 Meetings

Date/Frequency	Meeting
Weekly – Tuesday	Executive Team
Weekly – Tuesday	Senior Leadership Group
Weekly – Tuesday	Chairman/Chief Executive Briefing
6 December	LSC HEC Panel 3 - learning from our ICPs
8 December	LSC ICS Board
8 December	Board Development
8 December	LSC Chief Executive Briefing
9 December	Task and Finish Group
13 December	MP meeting
13 December	NW Chief Execs and AOs Briefing with Amanda Doyle
13 December	LSC and Wigan Vascular Network Board
15 December	LSC System Leaders
15 December	Visit to Clitheroe Hospital
16 December	Team Brief
16 December	Virtual Quality Walk Round
17 December	Prince's Trust Celebration event
17 December	North West and North East and Yorkshire Regional Roadshow
22 December	Visit to Accrington Victoria and St Peter's Centre
22 December	LSC CEO Chief Executive Briefing

## January 2022 Meetings

Date/Frequency	Meeting
Weekly – Tuesday	Executive Team
Weekly – Tuesday	Senior Leadership Group
Weekly – Tuesday	Chairman/Chief Executive Briefing
5 January	Visit to AMU
6 January	Robotic Theatre visit
7 January	Weekly Team Brief Live
11 January	PL Chairs and Chief Officers Advisory Group
12 January	LSC ICS Board
12 January	LSC CEO Briefing
13 January	Employee of the Month
14 January	Weekly Team Brief Live
17 January	Pathology Governance Working Group
17 January	NHP Programme Management Group
18 January	JLNCC
19 January	Trust Board
24 January	Vital Signs Transformation Board
25 January	UHMB Stakeholder briefing
26 January	Joint Quality, Finance and Performance Meeting - Finance and Performance Section
26 January	LSC CEO Briefing
28 January	LSC Pathology Service Board

**TRUST BOARD REPORT**

**Item**

**10**

**19 January 2022**

**Purpose** Monitoring

<b>Title</b>	Corporate Risk Register
<b>Author</b>	John Houlihan, Assistant Director of Health, Safety and Risk
<b>Executive sponsor</b>	Mr J Husain, Executive Medical Director

**Summary:**

This report provides an overview of risks on the Corporate Risk Register (CRR) as of 13/01/21 and includes a review based on the feedback from the Audit Committee. These risks are regularly reviewed at the Risk Assurance Meetings (RAM). The Director of Corporate Governance and the Corporate Governance team have supported the newly appointed Assistant Director of Health, Safety and Risk with responding to the feedback from the Audit Committee review of the CRR and the gathering of the updates in relation to the risks.

**Recommendation:**

The Board is asked to approve the recommendations of RAM and remove the following risk from the Corporate Risk Register:

*8914 – Potential interruption of high flow oxygen therapy to critically ill patients across RBTH*

Members are requested to receive, review, note and approve this report.

**Report linkages**

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

The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.

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

**Impact**

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	Yes



**Changes to the report since last updated**

1. A controls review has taken place for all risks across the Corporate Risk Register and there remains only one risk DATIX ID 8221 *lack of recurrent investment and review of CNP services resulting in service at risk* which is listed as having ‘inadequate’ control measures in place. This relates to external factors relating to funding
  
2. All other risks on the Corporate Risk Register have controls in place and are regularly reviewed. Those risks that have ‘limited’ control measures may have active controls that are working but may have some gaps within these controls preventing them from being fully effective. All work continues on review of these risks. A lack of ‘adequate’ controls can also prevent the likelihood of the risk score from being reduced.
  
3. Risk ID 9073 – risk to patient safety due to unavailability of test results due to industrial action in the Blood Sciences Department. The risk remains live on the Corporate Risk Register until the Trust can agree upon the terms of arbitration and because the risk that staff could still go back out on strike if further talks break down. Although staff have returned the details regarding the mediation process are still evolving and the risk score remains at 16. Further developments may result in the risk score being reduced.
  
4. Risk ID 8914 - Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH. Recent events from the surge of COVID19 patients on site, very cold winter (sub-zero temperatures), coupled with inadequate vaporiser management had pushed the VIE vaporiser system close to its limits and this was reflective of the risk scoring being 15. Work has since been completed to replace and improve the oxygen flow system into the hospital. A vaporiser upgrade was completed 22 November 2021 which has doubled capacity. In addition, a new high flow manifold was commissioned on 17 December 2021 that will provide a back-up. This has resulted in the risk score being reduced to 10. This risk will be presented to RAM for removal from the Corporate Risk Register with further monitoring at Divisional level. The Board will be asked to ratify the recommendation of RAM to remove the risk from the Corporate Risk Register.

**Risk Performance information**

1. There are a total of 1678 open risks of which 20 remain on the Corporate Risk Register providing the Board is content to agree to the removal of Risk ID 8914 - *Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH.*
2. 1316 risks are live, 266 risks are tolerated, 46 are new risks identified, 29 risks are currently being reviewed and challenged and 21 risks are awaiting being reported to Divisional Groups for approval.
3. Total numbers of overdue risks have increased, from 178 to 230, an increase of 52.

4. Now that the new Assistant Director for Health, Safety and Risk Management has commenced post at the beginning of January 2022 work will be undertaken to strengthen and improve the risk management system. Emphasis will be on working with services to reduce numbers of overdue and/or long-standing risks.

**Risks on Corporate Risk Register anticipated to reduce risk score in the next quarter due to ongoing improvements in controls or action taken to address the issues**

1. 8126 - *Aggregated Risk - Potential to compromise patient care due to lack of Trust-wide advanced Electronic Patient Record (EPR) System*
2. 7762 - *Risks associated with providing HDU (High Dependency Unit) care in DGH with no funding for HDU provision (Family Care)*
3. 8257 - *Loss of Transfusion Service*
4. 8243 - *Absence of an end to end IT maternity system*

**Table 1: List of Corporate Risks**

No	ID	Where is this risk being managed?	Title	Impact score	Likelihood score	Rating (current)	Effectiveness of Controls (taken from Datix)
1	1810	Medical	Aggregated Risk – Failure to adequately manage the Emergency Capacity and Flow System	4	5	20	Limited
2	7762	Family Care	Risks associated with providing HDU care in DGH with no funding for HDU provision	4	5	20	Limited
3	8126	Corporate	Aggregated Risk – Potential to compromise patient care due to lack of Trust Wide advanced electronic patient record (EPR) system	4	5	20	Limited
4	2636	Diagnostic & Treatment	Insufficient histopathologists to manage an increasing demand causing delays in reporting for patients and affecting cancer targets	4	5	20	Limited
5	8441	Corporate	Coronavirus (COVID19) Outbreak	5	4	20	Adequate
6	6190	Surgical & Anaesthetic Services	Insufficient capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale	4	4	16	Limited
7	8061	Corporate	Management of Holding List	4	4	16	Limited
8	8221	Family Care	Lack of recurrent investment and review of CNP services resulting in service at risk	4	4	16	Inadequate
9	9073	Diagnostics & Treatment	Risk to patient safety due to unavailability of test results due to industrial action in Blood Sciences Department	4	4	16	Limited
10	4932	Trust Wide	Patients who lack capacity to consent to their placements in hospital may be being unlawfully detained	3	5	15	Limited
11	5791	Corporate	Aggregated Risk – Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care	3	5	15	Adequate
12	7008	Surgical & Anaesthetic Services	Failure to comply with the 62 day cancer waiting time target	3	5	15	Limited
13	7067	Medical	Aggregated Risk – Failure to obtain timely MH treatment impacts adversely on patient care, safety & quality	3	5	15	Adequate
14	7764	Corporate	RBTH – Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke	5	3	15	Adequate
15	8243	Family Care	Absence of an end to end IT maternity system	3	5	15	Limited
16	8257	Diagnostics & Treatment	Loss of Transfusion Service	5	3	15	Limited
17	8652	Corporate	Failure to meet internal & external financial targets for 2021-22	5	3	15	Adequate
18	8808	Corporate	BGTH – Breaches to fire stopping in compartment wall and fire door surrounds allowing spread of fire and smoke	5	3	15	Adequate
19	8839	Surgical & Anaesthetic Services	Failure to achieve performance targets	3	5	15	Limited
20	8960	Family Care	Risk of undetected foetal growth restriction & possible preventable still birth given non-compliance with PI (Ultrasound Guidance)	5	3	15	Limited
21	8914	Diagnostics & Treatment	Potential interruption of high flow oxygen therapy to critically ill patients across RBTH	5	2	10	Limited

**Table 2: Detailed risk information**

No	ID	Title						
1	1810	<b>Aggregated Risk - Failure to adequately manage the Emergency Capacity and Flow system</b>						
Lead		Sharon Gilligan	Current score	20	Score Movement			
Description		Lack of capacity across the Trust can lead to extreme pressure resulting in delayed delivery of optimal standard of care. Increasing numbers of patients within the emergency pathway makes medical/nursing care difficult, impacts on clinical flow and increases risk of nosocomial infection spread from overcrowding. Poor patient experience increases risk of complaints being made. Staffing requirements are not calculated as standard to care for increasing numbers of patients with complex care needs, with inadequate capacity within specialist areas i.e. cardiology, non-invasive ventilation (NIV) and stroke to ensure adequate flow and optimum care.		Actions	Task and Finish Group work is not at pace. Point of Care Testing (POCT) backlog due to volume of patients causing further delays. New controls put in place in order to mitigate risks.			
Top Controls		<ol style="list-style-type: none"> <li>1. Further in-reach to department to help to decrease admission.</li> <li>2. Workforce redesign aligned to demands in the Emergency Department (ED).</li> <li>3. Review of processes across Acute / Emergency medicine in line with Coronial process and incidents.</li> <li>4. Work with CCG on attendance avoidance.</li> <li>5. Phase 6 build commenced - completion Nov 2020.</li> <li>6. Business plan in place to review the footprint of ED and urgent care.</li> <li>7. Daily Consultant ward rounds.</li> <li>8. Established Discharge Matron Team to support during winter pressures.</li> <li>9. Roll out and relaunch of longer length of stay coaching for all wards.</li> <li>10. Ambulance turnaround times improved (work ongoing to decrease to less than 30 mins).</li> <li>11. Establishment of specialised flow team.</li> <li>12. Bed management teams in place.</li> <li>13. Complex case management teams in place.</li> <li>14. Bed meeting held 4 times daily with Divisional flow representatives.</li> </ol>						
Update since the last report		Risk continues to significantly impact due to increased attendances. Ongoing improvement works to continuously improve flow.  New controls put in place to mitigate risk.		Date Last reviewed	12/01/22			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
					15	20	20	X
				8 week score projection	20			
		Current issues		Impacted by COVID-19				

No	ID	Title					
2	7762	<b>Risks associated with providing HDU (High Dependency Unit) care in District General Hospitals (DGH) with no funding for HDU provision (Family Care)</b>					
Lead	Neil Berry	Current score	20	Score Movement			
Description	ELHT provides HDU (High Dependency Unit) care as do most District General Hospitals (DGH) with the tertiary centres providing formal HDU. In recent years with increasing demand and limited tertiary capacity, the provision for HDU care is increasing. We have received no funding to manage this provision and yet provide an estimated 1404 HDU days per year (70 % being Level 2 HDU).		Actions	Review by Chief Nurse completed. Controls and actions in place to mitigate risks, but the issue of funding is still outstanding.			
Top Controls	<ol style="list-style-type: none"> <li>1. Safer staffing is reviewed for nursing on a daily basis at Matron and Trust Director of nursing level. Staffing is managed according to acuity and therefore managed in a safe manner.</li> <li>2. Medical staffing actions have been taken to mitigate risk of medical cover to HDU activity in winter months -specific winter planning takes place.</li> <li>3. HDU competencies and training completed and co-ordinated in the Directorate to ensure suitable skills.</li> <li>4. Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level.</li> <li>5. Medical staffing support monitored and winter planning actions put in place to support increased HDU activity.</li> </ol>						
Update since the last report	<p>Chris Pearson, Tracy Thompson and Helen Campbell met to discuss the staffing levels required to give resilience and capacity to deal with the predicted surge in Respiratory Syncytial Virus (RSV) and subsequent HDU capacity.</p> <p>Staffing levels predominantly in Health Care Assistants (HCAs) have been increased and funding agreed.</p> <p>We have appointed an additional junior grade and additional middle grade until end March to cover HDU during winter - we do this every year from winter funding but this year it is a pressure on budget - but still we have mitigated the risk from a medical perspective too.</p> <p>Neil Berry briefed Chris Wood in contracting to recommence negotiations with Specialist Commissioning for the appropriate funding of HDU beds at Blackburn.</p> <p>Cross-ICS work underway led by Vanessa Wilson to develop a strategy for HDU.</p>		Date last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	20			X
			Current Issues	CCG currently not funding L2 Critical care activity. Awaiting decision from the ICS. Surge in HDU use to continue.			

No	ID	Title					
3	8126	<b>Aggregated Risk - Potential to compromise patient care due to lack of Trust-wide advanced Electronic Patient Record (EPR) System</b>					
Lead	Mark Johnson	Current score	20	Score Movement			
Description	The absence of a Trust Wide Electronic Patient System, the reliance on paper case notes, assessments, prescriptions and the multiple minimally interconnected electronic systems in the Trust.		Actions	Work with Cerner continues on the planned implementation.			
Top Controls	<ol style="list-style-type: none"> <li>1. Stable PAS system (albeit 25+ years old).</li> <li>2. Extramed patient flow system, including capture of nursing docs.</li> <li>3. ICE and EMIS systems.</li> <li>4. Winscribe digital dictation system.</li> <li>5. Windip scanning solution.</li> <li>6. Orion Portal.</li> <li>7. 24/7 system support services.</li> <li>8. Large medical record department.</li> <li>9. Paper contingencies for data capture.</li> <li>10. Additional administrative staff.</li> <li>11. All critical systems managed by informatics or services with direct links to Informatics.</li> <li>12. Register of non-core systems capturing patient information (feral systems) in place.</li> <li>13. Improved infrastructure (including storage) to maintain and manage existing systems.</li> </ol>						
Update since the last report	Work remains ongoing to develop with Cerner the planned implementation schedule to take place in November 2022.  Anticipated that this risk will be removed from the Corporate Risk Register in Quarter 4, due to the ongoing implementation of EPR.		Date Last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				20	20	20	X
			8 week score projection	15			
Current issues	Work ongoing with Cerner on implementation.						

No	ID	Title											
4	2636	<b>Inability to maintain establishment of consultant histopathologists</b>											
<b>Lead</b>	Santhi Kumar		<b>Current score</b>	<b>20</b>	<b>Score Movement</b>								
<b>Description</b>	Insufficient histopathologists to manage an increasing demand causing delays in reporting for patients and affecting cancer targets. There is a national shortage so recruitment is problematic. By early 2022 the consultant histopathologists within ELHT will be down to 6 WTE (funded capacity is 13.3 WTE)		<b>Actions</b>	New controls established to mitigate and manage risk									
<b>Top Controls</b>	1. Cases are triaged on reception and divided into: Urgent - cases marked urgent or with a specific target (e.g. two week rule) Allocated - surgical cancer resections allocated to a named pathologist Routine - cases which should be reported on site but not in categories 1 or 2 above. Referred - cases of a non-urgent nature which can be sent to an external reporting service.  2. Workload over capacity reported via Capacity lists on weekends, or sent to an external reporting service (depending on clinical need). 3. Medical staffing looking to fill all vacancies on a permanent or locum basis. 4. Workload allocated via a system based on clinical priority to prioritise cancer cases. 5. Non reported routine work available for capacity list reporting at weekends. 6. Lowest priority work identified at triage and sent to external reporting service. 7. There is still a lack of Consultant Histopathologists nationally both agency locum and substantive staff.  Above controls remain in place. Additional controls have been identified.  1. Position on meeting turn-around times remains very challenging. 2. Additional substantive consultant will take post in Jan/Feb 2022 but substantive retires on 31/03/22 - maintained at 6 WTE. 3. 1 retired consultant working 1 day per week on bank from 18/01/22 4. Contingency plans already well-established - sending work to external agencies. 5. Mutual aid from LTH and UHMB being used to support ELHT breast service. 6. External provider supporting Gynae/Colposcopy service. 7. Dragon speech recognition implemented to support remaining consultants. 8. Pathway mapping started for Breast and Gynae pathology to look at processes. 9. QI support in place for Breast and Gynae pathways.												
<b>Update since the last report</b>	Update 13/01/22 Position on meeting turn-around times remains very challenging COVID-19 restoration pressures adding to demand Ability to meet MDT requirements Demand outstripping capacity					<b>Date Last reviewed</b>	<b>13/01/2022</b>						
			<b>Risk by Quarter 2021</b>	<table border="1"> <thead> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>X</td> <td>X</td> <td>20</td> <td>X</td> </tr> </tbody> </table>	Q1	Q2	Q3	Q4	X	X	20	X	
Q1	Q2	Q3	Q4										
X	X	20	X										
			<b>8 week score projection</b>	20									
			<b>Current issues</b>	Position on meeting turn-around times remains very challenging, demand outstripping capacity, staffing challenges									

No	ID	Title					
5	8441	<b>Coronavirus (COVID-19) Outbreak</b>					
Lead	Tony McDonald	Current score	20	Score Movement			
Description	This risk is to capture the risk to our patients and staff in the event of further infection rates across the UK from the coronavirus (COVID-19) outbreak.		Actions	1. Continuous actions managed and monitored through the ICC meetings and regular Operational Command and Control (OCC) meetings throughout the Trust. 2. Mass Vaccination rollout			
Top Controls	1. Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with daily update meetings taking place. 2. Incident Command and Control (ICC) meetings currently stepped up to daily on weekdays with a Senior Leadership meeting once a week for key decision making and escalation. 3. Senior nurse and operational management presence on-site based at Royal Blackburn Teaching Hospital (RBTH) at weekends (in addition to on-call team) now instigated. 4. Daily Trust-wide Covid-19 Bulletin implemented (previously weekly). 5. Mobile Vaccination Unit deployed and mobilised at RBTH for public and staff including walk-ins.						
Update since the last report	Focus on staff requiring vaccination as a condition of employment with targeted one to one discussions and support with staff in scope. Mobile Vaccination Unit deployed and mobilised at RBTH for public and staff including walk-ins. Additional COVID Wards mobilised across acute and community settings. "Why not home, why not today?" campaign to maximise discharges, patient flow and bed capacity commenced. Surge capacity plan in place with phase 1 (24 beds at RBTH) and phase 2 (24 beds at Victoria Wing, Burnley General Teaching Hospital) mobilised.		Date Last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				20	20	20	X
			8 week score projection	20			
		Current issues	Impacted by COVID-19. Omicron variant causing high numbers of infections.				



No	ID	Title					
6	6190	<b>Insufficient Capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale (Ophthalmology)</b>					
Lead	Victoria Bateman	Current score	16	Score Movement			
Description	Insufficient clinic capacity for patients to be seen in outpatient clinics resulting in unbooked new patients and a very large holding list of overdue patients. In some cases, there is significant delay and therefore risk to patients. The demand far outweighs capacity, and this has been exacerbated since the COVID-19 pandemic, with the requirement for social distancing meaning less patients can be accommodated in waiting areas. All patients are risk stratified (red, amber, green), however still cannot be seen within timescales and additional risk that amber patients could become red over time etc.		Actions	Investment in additional clinical staff to reduce and maintain holding list.  Agree new contract for integrated eye service to develop new community pathways.			
Top Controls	<ol style="list-style-type: none"> <li>1. Failsafe Officer in place - focuses on appointing the red patients and the longest waiters. Validates the holding list.</li> <li>2. Capacity sessions where doctors willing and available.</li> <li>3. Used locums previously - however not currently in place due to (i) lack of available space, (ii) calibre of personnel is questionable, (iii) specialised areas of expertise, and (iv) in practice they do not tend to discharge and it therefore adds to holding list concerns at a later date.</li> <li>4. Flexibility of staff.</li> <li>5. Integrated Eye Care Service in place for specific pathways, keeping relevant patients out of hospital eye services where possible.</li> <li>6. The development of virtual pathways where clinically appropriate.</li> </ol>						
Update since the last report	Holding list remains high at 3,442 at 13/01/22. Actions in place to reduce and maintain the holding list.		Date last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	16			X
			Current Issues	Impacted by COVID-19			

No	ID	Title					
7	8061	<b>Aggregated Risk - Management of Holding List</b>					
Lead	Victoria Bateman	Current score	16	Score Movement			
Description	Patients waiting past their intended date for review appointment and subsequently coming to harm due to a deteriorating condition or suffering complications due to delayed decision making or clinical intervention.		Actions	<ol style="list-style-type: none"> <li>1. Continued micro-management at specialty level.</li> <li>2. Implementation of new patient led follow up and virtual pathways.</li> <li>3. Capacity and demand reviews at speciality level for longer term management.</li> <li>4. Internal auditors (MIAA) undertaking an audit starting in January 2022 to review holding management.</li> </ol>			
Top Controls	<ol style="list-style-type: none"> <li>1. There is a process in place to ensure all follow up patients are assigned a RAG rating at time of putting them on the holding list. This process is for outpatients predominantly. A process forward is currently being developed.</li> <li>2. There is an automated daily report to provide oversight of the holding lists by speciality.</li> <li>3. Underlying demand and capacity gaps must be quantified and plans put in place to support these specialities in improving the current position and reduce the reliance on holding lists in the future.</li> <li>4. A weekly performance report goes to the Executive Team Meeting and Senior Leadership Group.</li> </ol>						
Update since the last report	The issues surrounding the holding list still remain challenging. We have a lack of capacity to date our holding list patients which is compounded by longer backlogs since COVID and higher volumes of cancer and urgent patients requiring treatment. Each speciality is working on their highest risk and clinically urgent first.  14,495 patients past the intended date for review as at 13/01/2022.  Actions in place to mitigate and manage the risk.		Date last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				16	16	16	X
			8 week score projection	16			
		Current issues	Impacted by COVID-19				

No	ID	Title					
8	8221	<b>Lack of recurrent investment and review of CNP (Community Neuro developmental Paediatrics) services resulting in service at risk (Family Care)</b>					
Lead	Debbie Mawson		Current score	16	Score Movement		
Description	CNP is currently undergoing a service review which has stalled due to lack of resource from a CCG perspective. This is due to the service working under a block contract which has not been reviewed for a number of years. A number of roles and services are being funded non recurrently and this funding stops in March 2020 but has been continued at present due to COVID-19.		Actions	Conduct CNP Service review post COVID measures			
Top Controls	<ol style="list-style-type: none"> <li>Review meetings with our commissioner monthly.</li> <li>Escalated through CNP spec board and DMB (Divisional Management Board) also SMWRG (Senior Management Group) with DGM (Divisional General Manager) and Lead for Children and Young People Pennine CCG.</li> <li>Risk assessment completed.</li> <li>Funding continuing throughout review period but capacity issues remain the same.</li> </ol>						
Update since the last report	Recent confirmation of CCG funding for the ASD pathway from 2022 will allow better resourcing of this element of CNP provision and recruitment process has started with an injection of £250k in advance of this to help develop an integrated pathway across East Lancashire Child and Adolescent Services (ELCAS). Other providers do seem to be pulling support from service, specifically Speech and Language Therapies which has added to the mitigation, and is included in the staffing plan.  The issue remains that the block contract for CNP has not been reviewed for more than 10 years and is consequently short of the level required to provide the service now demanded.  Neil Berry has briefed Chris Wood in Contracts to start negotiations on this matter as soon as is practical.		Date last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	16	16	16	X
			Current Issues	The review of the block contracts for CNP is in need of urgent review.			

No	ID	Title											
9	9073	<b>Risk to patient safety due to unavailability of test results due to industrial action in Blood Sciences Department</b>											
Lead		Kathryn Brownbill / Emma Davies	Current score	16	Score Movement								
Description		Industrial action starting 07/05/21 has removed staff from shifts on lates, nights and weekends affecting Biochemistry, Haematology and Transfusion (Blood Sciences). The action has escalated to an all-out strike as of 31/05/21 until 28/07/21. Concern that the reduced staffing level due to industrial action will result in reduced testing capacity and test results will be delayed or unavailable for a patient as a consequence. Action further extended to 11/11/21. Action extended following further ballot 15/12/21 to midnight on 08/03/22.											
Top Controls		<ol style="list-style-type: none"> <li>All Hospital tests to be performed on site at Royal Blackburn Teaching Hospital (RBTH)/Burnley General Teaching Hospital (BGTH) as appropriate.</li> <li>Prioritising samples from urgent hospital locations (e.g. Emergency Department (ED)/Acute Medical Units (AMU)) as per current Standard Operating Procedure (SOP).</li> <li>Critical shifts that are empty to be covered by non-striking staff. Expected reduced staffing numbers on shifts.</li> <li>To enable the lab to deliver the first 2 priorities, other workload will have to be reduced by:</li> <li>Request sent to GPs to reduce workload by only sending clinically important samples during the industrial action.</li> <li>Reduced repertoire of tests made available to GPs based on clinically important tests.</li> <li>ICE requesting page for GPs updated to enable electronic requesting and transmission of results to clinical users.</li> <li>Any test required that is not in the repertoire and is clinically urgent for patient safety can be accessed by discussion with a Consultant Biochemist.</li> <li>Some non-urgent testing performed at reduced periodicity (e.g. electrophoresis), some testing not available (allergy testing, thrombophilia), no supplementary testing.</li> <li>GPs/Primary care services have been asked to send as many samples as are available for delivery to the lab on the earliest delivery rather than waiting until the end of the day when there are less staff in the lab.</li> <li>Off-track biochemistry work to be sent to Royal Preston Hospital (RPH) for testing.</li> <li>Majority of biochemistry GP work to be sent to RPH for testing.</li> <li>Wellbeing department involved to highlight support available to staff, including making one-to-one counselling available.</li> </ol>											
Update since the last report		The risk remains live on the Corporate Risk Register until the Trust can agree upon the terms of arbitration and because the risk that staff could still go back out on strike if further talks break down.		Date Last reviewed	06/01/2022								
		Although staff have returned, the details regarding the mediation process are still evolving and the risk score remains at 16. Further developments may result in the risk score being reduced.		Risk by Quarter 2021	<table border="1"> <thead> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>x</td> <td>x</td> <td>16</td> <td>X</td> </tr> </tbody> </table>	Q1	Q2	Q3	Q4	x	x	16	X
				Q1	Q2	Q3	Q4						
		x	x	16	X								
8 week score projection	12												
Current issues	Details regarding mediation to be worked out.												
Actions		Terms of reference for mediation being developed. Risk being managed and mitigated.											

No	ID	Title					
10	4932	Patients who lack capacity to consent to their placements in hospital may be being unlawfully detained.					
Lead	Howard Stanley	Current score	15	Score Movement			
Description	<p>Patients referred to Lancashire County Council and Blackburn with Darwen Council (Supervisory Body) for a Deprivation of Liberty Safeguards (DoLS) authorisation are not being assessed by these agencies within the statutory timescales or at all, which means the DOL is in effect unauthorised.</p> <p>The Local Authority (Supervisory Body) is aware but has not been able to process the assessments within the statutory timescales.</p>		Actions	<p><b>Increase in DoLS applications which adds to pressures on safeguarding team being monitored. Plans to change from DoLS to Liberty Protection Safeguards (LPS) planned for implementation April 2022.</b></p>			
Top Controls	<ol style="list-style-type: none"> <li>The Mental Capacity Act Policy (C82v5) and DoLS procedure is being adhered to by wards and applications are being made in a timely manner. They are being supported by the Adult Safeguarding Team.</li> <li>The policy was updated and agreed at Policy Council and includes up to date information regarding the 2014 Supreme Court Judgement.</li> <li>Non mandatory Mental Capacity Act (MCA)/DoLS Training Programme is available to all Trust employees.</li> <li>Additional support and training to ward based staff has been provided by the Mental Capacity Act Lead and other members of the Adult Safeguarding Team.</li> <li>Applications are tracked by the Adult Safeguarding Team and changes in patient status are relayed to the local authority (Supervisory Body).</li> <li>Ability to extend the Urgent Authorisation for all patients up to 14 days in total, which provides some defence to ELHT.</li> <li>Legal advice and support available to the Trust.</li> <li>Despite the legal framework issues, it is anticipated that the patients will not suffer any adverse consequences or delays in treatment etc, and Principles of the Mental Capacity Act will still apply.</li> </ol>						
Update since the last report	Local Authorities (LA) still not responding to DoLS submissions. Escalation to the Commissioners and NHS England for resolution.		Date Last reviewed	12/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	15			
		Current issues	Awaiting response from LA and escalation to Commissioners and NHS England				

No	ID	Title					
11	5791	<b>Aggregated Risk - Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care and finance.</b>					
Lead	Julie Molyneux/Chris Pearson		Current score	15	Score Movement		
Description	Use of agency staff is costly in terms of finance and levels of care provided to patients.		Actions	<ol style="list-style-type: none"> <li>Twice yearly professional judgment review of nurse and midwifery staffing requirements.</li> <li>Ongoing recruitment, locally, nationally, and internationally.</li> <li>Professional judgement review in progress to be completed and presented to the Quality and Safety Committee in Quarter 4.</li> </ol>			
Top Controls	<ol style="list-style-type: none"> <li>Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency.</li> <li>The use of the Safe Care Tool within Allocate to support decisions regarding acuity and dependency.</li> <li>E-rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes.</li> <li>Dashboard review of good rostering compliance.</li> <li>Monitor red flags, Incident Reporting (IR1s), complaints and other patient experience data.</li> </ol>						
Update since the last report	Nurse staffing levels remain extremely challenging. Concerns with the onset of the new omicron variant and potential further impact on staffing.		Date Last reviewed	12/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	15			
		Current issues	Risk from COVID-19 remains in place and recruitment nationally remains an issue.				

No	ID	Title					
12	7008	Failure to comply with the 62 day cancer waiting time.					
Lead	Sharon Gilligan	Current score	15	Score Movement			
Description	Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.		Actions	<ol style="list-style-type: none"> <li>Implement Rapid Diagnostic Centre (RDC) pathways – utilising funding from Cancer Alliance.</li> <li>Review of current pathways against timed pathways to identify areas for improvement.</li> <li>Continued micro-management of Patient Treatment List (PTL).</li> <li>Regular review of the Cancer Action Plan.</li> <li>Working closely with the Cancer Alliance to manage cancer on a system (ICS footprint).</li> </ol>			
Top Controls	<ol style="list-style-type: none"> <li>Full cancer action plan in place covering all specialities.</li> <li>Cancer escalation process modified and re-issued.</li> <li>Cancer Hot List issued twice weekly.</li> <li>Additional theatre capacity with additional capacity being attained throughout other hospital services.</li> <li>Lancashire Cancer Tactical Group, Trust and CCG colleagues discuss performance, progress, and ideas for improvement.</li> <li>Cancer Performance Improvement group has been established and is chaired by the Lancashire/South Cumbria Alliance.</li> </ol>						
Update since the last report	Significant challenges within endoscopy, lower gastrointestinal demand, clinical oncology, pathology and outpatient capacity across all specialities.		Date Last reviewed	13/01/2022			
	Weekly micro-management at speciality level.		Risk By Quarter 2021	Q1	Q2	Q3	Q4
	In January 2022 the increased COVID-19 prevalence had impacted on workforce across the elective pathway and patient availability for investigation and surgery.		8 week score projection	15	15	15	X
			Current issues	Impacted by COVID-19			

No	ID	Title					
13	7067	<b>Aggregated Risk - Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and quality</b>					
Lead	Tony McDonald	Current score	15	Score Movement			
Description	ELHT is not a specialist provider or equipped to provide inpatient mental health services. Patients with mental health need do present to the Trust and they may require both physical and mental health assessments, treatment and referral to specialist services. Due to lack of specialist knowledge, this may cause deterioration of the patient.		Actions	Expansion of MHLT team can only have an impact if this is measured against demand for service.  Limited documentation from MHLT at present, and limited input from consultant team. Current documentation is completed mainly by nursing ED team.  Clinical model to be embedded.			
Top Controls	1. Daily system mental health teleconference, attended by ELHT Clinical Site Managers. 2. Discussion and review at four times daily clinical flow meeting. 3. Expanded Mental Health Liaison Team (MHLT) service based in Emergency Department (ED). 4. Treat as One (TAO) group established to oversee the response to physical and mental health needs of patients. This group is chaired by the director of nursing and includes representatives from ELHT and Lancashire and South Cumbria NHS Foundation Trust (LSCFT), Lancashire County Council (LCC), Blackburn with Darwen Borough Council (BWDBC), CCG, Police. TAO group currently stood down but multiple meetings across the Trust still cover core essentials. Multi agency oversight group also in place. 5. Mental Health Shared Care Policy including out of hours escalation process for Mental Health patients.						
Update since the last report	Risk remains the same. Bi-monthly ED/MHLT clinical working group continues, the shared care policy has been updated during this months' meeting Between 01 – 24 December 2021, there were 10 Mental Health 12 hour breaches.		Date last reviewed	12/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	15			
		Current issues	Clinical model to be embedded.				



No	ID	Title							
14	7764	<b>Royal Blackburn Teaching Hospital (RBTH) Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke</b>							
Lead		Tony McDonald/Michelle Brown	Current score	15	Score Movement				
Description		There has been a Covid suspension of planned fire stopping works on site from March 20 but this will be reviewed in a regular monthly meeting with the Exec Director of Finance, Private Finance Initiative (PFI) Partners, Health and Safety (H&S) (Fire) and Estates. The exception is for capital and restore and restoration work only. Additional issues have been identified in a recent 3rd party sample survey - Fascial Cavity Barrier & External Wall Internal lining Investigations. The decision to stop such works transfers the risk of fire on the main site at Blackburn to the Trust. Project Co (PFI) cannot be held responsible until the Trust decides to reinstate such works which is being reviewed monthly.			There are a list of actions actively monitored in the Fire Stopping cell group which is led by the Executive Director of Finance and the Executive Director of Integrated Care, Partnerships and Resilience. These actions are regularly monitored whilst the Trust starts restoration on previous Fire Stopping works.				
Top Controls		<ol style="list-style-type: none"> <li>1. Fire alarm system throughout building providing early warning of fire.</li> <li>2. Evacuation procedures in place.</li> <li>3. Fire Wardens in most areas.</li> <li>4. All staff trained in awareness of alarm and evacuation methods.</li> <li>5. Fire policy in place.</li> <li>6. On site fire team response.</li> <li>7. Total Fire Safety Ltd have also started the programme of works on phases 1-4.</li> <li>8. Balfour Beatty carrying out work in Phase 5.</li> <li>9. Monthly meeting in place with Executives and senior management to review the Trust position on the works being stopped and deal with escalations. The Trust will review the position of this each month.</li> <li>10. Contractual arrangements in place between PFI and the Trust for maintenance of systems and Planned Preventative Maintenance (PPM).</li> </ol>							
Update since the last report		Project Co in receipt of actions and progressing these.			Date Last reviewed	30/12/2021			
		Governance arrangements now implemented to monitor completed actions.			Risk by Quarter 2021	Q1	Q2	Q3	Q4
					8 week score projection	15			
					Current issues	Impacted by COVID-19			

No	ID	Title						
15	8243	<b>Absence of an end to end IT maternity system (Family Care)</b>						
Lead		Tracy Thompson	Current score	15	Score Movement			
Description		Inability to have an end to end IT record of a woman's care throughout her antenatal, intrapartum and postnatal care. Impact on midwives work load as data capture will be manual, time consuming with an inconsistent approach to collect, no additional resources are available to collate this data manually which would equal at a minimum a full time post. Potential gaps and risks of inaccurate data capture.		Actions	All actions completed, controls and plans are in place to mitigate risks. IT meetings set up to regularly review.			
Top Controls		1. The Integrated Care System (ICS) procurement process is nearing its conclusion and the supplier for the new maternity system should be decided by the 30 September 2020. A divisional, multidisciplinary maternity system steering group has been formed and will meet every fortnight from the 14th October. The group will begin by discussing and developing the business case for the new system, discuss and look at setting up the project team once the chosen supplier is known and then discussing the choice and purchase of new IT infrastructure, again once the chosen supplier known. 2. Review of equipment used by midwives in the community for accessing systems is underway.						
Update since the last report		The Badgernet Maternity IT system has been purchased for all Trusts in the Local Maternity System. Badgernet went live for bookings in November followed by intrapartum use in December.  The current system is being used until we are fully free of paper records in May 2022 in order to align the records on the system.  Once we reach that date and a review or a post installation audit is undertaken, consideration could be given for removing this risk from the Corporate Risk Register.		Date Last reviewed	12/01/2022			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
				8 week score projection	12			X
				Current issues	Roll out has been delayed which has paused some of the training.			

No	ID	Title					
16	8257	<b>Loss of Transfusion Service</b>					
Lead	Kathryn Brownbill		Current score	15	Score Movement		
Description	<p>Denial of the laboratory premises at Royal Blackburn Teaching Hospital (RBTH), especially blood transfusion, due to:</p> <ol style="list-style-type: none"> <li>1. Planned evacuation due to fire alarm test.</li> <li>2. Unplanned evacuation, in response to local fire alarm activation</li> <li>3. Evacuation due to actual fire within the laboratory.</li> </ol>		Actions	<p>All actions have been completed. The risk is being reviewed and in due course should reduce in score as the Trust overall plan for electronic release of blood, from remote fridges is rolled out.</p>			
Top Controls	<ol style="list-style-type: none"> <li>1. Emergency bloods can be stored in temporary insulated boxes for a period of time.</li> <li>2. The Bio-Medical Scientist (BMS) would either station themselves outside the entrance to the laboratory, where they could issue emergency units out.</li> <li>3. If level 0 was out of bounds, clinical flow room would be point of contact skilled staff.</li> <li>4. Hospital Transfusion Committee in place and review of meeting still underway.</li> </ol>						
Update since the last report	<p>Initial meetings have been held with project lead, for Haemonetics. Discussion of setting up the system, to start initial testing of the system. As the testing is rolled out, changes to IT processes will occur to meet the Trust's overall plan over electronic release of blood, from remote fridges.</p> <p>On the Burnley General Teaching Hospital (BGTH) site, the fridge is enabled and label print runs have been carried out successfully.</p> <p>On RBTH site, room in the vicinity of the Ambulatory Medical Unit is being prepared for mid-February, then the blood fridge can be installed and the project can progress with initial testing of: electronic rules and release, in line with current guidance.</p> <p>As the fridges are still in testing phase, the lab is still prone to this risk. As nothing has changed in the storage sites of blood. All bloods are still held within the laboratory. Risk score still to remain the same.</p>		Date Last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
				15	15	15	X
			8 week score projection	10			
			Current issues	<p>Risk score remains the same until the implementation process with the new fridges is rolled out.</p>			

No	ID	Title					
17	8652	<b>Failure to meet internal &amp; external financial targets for 2021-22</b>					
Lead	Michelle Brown	Current score	15	Score Movement			
Description	Failure to meet financial targets is likely to lead to the imposition of special measures and limit the ability of the Trust to invest in the services it provides. Continued failure to meet financial targets may lead to the Trust being taken over by another provider.		Actions	The recent Omicron outbreaks and subsequent shortage of staff puts a risk to the elective activity plan but is being closely monitored			
Top Controls	<ol style="list-style-type: none"> <li>1. Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts.</li> <li>2. Financial performance reports distributed across the organisation to allow service managers and senior managers to monitor financial performance against financial plans, supported by the Finance Department.</li> <li>3. Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits.</li> <li>4. Arrangements to monitor and improve delivery of the Waste Reduction Programme.</li> <li>5. Training and guidance for budget holders.</li> </ol>						
Update since the last report	The Trust achieved its half year plan (H1) of breakeven and has since agreed a second half year plan (H2) of breakeven. This has been agreed as a Trust and L&SC system. There is risk within this financial plan but the financial and non-financial colleagues are working closely to ensure we are doing everything we can.		Date Last reviewed	30/12/2021			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	15			
			Current issues	Impacted by COVID-19			

No	ID	Title						
18	8808	<b>Burnley General Teaching Hospital (BGTH) - Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke.</b>						
Lead		Tony McDonald/Michelle Brown	Current score	15	Score Movement			
Description		Deficiencies in provision of fire barriers in external cavity walls in Area 7 Phase 5, BGTH. This is a Private Finance Initiative (PFI) building, not owned by the Trust. Excess gaps around fire doors have been identified, with inadequate fire stopping. Additionally issues have been identified within the Fascial Cavity Barrier & External Wall survey. Kingspan render/insulation is present but no test evidence to show fire resistance properties have been provided by Project Co or Kingspan. This has been requested by the Trust. The Trust has currently suspended fire stopping work internally due to COVID.			Actions	There are a list of actions actively monitored in the Fire Stopping cell group which is led by the Executive Director of Finance and the Executive Director of Integrated Care, Partnerships and Resilience. These actions are regularly monitored whilst the Trust continues restoration on previous Fire Stopping works.		
Top Controls		<ol style="list-style-type: none"> <li>1. Fire alarm system throughout the building to provide early warning in case of fire. Tested, serviced and maintained.</li> <li>2. External monitoring of fire alarm and connected to Royal Blackburn Teaching Hospital (RBTH) switchboard.</li> <li>3. Staff completes fire safety training.</li> <li>4. Fire Policy in place.</li> <li>5. Engie Fire Risk Assessments for non-Trust locations, these include Plant Room areas which are not occupied by the Trust.</li> <li>6. Contractual arrangements in place between PFI and the Trust for maintenance of systems and Planned Preventative Maintenance (PPM).</li> <li>7. Monthly meeting between lead Executives and support team to review this risk and outstanding fire stopping issues. Meeting will review the Trust position on fire stopping each month and all parties are aware of contractual agreements.</li> </ol>						
Update since the last report		Meetings ongoing to progress remedial works.		Date Last reviewed	30/12/2021			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
					15	15	15	X
				8 week score projection	15			
		Current issues		Impacted by COVID-19				

No	ID	Title					
19	8839	<b>Failure to meet performance targets (SAS)</b>					
Lead	Victoria Bateman	Current score	15	Score Movement			
Description	<p>The concern is the Division's ability to meet the national performance targets set for referral to treatment times. Non achievement on the standards ultimately impacts and causes delays in patient treatment.</p> <p>Due to COVID-19 all surgical specialities are currently significantly challenged for meeting Referral to Treatment (RTT). Failure of the standard means that individual patient care is impacted upon as patients have to wait an extended length of time for treatment. Impact on patient experience and patient treatment plan. Patients may deteriorate waiting for treatment for extended lengths of time.</p> <p>As this standard is monitored externally, failure to meet this standard has reputational issues for the Trust and patients may choose to not be treated at ELHT.</p>		Actions	<p>(1) Weekly micro-management at speciality level.</p> <p>(2) Maximise existing capacity through improved utilisation and reducing cancellations on the day.</p> <p>(3) Continue to explore external options for capacity.</p>			
Top Controls	<ol style="list-style-type: none"> <li>Strong monitoring at Trust, Divisional and Directorate Level.</li> <li>Weekly Patient Treatment List (PTL) meeting within Division to ensure awareness of current position and to ensure controls are continuously put in place to focus on achievement of the standard.</li> <li>Bi-weekly performance meeting with Directorate Managers led by the Director of Operations.</li> <li>Planning &amp; information produced for trajectories.</li> <li>Monitoring at directorate and divisional level at Directorate meetings and Divisional Management Board (DMB).</li> <li>Recovery plans being updated weekly by Directorate Managers.</li> <li>Attendance of divisional information manager at directorate meetings to provide information regarding current position.</li> <li>Strong management of standard at DMB and performance meeting with exec team.</li> <li>Exception reports provided by divisional information manager for all specialities where the 28 Day Reattendance (28DR) standard is not met.</li> <li>Monthly performance meeting with exec team and DMB where divisional position is reported discussed and challenged.</li> <li>Regular meetings with CCG colleagues to work together on demand management</li> <li>Regular discussion of performance across ICS. Exploring options for mutual aid where possible and outsourcing capacity</li> </ol>						
Update since the last report	<p>Due to the introduction of national P priority codes this also means that the most clinically urgent patients are treated first leaving a bigger backlog of even longer waiters behind due to lack of capacity. At the end of December 2021, we had 3 patients that have had a 104 weeks breach.</p> <p>In January 2022 increased COVID-19 prevalence has impacted on workforce across the elective pathway and patient availability for surgery.</p> <p>We also have a proportion of patient choice patient that we are trying to work through and re offer dates to in their specified time frame. The risk is still very much valid and a constant challenge for the services across the trust to achieve performance standards.</p>		Date Last reviewed	13/01/2022			
			Risk by Quarter 2021	Q1	Q2	Q3	Q4
			8 week score projection	15	15	15	X
			Current issues	15			
			Increased COVID-19 prevalence has impacted on workforce across the elective pathway and patient availability for surgery				

No	ID	Title					
20	8960	<b>Risk of undetected foetal growth restriction and possible preventable stillbirth given non-compliance with national Ultrasound guidelines</b>					
Lead	Helen Collier/Tracy Thompson	Current score	15	Score Movement			
Description	Diagnosis of intrauterine growth restriction could be missed some due to inability to report/action pulsatility Index on uterine artery doppler measurement. The introduction of national/international recommendations will require investment of resources including the introduction of Viewpoint as the obstetric reporting package, an increase in sonography hours and midwife sonography hours currently allocated and updated ultrasound machines within maternity services.		Actions	The enhancement of the midwifery ultrasonography workforce which is now in place has mitigated part of the problem but it still requires further recruitment and training (training typically taking 18 months to 2 years)  Capacity issues and operational pressures have impacted on the mitigation of the risk.  We are currently awaiting results of an audit which is intended to quantify the future capacity needs of the foetal growth restriction service.			
Top Controls	1. An additional ultrasound machine funded and has arrived. 2. We have staff (midwifery & Ultrasonography) within the department trained in measuring and interpreting pulsatility index. 3. We have Viewpoint reporting software which allows us to interpret and report pulsatility index. This will be rolled out and available to general sonography following the rollout of Badgernet on the 9 November 2021. 4. At present we are reporting umbilical artery end diastolic flow as present, absent or reversed with no measurement of the pulsatility index. This will identify some babies with foetal growth restriction but is less sensitive than the recommended pulsatility index. Those babies that we feel demonstrate foetal growth restriction are referred to placenta clinic for further management. 5. Currently only women at very high risk of early-onset growth restriction are seen within placenta clinic. 6. Full recruitment to the midwifery sonography team of 163 hours of band 7 is now in place. All are qualified, however there is no maternity vacancy backfill - with 1 planned for maternity leave and 1 pending. An expression of interest to be sought to backfill and succession planning to meet CNST requirements. 7. Planned 4 weeks audit in November 2021 to assess PI within midwife sonography services to understand potential volumes of demand going forward has now been completed. Outcome report is awaited.						
Update since the last report	The mitigation of this risk was dependent on enhancing the midwifery ultrasonography workforce which is now in place but requires further recruitment and training (training typically taking 18 months to 2 years)  Current lack of Ultrasonography capacity for dating and anomaly scans has exacerbated the ability to mitigate this risk because the midwifery sonographers are now being used to support the Diagnostics and Clinical Services (DCS) colleagues.  We are currently awaiting results of an audit which is intended to quantify the future capacity needs of the foetal growth restriction service.  The risk remains and has become more acute risk in recent weeks.		Date Last reviewed	13/01/2022			
			Risk by Quarter	Q1	Q2	Q3	Q4
			8 week score projection	15	15	15	X
			Current issues	10			
		Current issues	The risk has become more acute in recent weeks due to capacity issues and the need to support DCS.				

No	ID	Title						
21	8914	<b>Potential interruption of high-flow oxygen therapy to critically ill patients across Royal Blackburn Teaching Hospital (RBTH)</b>						
Lead		Susan Chapman/Andrew Appiah	Current score	10	Score Movement			
Description		Risks to continuity of medical oxygen supply from the VIE due to inadequate resilience in current infrastructure. The designed maximum oxygen flow limits of the current VIE tank and vaporisers has been near enough exceeded during this pandemic. This could have potentially led to an interruption of essential treatment of critically ill patients, such as invasive ventilation and low- and high-flow oxygen therapies. When the total oxygen draw from the patients and devices exceed the designed limit of the vaporisers, the system would not be able to turn liquid oxygen into gas quickly enough; hence it could start drawing liquid oxygen into the system potentially damaging it.		Actions	Risk currently being closely monitored to maintain effectiveness. Risk to be removed from Corporate Risk Register.			
Top Controls		<ol style="list-style-type: none"> <li>1. Complete installation of new VIE vaporiser system.</li> <li>2. New high flow manifold commissioned to act as a back-up.</li> <li>3. Protocols for the Management of Oxygen during periods of High Demand have been developed.</li> <li>4. Elevated clinical demand for oxygen is monitored throughout the day and escalated.</li> <li>5. Appropriate escalation measures have been allocated to various departments to avoid interruption of supply for patient's clinical care.</li> </ol>						
Update since the last report		Recent events from the surge of COVID patients on site, the very cold winter (sub 0°C temperatures), coupled with inadequate vaporiser management pushed the VIE vaporiser system close to its limits. A vaporiser upgrade was completed 22nd November 2021 which has doubled the capacity. In addition, a new high flow manifold has been commissioned on 17 Dec 2021 that will act as a back-up the VIE.		Date Last reviewed	04/01/2022			
				Risk by Quarter 2021	Q1	Q2	Q3	Q4
				8 week score projection	10			
				Current issues	Impacted by COVID-19, but risk successfully mitigated and recommendation to remove from the Corporate Risk Register			



**TRUST BOARD REPORT**

**19 January 2022**

**Item 11**

**Purpose** Assurance  
Approval

<b>Title</b>	Board Assurance Framework (BAF) Review
<b>Authors</b>	Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary Miss K Ingham, Acting Head of Corporate Governance
<b>Executive Sponsor</b>	Mr J Husain, Executive Medical Director

**Summary:** The Executive Directors have revised the BAF and examined the controls and assurances, together with any gaps, to establish whether they have changed since the November 2021 Trust Board meeting.

The cover report has been reviewed to summarise the key changes, specifically to the key controls, sources of assurance, actions and any gaps in assurance or control. All new items added are indicated in green within the document and any out of date information has been removed.

Work has commenced by the Executive Team on the BAF based on the feedback from the Committees and Non-Executive Directors. The Executive is planning to conclude this work by the end of quarter 4 (March 2022) and a Board workshop will be planned to discuss the revised BAF before presentation to the first Board of the new financial year. The review will include a review of the Trust’s risk appetite will be carried out at the same time as the review of the BAF risks.

**Recommendation:** Directors are asked to discuss and approve the content of the revised BAF and note the work being undertaken by the Executive on the revision.

**Report linkages**

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

**Impact**

Legal	No	Financial	No
Equality	No	Confidentiality	No

**Previously considered by:** Finance and Performance Committee (15 December 2021) and Quality Committee (15 December 2021).

1. The Board Assurance Framework (BAF) brings together in one document all of the relevant information on the risks to the Trust's strategic objectives. By regularly reviewing it, the Trust is in a position to identify whether the BAF remains fit for purpose and whether it provides the Board with confidence that it is having a thorough oversight of the strategic risks.
2. The effective application of assurance processes in producing and maintaining the BAF is enabling the Board to consider the process of securing the necessary assurance using formal procedures that promote good governance and accountability, whilst gaining a clear and comprehensive understanding of the risks faced by the Trust in pursuing its strategic objectives.
3. The BAF informs the Board about the types of assurance currently obtained, so consideration can be given whether they are effective and efficient and enables the Board to identify areas where the existing controls might be failing and the risks that are more likely to occur as a consequence. The BAF also gives the Board the ability to better focus the existing assurance resources.
4. Some of the BAF risks are considered by both the Quality Committee and Finance and Performance Committee (risks 1, 2, 3 and 5) due to their overarching nature, however each Committee only discusses the risk elements under their specific remits and are aligned to their Terms of Reference.
5. Please note that where sources of assurance have been removed, this is to enable the document to be more streamlined/high-level and does not mean that the assurance is no longer in place.

**Risk 1: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.**

6. There has been a revision to the risk descriptor to replace the word 'transformation' with the words 'service transformation'. The risk descriptor now reads: **Service Development and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.**
7. It is proposed that the **risk score remains at 16** (likelihood 4 x consequence 4).
8. The key controls section has been thoroughly revised to update existing controls and streamline the content. The following new controls have been added:

- a) Improvement priorities are determined from key delivery programmes and development requirements where the use of a standardised improvement approach will support improved outcomes.
  - b) The ELHT improvement method (SPE+) is based on evidence-based standardised improvement tools/methods. There is a supporting capacity/capability programme in place to train staff in the use of the method.
9. The assurance and gaps in control/assurance sections have been revised and the following item has been added during this review period:
- a) To ensure the future development of the improvement practice and systems to support improvement there is an underpinning Improvement Practice Development Plan in development.
10. Mitigating actions have been revised to include:
- a) The implementation of the new Strategy Deployment Framework via annual planning process which is due for completion in quarter 4 of the year (by the end of March 2022).

**Risk 2: Recruitment, retention and workforce planning fail to deliver the Trust objectives.**

11. It is proposed that the **risk score remains at 20 (likelihood 4 x consequence 5)**.
12. Internal and external assurances have been updated to add further information and clarification to existing items. In addition, one new source of assurance has been included, as follows:
- a) Annual analysis of NHS Staff Survey results undertaken to identify areas of highly engaged workforce and those areas where further intervention/targeted work is required to support recruitment and retention.
13. The following action has been included in the mitigating actions section: Further guidance on mandatory vaccination requirements for NHS staff awaited. A framework is being developed at Integrated Care System (ICS) level. A review will be carried out at the end of January 2022.

**Risk 3: Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.**

14. The **risk score remains at 16** (likelihood 4 x consequence 4) and will be revised, along with the rest of the BAF risks following feedback from the Board and Committee's as part of the annual review of the BAF that is currently being undertaken.
15. Key controls have been updated with minor revisions for clarification and readability purposes. In addition, there has been one new control added:
  - a) The work of *Thevaluecircle* and ongoing collaborative working of the providers at Provider Collaboration Board (PCB)/ICS level.
16. The sources of assurance section had been updated to reflect minor changes and streamlining. In addition, there has been one new source of assurance added:
  - a) The Trust has a number of senior leaders/Directors who are Senior Responsible Officers (SROs) at PCB level.
17. The mitigating actions section has been revised to include an update on the action to refresh the Trust's strategic framework. The deployment of the framework will be carried out as part of the planning process. There has been one further action added as follows:
  - a) A series of Clinical Strategy workshops will be held to develop more detailed delivery plans for next three years and they will take place in quarter 4 of the 2021/22 year.

**Risk 4: The Trust fails to achieve a recurrent sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to achieve financial balance, at the end of H2.**

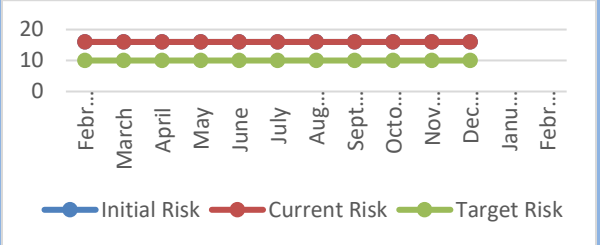
18. The **risk score remains at 20** (likelihood 5 x consequence 4).
19. The key controls section has been revised and streamlined for readability purposes and a number of points have been removed as they were no longer relevant.
20. The assurances section has been updated with the following three additional points:
  - a) Current forecasting for 2021/22 is showing as being on plan but with significant risks.
  - b) The need for the financial risks for 2021/22 to be managed equally across the ICS.
  - c) ICS financial reporting.
21. As with the controls section, a number of points have been removed from the gaps in control/assurance section to assist with readability and timeliness. A new gap has been included in relation to the significant risk to the 2021/22 financial position which

may not be fully mitigated. In order to manage the risk, there are continual reviews being undertaken.

**Risk 5: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements**

22. The **risk score remains at 16** (likelihood 4 x consequences 4).
23. Key controls have been updated with one new addition and minor updates for clarification which are shown in the BAF in green text.
24. The sources of assurance section have been updated and three new additions have been made:
  - a) Trust Quality and Safety performance update is provided at the Executive Team meetings on a weekly basis.
  - b) Weekly complex care meetings which discuss complex cases, inquests and serious incidents are in place.
  - c) Doctors appraisal and revalidation processes are in place and the annual report was submitted to NHSE/I in December 2021 after approval by the Board in November 2021.
25. The gaps in control section has been updated to add further information and clarification to existing items. In addition, one new item has been added, as follows:
  - a) The Trust continues to provide Paediatric High Dependency Unit (HDU) and Community Neurodevelopmental Paediatrics (CNP) services despite not being funded for the provision. Surge in HDU use expected past winter 2021. Review of CNP service has stalled as a result of lack of capacity at CCG level. This related to Corporate Risk Register risk ID 8221: *Lack of recurrent investment and review of CNP services resulting in service at risk.*
26. There has been an update to the target date for completion of the Patient Led Assessment of the Care Environment (PLACE) actions to clarify that the action is ongoing and subject to change depending upon national guidelines.

**BAF Risk 1**

<p><b>Objective theme:</b> Quality, Delivery, Workforce and Finance</p>	<p><b>Executive Director Lead:</b> Deputy Chief Executive, Director of Finance, <b>Interim Director of Service Development and Improvement</b> and Medical Director, Director of HR and OD and Director of Nursing</p>						
<p><b>Risk Description:</b> <b>Service Development</b> and Improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.</p>	<p><b>Date of last review:</b> <b>December</b> 2021</p>						
<p><b>Risk Rating (Consequence x likelihood):</b></p> <p>Initial Risk Score: 4 x 4 = 16</p> <p>Current Risk Score: 4 x 4 = 16</p> <p>Target Risk Score: 2 x 5 = 10</p> 	<p><b>Effectiveness of controls and assurances:</b></p> <table border="1" data-bbox="1315 487 1679 633"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p><b>Risk Appetite:</b> The Trust has <b>Low</b> risk appetite for any risk which has the potential to compromise our reduction of cost base and the Waste Management Programme.</p>		Effective	X	Partially Effective		Insufficient
	Effective						
X	Partially Effective						
	Insufficient						
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Improvement priorities are determined from key delivery programmes and development requirements where the use of a standardised improvement approach will support improved outcomes.</li> <li>The <b>Trust-wide Corporate Improvement</b> Programme is <b>facilitated and</b> monitored through the Improvement <b>Hub</b> Office reporting to the Senior Leadership Group (SLG), Finance and Performance Committee and Quality Committee.</li> <li><b>Improvement activity outcomes are measured across 4 domains</b> of Quality, Delivery, Morale (<b>staff/patient experience</b>) and Finance and are monitored through internal governance groups.</li> <li>Divisional improvement <b>programmes are delivered and</b> monitored through the Divisional Governance structures.</li> <li>The <b>ELHT improvement method (SPE+)</b> is based on <b>evidence-based standardised improvement tools/methods</b>. There is a supporting capacity/capability programme in place to train staff in the use of the method.</li> <li>Patient Participation Panel involvement in <b>service development and improvement</b> projects <b>has in some instances been</b> delayed due to ongoing pandemic response <b>but alternative virtual engagement is used where possible</b>.</li> <li><b>There is strong</b> Trust involvement in ICS restoration and recovery programmes including Adapt and Adopt Improvement Programmes <b>in order to facilitate sharing of best practice</b>.</li> <li>Work to review and revise the Trust's Quality Strategy and Quality Priorities for the next 12 months, through engagement with Senior Leadership Group, Quality Committee, all staff</li> </ul>	<p><b>Assurances:</b></p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> <li>The Trust planning process has identified a single set of key work programmes and improvement priorities for the Trust in conjunction with Integrated Care Partnership (ICP) partners. The priorities identified are aligned to the Trust's Clinical Strategy, the ICP priorities as outlined in the Pennine Plan, key Integrated Care System (ICS) and national restoration priorities and to the NHS Long-Term Plan.</li> <li>Ownership and embedding of the improvement plans across the Pennine Lancashire ICP.</li> <li>The Trust has adopted and is implementing a consistent improvement approach (improving Safe Personal and Effective Care Plus (SPE+) based on Lean and is a founder Trust of the Vital Signs programme.</li> <li>The Trust has invested in dedicated improvement capacity through the development of the Improvement Hub Office and seeks, through the planning round, to align capacity across the organisation to the delivery of a single plan. The improvement hub has developing a revised training and capability programme, the first phase of which has commenced.</li> <li>Operational and Executive oversight is provided via:             <ul style="list-style-type: none"> <li>Executive Visibility Wall (virtual in development)</li> <li>Executive Team meeting- weekly</li> <li>Senior Leadership Group</li> <li>Monthly Clinical Leaders Forum and bi-monthly Joint Clinical Leaders Forum</li> <li>Weekly Medical Director meetings</li> </ul> </li> </ul>						

**BAF Risk 1**

representatives, patients and other partners, is nearing completion and a new Quality Strategy will be signed off in March 2022.

- The Trust's Strategic Framework has been reviewed and updated. A new strategy deployment framework has been agreed and the process is now in development to ensure robust Trust, divisional and directorate plans are in place as part of the annual planning process.

- Assurance is provided via reporting to:
  - Finance and Performance Committee
  - Quality Committee
  - Trust Board

External Assurances

- Work is on-going to align improvement approaches and deliver associated training to upskill across the ICP and ICS with a model for improvement approved at the provider Collaboration Board (PCB) in September 2021.
- Reporting of improvement activities to the Trust Quality Review meetings with the Clinical Commissioning Group (CCG).
- There has been good participation by system partners in several system-agreed improvement events.
- There is ongoing alignment of improvement resources across the ICP including commissioning portfolios.
- System-wide Programme Boards have been developed to focus on delivery of system priorities and dovetail to Trust's information and transformation plans. These Boards cover Urgent and Emergency Care, Scheduled Care, Integrated Community Care and Mental Health. A Programme Co-ordination Group, consisting of senior responsible officers and delivery leads, established to oversee delivery.
- The Trust is part of the ICS level Elective Cell Recovery Group.

**Gaps in controls and assurance:**

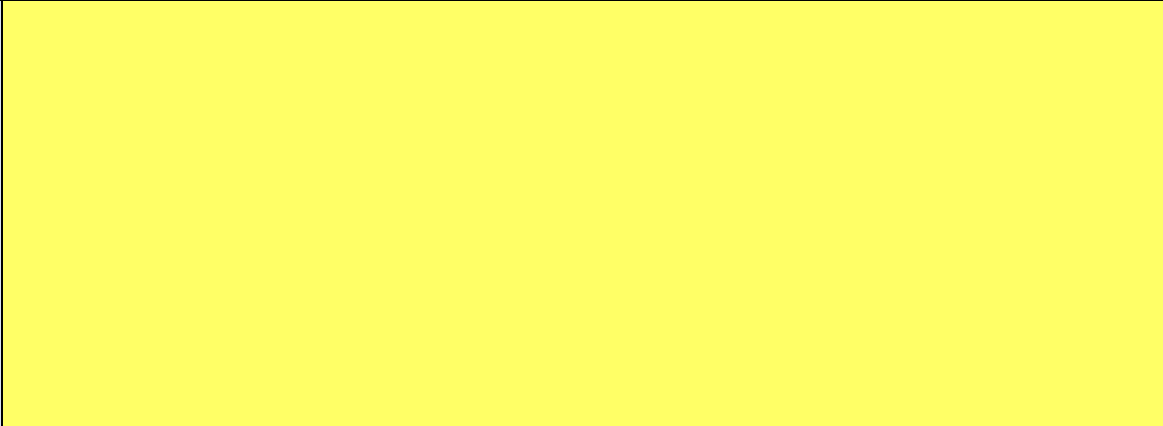
- Additional executive oversight through the executive leadership wall to be developed and strengthened.
- Capacity and resilience building in relation to improvement is in early phase but being addressed through development of capability and training programme.
- Dependency on stakeholders to deliver key pieces of transformation
- Financial constraints
- Transformation priorities not yet fully aligned to appraisal and objective setting
- Capacity and time to release staff to attend training related to improvement in order to build improvement capability across the organisation.

**Mitigating actions:**

Action	Target Date
Additional executive oversight through the executive leadership wall to be developed and strengthened	Q4 2021/22
Ongoing alignment of Trust improvement approach to ICP and ICS	Q3/4 2021/22
Refresh of the Trust's Quality Strategy and Quality Priorities.	Q4 2021/22
Implementation of new Strategy Deployment Framework via annual planning process	Q4 2021/22

**BAF Risk 1**

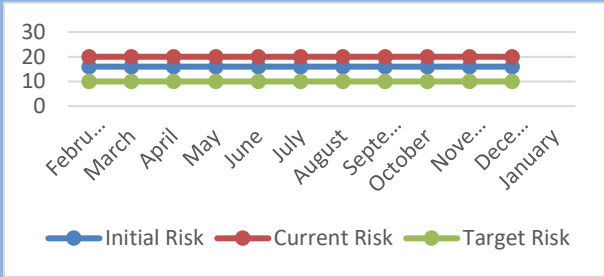
- Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.
- Impact of ICP/ICS governance changes on improvement plans.
- Ongoing effect of COVID-19 on restoration, staff wellbeing and morale.
- Electronic Patient Record is a key enabler to support delivery of improvement work streams.
- To ensure the future development of the Improvement Practice and systems to support improvement there is an underpinning Improvement Practice Development Plan in development.





Appendix – Board Assurance Framework (Full)

**BAF Risk 2**

<p><b>Objective theme:</b> Workforce</p>	<p><b>Executive Director Lead:</b> Director of HR and OD</p>						
<p><b>Risk Description:</b> Recruitment, retention and workforce planning fail to deliver the Trust objectives.</p>	<p><b>Date of last review:</b> December 2021</p>						
<p><b>Risk Rating (Consequence x likelihood):</b></p> <p>Initial Risk Score: 4 x 4 = 16</p> <p>Current Risk Score: 4 x 5 = 20</p> <p>Target Risk Score: 2 x 5 = 10</p> 	<p><b>Effectiveness of controls and assurances:</b></p> <table border="1" data-bbox="1315 483 1992 630"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p><b>Risk Appetite:</b> The Trust has <b>NO</b> risk appetite for any risk surrounding NICE guidance which has the potential to cause harm to patients and staff.</p> <p>The Trust has a <b>Low</b> risk appetite to any risk that could affect patients, staff, contractors, public and Trust assets.</p>		Effective	X	Partially Effective		Insufficient
	Effective						
X	Partially Effective						
	Insufficient						
<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Workforce transformation is being worked into the Trust’s improvement methodology.</li> <li>Divisional Workforce Plans aligned to Business &amp; Financial Plans through the planning process.</li> <li>Senior Leadership Group (SLG) monitor ongoing performance, actions and risks.</li> <li>Regular reports to Finance and Performance Committee and Board on delivering the People Strategy.</li> <li>Trust is in the process of reviewing and revising the Workforce Controls process to review all vacancies and support the Workforce Transformation strategy.</li> <li>People Strategy aligned to deliver National ICS, ICP and Trust workforce objectives and is cognisant of the NHS People Plan.</li> <li>Workforce tools such as Safe Care, e-rostering and dashboards to monitor safe staffing levels, revised in light of winter and COVID-19</li> <li>International and domestic band 5 nurse campaigns ongoing</li> <li>Work is ongoing to appoint clinical (medical, nursing and Allied Healthcare Professionals (AHP’s)) staff via targeted recruitment activity.</li> <li>Mutual aid arrangements continue across ICS</li> </ul>	<p><b>Assurances:</b></p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> <li>On-going monitoring of recruitment and retention issues/risks via Trust IPR and quarterly reporting to Finance and Performance Committee.</li> <li>Workforce Race Equality Standard (WRES) and Workforce Diversity Equality Standard (WDES) action plans with timelines in place. Regular reporting to the Board on progress. Ongoing monitoring of workforce diversity through the re-establishment of the Diversity and Inclusion Steering Group and Trust staff networks.</li> <li>Joint Medical and Non-Medical Agency Group in place. Dashboard giving overview of bank/agency usage presented monthly. Additional scrutiny from a nursing perspective.</li> <li>Lean Programme (Vital Signs) overall linking into workforce transformation. Improvement priorities are now being identified as part of the delivery of the People Strategy, working to embed in culture.</li> <li>Annual analysis of NHS Staff Survey results to identify areas of highly engaged workforce and those areas where further intervention/targeted work is required to support recruitment and retention.</li> <li>Uptake of flu vaccine and COVID-19 booster across the workforce.</li> </ul>						

**Appendix – Board Assurance Framework (Full)**

**BAF Risk 2**

<ul style="list-style-type: none"> <li>• Job planning in light of service demands</li> <li>• Medical Training Initiative Scheme</li> <li>• Daily medical and workforce huddles to identify gaps in staffing levels</li> </ul>	<ul style="list-style-type: none"> <li>• Extended health and wellbeing offer introduced across the organisation and ICS Enhancing Health and Wellbeing projects to support staff and reduce sickness absence/associated bank and agency usage.</li> <li>• A Senior Medical Staffing Performance Review Group established - responsibility for reviewing all consultant job plans, consultant vacancies etc. adding further rigor on our appropriate use of resource.</li> <li>• Revised appraisal process linked to talent management and succession planning with plans to increase compliance post-COVID-19. Activity underway to increase compliance and incorporate wellbeing conversations post COVID-19.</li> <li>• Development of a Trust-wide leadership development offer to align values and behaviours with the aspiration to create a culture of inclusion and compassion.</li> <li>• Partners programme participation with the NHS Leadership Academy (NHSLA) and NHS Improvement (NHSI) senior leadership representation on the programme.</li> <li>• Nurse Recruitment Strategy Group and action plan.</li> <li>• Reverse mentoring scheme commenced and will be a perpetual scheme (first cohort completed; second cohort being determined).</li> <li>• Launch of the flexible working manifesto and a number of flexible working pilots to support recruitment and retention.</li> </ul> <p><u>External Assurances</u></p> <ul style="list-style-type: none"> <li>• Staff Friends and family test (further detail in BAF risk 5).</li> <li>• Benchmarking of agency spend is available through the Model Hospital data.</li> <li>• Collaboration across the ICS on agency usage. Participation in ICS Bank and Agency Collaborative to manage agency rates across the region. ICS collaboration on Careers, International Recruitment and Workforce mobility. ICS wide People Board - looking at nurse recruitment across the whole system.</li> <li>• Establishment of a Pennine Lancashire and a Lancashire and South Cumbria People Board.</li> <li>• Improving staff survey completion rate.</li> <li>• WRES/WDES results.</li> </ul>
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**Appendix – Board Assurance Framework (Full)**

**BAF Risk 2**

	<ul style="list-style-type: none"> <li>Ongoing development of national performance dashboard to support delivery of the people plan.</li> <li>£1.5m secured for the ICS to develop an enhanced health and wellbeing offer.</li> </ul>								
<p><b>Gaps in controls and assurance:</b></p> <ul style="list-style-type: none"> <li>National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions. Reduction of continuing professional development (CPD) monies from Health Education England (HEE) (could be offset by the apprenticeship levy). Varying incentive schemes/packages across provider sector.</li> <li>Additional gap in relation to the unknown impact of COVID on long term travel plans, which may affect international recruitment.</li> <li>The impact of the changes to the pension rules and taxation has resulted in a significant reduction in capacity and additional work being undertaken by senior medical staff. This has resulted in a reduction in clinical capacity.</li> <li>Inability to control external factors (COVID-19, Brexit, visas etc).</li> <li>Regulators stance on safe staffing and substitution of roles in place of registered workforce.</li> <li>Risk of staff leaving the NHS due to post COVID burnout.</li> <li>Potential ongoing staff sickness from COVID-19.</li> <li>COVID-19 impact on appraisals.</li> <li>COVID-19 impact on Black and Minority Ethnic (BAME) population.</li> </ul>	<p><b>Mitigating actions:</b></p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #d9d9d9;">Action</th> <th style="background-color: #d9d9d9;">Target Date</th> </tr> </thead> <tbody> <tr> <td>Nurse and HCA recruitment strategy, first phase complete, with a second cohort to commence shortly.</td> <td>Q1 2022/23</td> </tr> <tr> <td>AHP job planning project underway across the ICS.</td> <td>Q1 2022/23</td> </tr> <tr> <td>Further guidance on mandatory vaccination requirements for NHS staff awaited. A framework is being developed at ICS level and a review will be undertaken by the end of January 2022</td> <td>End of January 2022</td> </tr> </tbody> </table>	Action	Target Date	Nurse and HCA recruitment strategy, first phase complete, with a second cohort to commence shortly.	Q1 2022/23	AHP job planning project underway across the ICS.	Q1 2022/23	Further guidance on mandatory vaccination requirements for NHS staff awaited. A framework is being developed at ICS level and a review will be undertaken by the end of January 2022	End of January 2022
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Appendix – Board Assurance Framework (Full)

BAF Risk 3

<p><b>Objective theme:</b> Quality, Delivery, Workforce and Finance</p>	<p><b>Executive Director Lead:</b> Executive Medical Director/Deputy Chief Executive, Director of Finance and <b>Interim</b> Director of Service Development and <b>Improvement</b></p>																																																														
<p><b>Risk Description:</b> Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p>	<p><b>Date of last review:</b> December 2021</p>																																																														
<p><b>Risk Rating (Consequence x likelihood):</b></p> <p>Initial Risk Rating: 4 x 4 = 16</p> <p>Current Risk Rating: 4 x 4 = 16</p> <p>Target Risk Rating: 3 x 4 = 12</p> <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Initial Risk</th> <th>Current Risk</th> <th>Target Risk</th> </tr> </thead> <tbody> <tr><td>February</td><td>16</td><td>16</td><td>12</td></tr> <tr><td>March</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>April</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>May</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>June</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>July</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>August</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>September...</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>October</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>Novemb...</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>Decemb...</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>January</td><td>16</td><td>15</td><td>12</td></tr> <tr><td>February</td><td>16</td><td>15</td><td>12</td></tr> </tbody> </table>	Month	Initial Risk	Current Risk	Target Risk	February	16	16	12	March	16	15	12	April	16	15	12	May	16	15	12	June	16	15	12	July	16	15	12	August	16	15	12	September...	16	15	12	October	16	15	12	Novemb...	16	15	12	Decemb...	16	15	12	January	16	15	12	February	16	15	12	<p><b>Effectiveness of controls and assurances:</b></p> <table border="1"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p><b>Risk Appetite:</b> The Trust has a <b>Moderate</b> risk appetite for opportunities which enable achievement of the Trust's strategic objectives, and collaboration with system partners in the Integrated Care System (ICS) and Integrated Care Partnership (ICP) within the available resources.</p> <p>The Trust has a <b>Low</b> risk appetite for risk, which may affect the reputation of the organisation.</p>		Effective	X	Partially Effective		Insufficient
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<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>The Chief Executive Officer (CEO) is a member of the ICS Board and System Leaders Executive. <b>There is Executive representation at the new Programme Co-ordination Group.</b></li> <li>The Chairman, CEO and Deputy CEO are members of the ICS PCB.</li> <li>PCB guidance released</li> <li>Number of senior clinicians involved with ICS work groups. Professional Leadership Committee (PLC) has ELHT representation.</li> <li>Working relationships with stakeholders in relation to mental health services including shared policies.</li> <li>Multiple COVID-19 initiatives at ICP level.</li> <li>Planning guidance received (regional and ICS planning groups established, Deputy CEO on both and Chief Operating Officer (COO) on ICS level group).</li> </ul>	<p><b>Assurances:</b></p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> <li><b>The Trust has a number of senior leaders/Directors who are SROs at PCB level.</b></li> <li>Standing agenda item at Trust Board where approvals will be established, and permissions are provided by the Board to let Executives progress the generation of ideas and options with external stakeholders. Standing agenda item at Executive meetings.</li> <li>Potential gains in strengthened reputation with regulators and across the ICS and region.</li> <li>Early stage discussions being undertaken for creating single teams across the system, e.g., 'one workforce' with timelines for implementation. Progress covered under BAF risk 2.</li> <li>Board CEO report including updates on system developments and engagement.</li> <li>Refreshed Clinical Strategy is closely linked to the ICS clinical strategy</li> </ul>																																																														

## Appendix – Board Assurance Framework (Full)

### BAF Risk 3

- ICP level – relationships between partners have developed in strength, particularly between primary care, Primary Care Networks (PCNs) and Trust, based on the COVID working that has taken place over the last 12 months. Agreed set of priorities developed for future working.
- Agreed co-chairs of the A&E Delivery Board (Executive Director of Integrated Care, Partnerships and Resilience, Medical Director for East Lancashire CCG).
- Each Executive lead is involved in their associated specialist group, e.g. Director of Finance is involved in Financial Assurance Committee at ICS level.
- Pathology collaboration programme.
- ICS Clinical strategy.
- Long COVID clinics in partnership with the local CCGs and Lancashire and South Cumbria Care NHS Foundation Trust.
- Strategic / Annual Planning Process.
- Socialisation of the refreshed Clinical Strategy which has a system focus.
- ELHT input into the ICP maturity matrix report and subsequent task and finish group (Deputy Chief Executive) and development plan. An agreed set of priorities for the ICP now developed.
- Hospital cell: ELHT represented by CEO
- ICP Providers meeting on a regular basis
- Provider Chief Operating Officer / Director of Operations group led by ELHT COO
- Diagnostic Programme Board.
- Appointment process being undertaken for consultant interface medicine (this post will be the link between Primary Care and Secondary Care).
- Close to completion of the clinical harms review across the ICS (one policy and guidance)
- *Thevaluecircle and collaborative working of the providers at PCB/ICS level.*

#### Internal/External Assurances

- The Pennine Lancashire and ICS Cases for Change have been published.
- Fostering good relationships with GP practices through Primary Care Network development and wider out of hospital working.
- Pennine Lancashire ICP Memorandum of Understanding (MoU) agreed by stakeholders workplan in place after Tripartite Board session. Revised governance and delivery standards. Programme Boards established with good ELHT representation.
- ELHT hosting the Providers Programme Director for the ICS Provider Board who reports to the Chief Executive of ELHT. CEO leading on the construction of the work programme with the Directors of Strategy from all the providers. Component business cases at Pennine Lancashire level forming a draft overarching ICP plan. Plan on a page for the ICP, connecting to the Plan on a page for ELHT completed and shared with the Commissioners. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire ICP Programme. Cultural development programme for system level leadership established with involvement of all senior leaders across the ICP.
- ICS architecture on clinical services is developing (e.g. pathology, stroke and frailty). Positive feedback from service reviews (stroke and endoscopy). Structures in place for the Out of Hospital stream with the Trust significantly contributing to the workstream. Across the ICS footprint the Medical Directors of the four Trusts agreed to focus on urology, vascular services, stroke, emergency department, interventional radiology and gastrointestinal bleed, and neonatology. Meetings are ongoing regarding the acute Programme and more focused work is taking place in Stroke, Vascular, Head and Neck and Diagnostics. At ICS level all providers met to formulate work programme - 3 categories of services agreed:
  - services that are fragile now
  - services where there is no immediate risk but possible in the not too distant future
  - services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed. Prioritisation of diagnostics, pathology and cancer work streams agreed.
- Haematology services at ELHT are under significant pressure as a consequence of partnership working with University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) and Blackpool Teaching Hospitals NHS Foundation Trust (BTH) is resulting in advice and guidance service and clinicians from BTH are providing mutual aid.

Appendix – Board Assurance Framework (Full)

**BAF Risk 3**

	<ul style="list-style-type: none"> <li>Developed work programme discussed by the Provider Collaboration Board at ICS level and work on developing future configuration continues, no timelines for completion set at this stage. Revised set of governance arrangements in place.</li> <li>Clinical leadership through the Professional Leadership Committee (PLC) at Pennine Lancashire ICP level giving consistent message about the importance of working as a system. Strengthening the relationship with primary care networks' leadership.</li> <li>Vital Signs is a system wide transformation programme across the Pennine Lancashire ICP. Patient experience strategy envisages good patient and public involvement to support the collaborative transformation. Progress with work covered under BAF risk 1. A system financial and investment group for the ICP looking into the priorities and aligning them with the financial envelope for the local system.</li> <li>Underpinning governance of the ICS Provider Collaboration Board (PCB) recently reviewed with a view to expedite decision making for improved provider collaboration. Strategic Co-ordination Group established, comprising Executives from across the 5 NHS Trusts. Role of the group is to be the engine room of the PCB. The group is under the chairmanship of the PCB Director.</li> <li>Regular communication with NHS England, NHS subsidiaries, Commissioners and Senior/Exec Management between teams. (BAF 5).</li> <li>Elective Care Recovery Group (ECRG) leading on recovery and restoration planning.</li> <li>There are a number of service areas being assessed in terms of clinical priorities across the ICS area. This work is undertaken by the Medical Directors and Chief Operating Officers within the ICS area.</li> </ul>						
<p><b>Gaps in controls and assurance:</b></p> <ul style="list-style-type: none"> <li>There is a need for consistent leadership across the system in order to ensure that we continue prioritising in line with system affordability.</li> <li>Building trust and confidence and agreeing collaborative approaches to service provision.</li> <li>Lack of clarity regarding the investment priorities across the ICP have the potential to destabilise acute services.</li> <li>Lack of unified approach in relation to procurement by Commissioners.</li> </ul>	<p><b>Mitigating actions:</b></p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Developing relationships with the ICP and ICS</td> <td>Ongoing work</td> </tr> <tr> <td>Refresh of the Trust's strategic framework, particularly the strategic goals of the Trust <i>has been completed. The agreed strategy deployment framework will be put in place as part of the annual planning process (as per BAF risk 1).</i></td> <td>Q4 2021/22</td> </tr> </tbody> </table>	Action	Target Date	Developing relationships with the ICP and ICS	Ongoing work	Refresh of the Trust's strategic framework, particularly the strategic goals of the Trust <i>has been completed. The agreed strategy deployment framework will be put in place as part of the annual planning process (as per BAF risk 1).</i>	Q4 2021/22
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**Appendix – Board Assurance Framework (Full)**

**BAF Risk 3**

<ul style="list-style-type: none"> <li>• Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.</li> <li>• Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.</li> <li>• It is unclear what the impact of the changes in senior leadership in partner organisations will be.</li> <li>• Understanding what is happening to providers with regard to financial milestones in the ICS.</li> <li>• Understanding the ramifications of system working on the Trust, particularly the role of NEDs.</li> <li>• Costs associated with the ICP/ICS 5-year plan may have an effect on Trust finances.</li> <li>• Agreed at ICP that the interim leadership arrangements will remain as they currently are, (no interim place-based leader). This is not a sustainable position for the medium term and is a holding position for the time being.</li> <li>• ICS level – design framework, alongside national guidance about the structuring of the ICS's and PCB guidance (technical) is expected to follow. The make-up of the PCB is likely to be similar to the LSC makeup.</li> <li>• Availability of the workforce will be a limiting factor in delivering objectives across the ICS.</li> </ul>	<p>Clinical strategy workshops to be held to develop more detailed delivery plans for next 3 years (as per BAF risk 1).</p>	<p>Q4 2021/22</p>
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Appendix – Board Assurance Framework (Full)

BAF Risk 4

<p><b>Objective theme:</b> Finance</p>	<p><b>Executive Director Lead:</b> Director of Finance</p>																																																														
<p><b>Risk Description:</b> The Trust fails to achieve a recurrent sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to achieve financial balance, at the end of H2 (second half of the financial year).</p>	<p><b>Date of last review:</b> December 2021</p>																																																														
<p><b>Risk Rating (Consequence x likelihood):</b></p> <p>Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 5 x 4 = 20 Target Risk Rating: 3 x 4 = 12</p> <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Initial Risk</th> <th>Current Risk</th> <th>Target Risk</th> </tr> </thead> <tbody> <tr><td>Feb</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Mar</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Apr</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>May</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Jun</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Jul</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Aug</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Sept</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Oct</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Nov</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Dec</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Jan</td><td>16</td><td>20</td><td>12</td></tr> <tr><td>Feb</td><td>16</td><td>20</td><td>12</td></tr> </tbody> </table>	Month	Initial Risk	Current Risk	Target Risk	Feb	16	20	12	Mar	16	20	12	Apr	16	20	12	May	16	20	12	Jun	16	20	12	Jul	16	20	12	Aug	16	20	12	Sept	16	20	12	Oct	16	20	12	Nov	16	20	12	Dec	16	20	12	Jan	16	20	12	Feb	16	20	12	<p><b>Effectiveness of controls and assurances:</b></p> <table border="1"> <tr> <td></td> <td>Effective</td> </tr> <tr> <td>X</td> <td>Partially Effective</td> </tr> <tr> <td></td> <td>Insufficient</td> </tr> </table> <p><b>Risk Appetite:</b> The Trust has a <b>Low</b> risk appetite to financial risk which could threaten the financial stability of the Trust.</p> <p>The Trust has <b>NO</b> risk appetite for any risk which has the potential to compromise data security.</p> <p>The Trust has <b>Low</b> risk appetite for any risk which has the potential to compromise our reduction of cost base and the Waste Reduction Programme.</p>		Effective	X	Partially Effective		Insufficient
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<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Regular reporting to Finance and Performance Committee and the Board to reflect financial position.</li> <li>Financial objective included in individual appraisals.</li> <li>Budgetary controls (income &amp; expenditure) in place including virement authorisation, workforce control and variance analysis.</li> <li>Measures to mitigate financial risk overseen by the Finance Assurance Board reporting to the Finance and Performance Committee.</li> <li>Financial Assurance Board in operation, which reviews the financial position, making recommendations for improvement.</li> <li>Financial investment/recovery strategy is in development.</li> <li>Robust financial planning arrangements supported by financial reporting.</li> <li>Waste Reduction Programme.</li> </ul>	<p><b>Assurances:</b></p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> <li>Current forecasting for 2021/22 is showing as on plan but with significant risks.</li> <li>Financial risks for 2021/22 to be managed equally across the ICS.</li> <li>Use of data sources (e.g. model hospital and Patient Level Information and Costing System (PLICS) data) to drive improvement and mitigate deterioration. Evidencing the routine use of benchmarking data to drive positive change.</li> <li>Alignment and involvement in all ICS collaborative working opportunities including agency group, pathology etc.</li> <li>Full alignment to the ICS Finance Assurance Committee</li> <li>Counter fraud updates, including new Counter Fraud Champion (Deputy Director of Finance)</li> <li>Representation on ICS Financial Sustainability Group.</li> </ul>																																																														



**Appendix – Board Assurance Framework (Full)**

**BAF Risk 4**

<ul style="list-style-type: none"> <li>• Robust costing systems to support service review.</li> <li>• Director of Finance is the finance lead for the Elective Care Recovery.</li> </ul>	<p><u>External Assurances</u></p> <ul style="list-style-type: none"> <li>• <b>ICS financial reporting.</b></li> <li>• External audit view on value for money.</li> <li>• Model Hospital benchmarking (including cost per Weighted Activity Unit).</li> <li>• ICS Led benchmarking.</li> <li>• Getting It Right First Time (GIRFT) Programme</li> <li>• Shared Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) group established with the CCGs.</li> <li>• <b>ELHT Director of Finance is the lead for ERF/accelerator Finances in the ICS</b></li> </ul>										
<p><b>Gaps in controls and assurance:</b></p> <ul style="list-style-type: none"> <li>• <b>Significant risk to financial position 2021/22 may not be fully mitigated – continually being reviewed.</b></li> <li>• Lack of standardisation in applying rostering controls.</li> <li>• Weaknesses in discretionary non-pay spend.</li> <li>• Officers operating outside the scheme of delegation.</li> <li>• Inadequate funding assumptions applied by external bodies (pay awards).</li> <li>• Hidden costs of additional regulatory requirements - highlighted with NHSE/I.</li> <li>• Cost shunting of public sector partners increasingly managed through ICS and ICP.</li> <li>• Significant external pressures which may intensify internal financial pressure.</li> <li>• Impact of COVID-19 wave three and restoration could impact the forecast position.</li> </ul>	<p><b>Mitigating actions:</b></p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Review of funding with CCG on level 2 critical care and CNP as set out in BAF risk 5 and Corporate Risk Register.</td> <td>End of March 2022</td> </tr> <tr> <td>Draft NHS Green Plan submission to ICS in January 2022, further work based on the feedback from Board members for final presentation to the Board in March 2022.</td> <td>Q4 2021/22</td> </tr> <tr> <td>Non-pay control review underway, due for completion at the end of March 2022.</td> <td>Q4 2021/22</td> </tr> <tr> <td>Pay control review underway, due for completion at the end of March 2022.</td> <td>Q4 2021/22</td> </tr> </tbody> </table>	Action	Target Date	Review of funding with CCG on level 2 critical care and CNP as set out in BAF risk 5 and Corporate Risk Register.	End of March 2022	Draft NHS Green Plan submission to ICS in January 2022, further work based on the feedback from Board members for final presentation to the Board in March 2022.	Q4 2021/22	Non-pay control review underway, due for completion at the end of March 2022.	Q4 2021/22	Pay control review underway, due for completion at the end of March 2022.	Q4 2021/22
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Appendix – Board Assurance Framework (Full)

**BAF Risk 5**

<p><b>Objective theme:</b> Quality, Delivery and Finance</p>	<p><b>Executive Director Lead:</b> Chief Operating Officer, Director of Nursing and Medical Director</p>																																																														
<p><b>Risk Description:</b> The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil the regulatory requirements defined in the NHS Constitution and relevant legislation.</p>	<p><b>Date of last review:</b> December 2021</p>																																																														
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<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Weekly operational performance meeting covering RTT, holding lists and key operational indicators. Separate dedicated weekly cancer performance meetings. Weekly performance is reviewed at SLG and operational update provided to the Executive Team.</li> <li>Engagement meetings with Care Quality Commission (CQC) in place monitoring performance against the CQC standards. <b>The Trust is preparing for its next Well-Led review, via Task and Finish Group working.</b></li> <li>Quality and safety compliance assessed by each division and assurance through the Divisional Quality and Safety Boards (DQSB) reporting into the Trust-Wide Quality Group (TWQG). <b>The meetings have reverted back to the pre-COVID structure.</b></li> <li>Divisional Assurance Boards feeding into the operational sub-committees and the Quality Committee.</li> <li>Nursing Assessment Performance Framework reporting through to the Quality Committee and involvement of Non-Executive Directors on the Safe Personal and Effective Care (SPEC) Panels. Board approval for the award of SPEC awards.</li> </ul>	<p><b>Assurances:</b></p> <p><u>Internal Assurances</u></p> <ul style="list-style-type: none"> <li><b>Trust Quality and Safety performance update provided to Executive Team meetings on a weekly basis.</b></li> <li>Integrated Performance Report (IPR) reporting to the SLG and at Board/Committee level, also presented to JNCC for information.</li> <li>Regular deep dive into the IPR through Quality and Finance and Performance Committees including RTT, all cancer standards and the emergency care standards.</li> <li>Performance monitoring provided through the weekly operational meeting, Scheduled Care Board (joint Board with CCG).</li> <li>Regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignment with national priorities through the quality and safety governance mechanisms.</li> <li>Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues.</li> </ul>																																																														

Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> <li>• A&amp;E Delivery Board (co-chaired by the Executive Director of Integrated Care, Partnerships and Resilience and the Medical Director for East Lancashire CCG) with Emergency Care Pathway assurance feeding into it.</li> <li>• Elective, Diagnostic and Cancer Board with elective pathway assurance feeding into it.</li> <li>• Elective Care Recovery Group set up across the ICS (Chief Operating Officer, Executive Medical Director and Director of Finance attend).</li> <li>• Daily nurse staffing review using safe care/allocate Nursing and Midwifery.</li> <li>• Medical Staffing Group held weekly to review rotas and address gaps.</li> <li>• Weekly Medical Staffing Review - Nursing and Midwifery staffing review feeding into the annual professional judgement review for all wards. Professional Judgement Review deferred until October 2021 due to COVID-19 response.</li> <li>• Daily operational flow meetings at 08.30, 12.30, 15.30 and 19.30. Site walkaround carried out by COO/Deputy COO at around 18.00 instead of the meeting.</li> <li>• Everyday matters meeting held daily to assist patient flow, discharge and long Length of Stay improvement.</li> <li>• Incident Management Team (for COVID-19) has been re-established currently on a weekly basis to manage the increasing numbers of patients.</li> <li>• <b>Daily</b> Critical Care meetings with Executive Directors and the Management Team of the division and department to ensure management of COVID-19 and non-COVID patients.</li> <li>• <b>The Trust also participates in the daily regional Critical Care meetings regarding the assessment of the regional position and discuss mutual aid etc.</b></li> <li>• Process implemented to ensure elective smoothing for patients requiring critical care post-op to ensure cancellations are reduced/removed.</li> <li>• Weekly Emergency Department / urgent care performance and improvement meeting.</li> <li>• Deputy Medical Director will work with Clinical Leads to create and monitor improvement plans for the Referral to Treatment (RTT) and holding list positions.</li> <li>• NHS 111 referral measures - including home testing and support to alleviate Urgent Care (UC) and Emergency Department (ED) pressures.</li> <li>• Cancer performance improvement group chaired by the ICS Cancer Alliance</li> </ul>	<ul style="list-style-type: none"> <li>• Rolling programme of assessments under the framework planned for all inpatient wards and departments including Community Services.</li> <li>• Independent Complaints Review Panel established with Non-Executive Director representation.</li> <li>• Quality walkrounds have been reinstated and due to COVID IPC measures we may have a mixture of virtual and in person walkrounds <b>(4 per month)</b>.</li> <li>• Reduction in use of nursing agency staff continues. The Trust is also part of the ICS-wide agency staffing collaborative – <b>a hold is on this until April 2022 due to operational pressures.</b></li> <li>• Staffing escalation process for nursing including forecast gaps in staffing and senior decision making. Standard Operating Procedure (SOP) developed and monitoring through Nursing and Midwifery Leaders' Forum reported to Quality Committee.</li> <li>• Maternity Floor to Board report presented to the Quality Committee at each meeting. The Trust also has named Maternity Champions, one Executive Director and one Non-Executive Board member.</li> <li>• Infection Prevention and Control (IPC) feeds into the Quality Committee.</li> <li>• Clinical Effectiveness Committee <b>has recommenced</b> and feeds into TWGC.</li> <li>• Director of Nursing and the Executive Medical Director are working on enhanced SIRI processes.</li> <li>• <b>Weekly complex care meeting which discusses complex cases, inquests and serious incidents.</b></li> <li>• Weekly monitoring of complaints at the Executive Team and reporting to the Patient Safety and Experience Committee and End of Life Care Group, focusing on reducing any 50+ day complaints (non-currently in the system). Complaint reviews are being undertaken with both Exec and Non-Executive leads following conclusion of a complaint.</li> <li>• Nursing Assessment Performance Framework (NAPF) - operational monitoring through the Nursing and Midwifery Leaders' Forum monthly, receiving assurance from the Assistant Director of Nursing and NAPF team and monitoring by matrons at ward level where they carry out mini-NAPFs on a weekly basis to keep up the improvement work and report to Quality Committee (every other meeting).</li> <li>• Trust response to Ockenden Review of Maternity Services covering the seven immediate and 12 urgent clinical priorities and monitored through the Trust's Quality Committee.</li> </ul>
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

- Extended ED and plans for restoration. Performance and restoration update provided weekly to Executive team and SLG as well as monthly to Finance and Performance Committee and each Trust Board.
- Insourcing supporting endoscopy, pain management and oral surgery.
- Weekly Medical and Clinical Directors meetings.
- Joint Clinical Leaders Forum (quarterly), Clinical Leaders Forum and Nursing Leaders Forum are both monthly meetings.
- ICS been selected as an accelerator system aiming to deliver 120% of the activity based on 2019/20 figures from July 2021.
- Job Planning Scrutiny Panel for delivery of service, including policy review.
- Respiratory Syncytial Virus (RSV) (paediatric respiratory) Contingency plan in place overseen by RSV Cell which feeds into ICP and ICS groups.
- Via the Incident Co-ordination Centre (ICC) there is work taking place on paediatric RSV because of the pandemic. This work includes primary care, secondary care and community and tertiary services. There are also additional paediatric ambulance transfers available as part of this work
- Vascular Board has been stood up to establish the delivery of services across the ICS.
- COVID-19 related harms are being reviewed across the ICS by Medical Directors and Chief Operating Officers.
- Secured an extension to the additional computerized tomography (CT) Scanner mobilised via the ICS Diagnostics Programme for a further 6 months until 31st March 2022 to support diagnostic and elective recovery. This operates 7 days a week for patients under the care of ELHT (4 days a week) and LTH (3 days a week).
- Mobilisation of Community Diagnostic Centres (CDC) led by the ICS Diagnostic Programme have commenced across Lancashire and South Cumbria including one in Pennine Lancashire based at Rossendale Primary Health Centre. This will enable expanded diagnostic provision to be provided closer to home rather than hospital settings where clinically appropriate, to be undertaken sooner, tackle health inequalities and improve health outcomes and support reducing diagnostic and elective backlog in line with national planning guidance, ICS and ICP priorities.

- Assessment against GIRFT, National Institute for Health and Care Excellence (NICE) and national audits.
- Single points of contact being set up across all Divisions/directorates to ensure smoother communication and delivery (operational co-ordination centres).
- Mortality Steering Group which meets on a monthly basis and reviews the Hospital Standardised Mortality Ratios (HSMR), Summary Hospital Mortality Indicator (SHMI) and related mortality indicators.

External Assurances

- Trust rated 'Good' by CQC in 2018 with improvements in various areas and some outstanding services.
- Nurse staffing review as part of the IPR. Staff Care Allocate and daily monitoring of allocation for staff and three times daily matrons' meetings to monitor. Audit carried out by MIAA for nurse staffing received significant assurance.
- MIAA have carried out an emergency care risk assessment audit which gained an assurance rating of 'Significant Assurance'.
- Guardian of Safe Working Hours reporting to Quality Committee.
- COO is the lead for restoration across the ICS region.
- **Doctors appraisal and revalidation processes are in place and annual report submitted to NHSE/I in December 2021.**

Internal / External Assurances

- System wide approach to Emergency Care Pathway, as part of monthly A&E Delivery Board.
- Patient Led Assessments of the Care Environment (PLACE) **Lite 2021 assessments are ongoing with feedback to be gained in December 2021 prior to formal submission** - percentage improved in all areas and monitoring continues. Annual PLACE report presented to the Quality Committee for assurance. Nursing and Midwifery Leaders' Forum also monitor. Patient Experience Committee receives minutes of the PLACE Steering Group. NAPF Team also monitors environmental issues linking to PLACE Assessments. No dates for when the PLACE assessments will recommence.

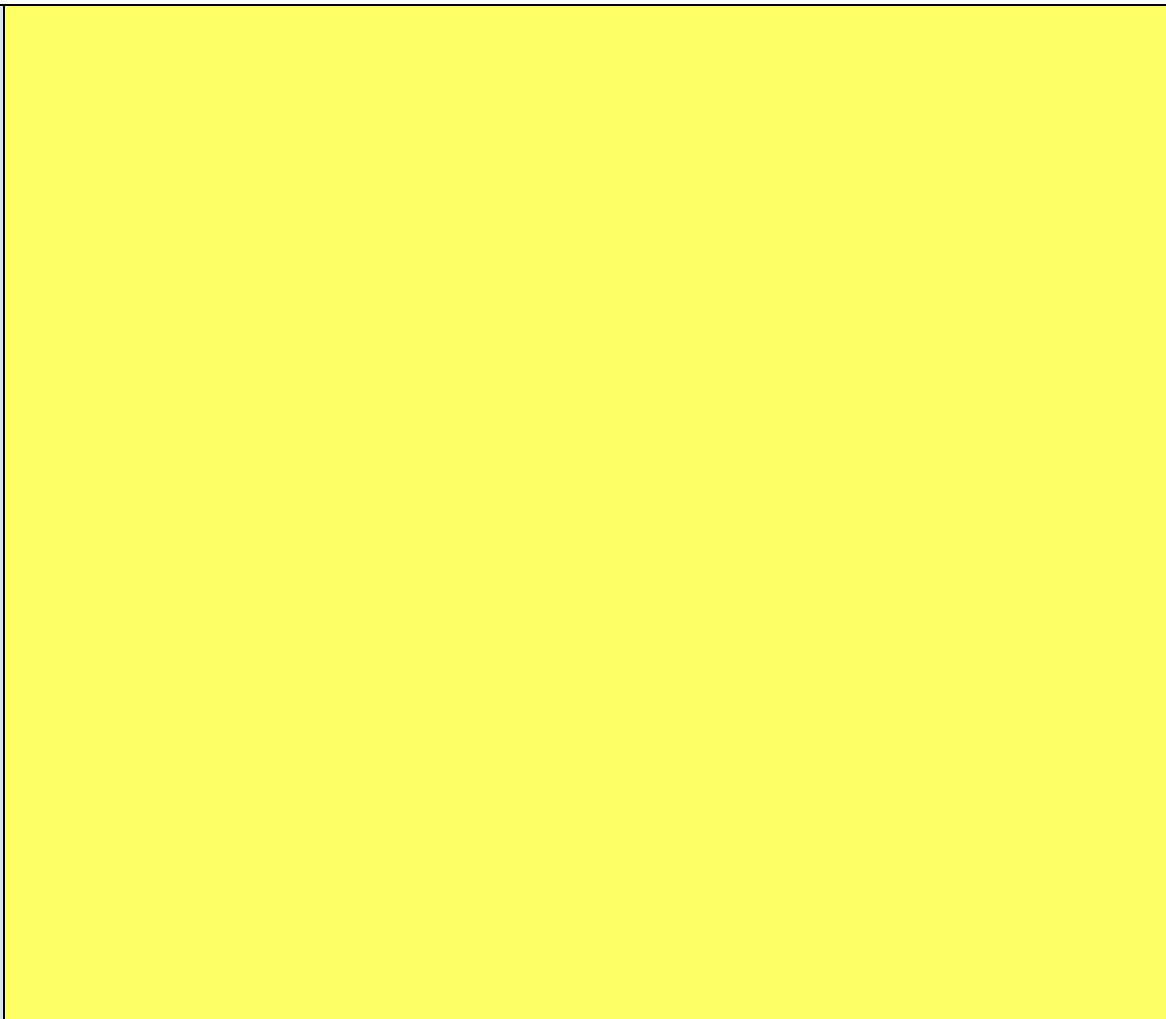
**Appendix – Board Assurance Framework (Full)**

**BAF Risk 5**

<ul style="list-style-type: none"> <li>Provider Collaboration Board has approved the establishment of the Diagnostic Imaging Network for Lancashire and South Cumbria using collaborative model and will be hosted by ELHT.</li> <li>Systems are in place to monitor audits to provide ongoing assurance in relation to the CQC action plan. The Action Plan is monitored by the CQC and through the Quality Committee.</li> <li>Utilisation of independent sector for planned surgical capacity.</li> </ul>	<ul style="list-style-type: none"> <li>Positive responses to Friends and Family Test and patient surveys with improvement areas identified. Monitoring at ward level, local divisions prepare monthly patient experience action plans that feed into the Patient Experience Committee that reports to the Quality Committee. Monthly monitoring is provided by the Nursing and Midwifery Leaders' Forum.</li> <li>Positive response and results from the 2020 National Staff Survey. <b>Current survey results are due in February 2022.</b></li> <li>Incident reporting from the central governance team - updates and analysis sent through to the ICC (Incident Co-ordination Centre) who collate and share this information on a weekly basis.</li> <li>Nosocomial Infections Report highlighting patients who have died following COVID-19 and requiring a structured judgement review. The report <b>was presented to the Board in November</b> regarding lessons learned from the pandemic, particularly nosocomial infections, and duty of candour. All duty of candour requirements has been carried out with all the affected patients/families.</li> <li>Mental Health Urgent Assessment Unit <b>is now fully operational.</b></li> </ul>								
<p><b>Gaps in controls and assurance:</b></p> <ul style="list-style-type: none"> <li>Restrictions in the supply of medical, nursing, midwifery and other staff groups to meet demand. Reference in BAF risk 2.</li> <li>Risk of mental health providers not being able to ensure sufficient assessment and treatment capacity although work is taking place to address this. <b>Meeting took place in early December, with a further meeting arrange for mid-December to discuss and review management of mental health services.</b></li> <li>Restrictions in the primary care system to ensure sufficient capacity.</li> <li>Insufficient capacity to deliver comprehensive seven-day services across all areas.</li> <li>Insufficient capacity in the ED and Urgent Care to manage the demands and surges in attendance <b>with a continuing increase in acuity of patients presenting</b> (unpredictable pressure on A&amp;E with increased attendances on previous years).</li> <li>Pathology industrial action remains ongoing, therefore potential impact on service provision. Mitigation is in place to minimise impact. Exploring conciliation with ACAS to help bring resolution to the dispute.</li> </ul>	<p><b>Mitigating actions:</b></p> <table border="1"> <thead> <tr> <th>Action</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters.</td> <td>Q4 2021/22</td> </tr> <tr> <td>Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q4 of 2021/22</td> <td>Q4 2021/22</td> </tr> <tr> <td>PLACE-Lite 2021 assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee.</td> <td>Ongoing, determined by national guidelines.</td> </tr> </tbody> </table>	Action	Target Date	Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters.	Q4 2021/22	Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q4 of 2021/22	Q4 2021/22	PLACE-Lite 2021 assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee.	Ongoing, determined by national guidelines.
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Appendix – Board Assurance Framework (Full)

BAF Risk 5

<ul style="list-style-type: none"> <li>• Insufficient bed capacity to ensure there are no delays from decision to point of admission.</li> <li>• Histopathology pressures affecting cancer performance. Outsourcing in place but external firms are unable to deliver within the required timeframes. This is being addressed through the pathology collaborative.</li> <li>• The Trust continues to provide Paediatric High Dependency Unit (HDU) and Community Neurodevelopmental Paediatrics (CNP) services despite not being funded for the provision. Surge in HDU use expected past winter 2021. Review of CNP service has stalled as a result of lack of capacity at CCG level.</li> <li>• Lack of unified approach in relation to procurement by Commissioners.</li> <li>• Future role of NHSE/I and HEE merged teams to be determined.</li> <li>• Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.</li> <li>• Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.</li> <li>• Understanding what is happening to providers with regard to financial milestones in the ICS.</li> <li>• Costs associated with the ICP and ICS 5-year plan may have an effect on Trust finances.</li> <li>• Capacity to manage COVID patients and unscheduled admissions.</li> <li>• Capacity in critical care beds/staffing at regional level.</li> <li>• Staff exhaustion, resilience, sickness and availability as a result of the ongoing pandemic response.</li> <li>• New guidance on self-isolation for NHS staff is affecting the availability of staff and is open to interpretation, particularly in relation to the Omicron mutation.</li> <li>• Similar to the above point, there is an unavailability of staff within care home which has a negative effect on the discharge of patients, therefore affecting patient flow in the Trust.</li> </ul>	
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**TRUST BOARD REPORT**

**19 January 2022**

**Item 12**

**Purpose** Information  
Decision

<b>Title</b>	Serious Incident Assurance Report
<b>Author</b>	Mr L Wilkinson, Incident and Policy Manager Mrs J Hardacre, Assistant Director of Patient Safety and Effectiveness
<b>Executive sponsor</b>	Mr J Husain, Executive Medical Director

**Summary:** The Trust Board is asked to receive the paper as a summary update on the serious incidents reported to the Clinical Commissioning Group (CCG) and as assurance that any themes identified have been appropriately escalated and responded to within the Trust.

The Board is asked to receive the included update on the implementation of Patient Safety Incident Response Framework (PSIRF) and to receive a full report on PSIRF at the next meeting following full adoption.

**Report linkages**

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

**Impact**

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: No formal Committee

**Serious Incidents Reported from 1<sup>st</sup> November to 31<sup>st</sup> December 2021**

1. From 1<sup>st</sup> November 2021 to 31<sup>st</sup> December 2021 the Trust reported 7 Serious Incidents to our Commissioners under the Serious Incident Framework (SIF). No incidents have been reported under the new national and local priorities of the Patient Safety Incident Response Framework (PSIRF) which the Trust starting reporting under on 1<sup>st</sup> December 2021. The categories reported under SIF were:
  - 1 death due to diagnostic advice given was incorrect to clinical team
  - 2 deaths as a result of sub-optimal care
  - 1 death as a result of maternity/obstetric (baby) unexpected term admission to NICU
  - 1 pressure ulcer
  - 1 maternity (baby only) stillbirth
  - 1 fall leading to a fractured neck of femur
2. Reports for all 4 Never Events reported in 2021 have been shared with the East Lancashire Clinical Commissioning Group (CCG) for review and whether they agree to the de-escalation of the Never Event status. At the time of writing no feedback has yet been received from the CCG for 2 of the Never Events, however it is understood that the CCG also need to discuss the reports with NHS England and Improvement. Of the 2 where feedback has been received:
  - 1 was not approved for closure or de-escalation from a Never Event however this may change on receipt of further information from the Division.
  - 1 has been approved for closure but not de-escalation from a Never Event and will be discussed at the January SIRI panel.
3. There have been no breaches of Duty of Candour (DOC) reported in November and December 2021.

**CCG Assurance Dashboard (Appendix A)**

4. The East Lancashire Clinical Commissioning Group (CCG) provides a serious incident dashboard each month to the Trust (see appendix A). At the time of the dashboard being produced the Trust had 93 Serious Incidents open for investigation and learning with the local CCG under the SIF.
  - 43 are under investigation
  - 7 investigations have been completed and awaiting closure or de-escalation by the CCG



- 38 investigation reports have had further information requested from Divisions before closure can be agreed
  - 5 are Healthcare Safety Investigation Branch (HSIB) investigations.
5. The CCG dashboard highlights that 37 reported Strategic Executive Information System (StEIS) incidents have been de-escalated on completion of the investigations in 2021.
6. The three top externally reported incident categories are:
- Pressure Ulcers
  - Maternity (baby only)
  - Slips/trips/falls

### **Serious Incident Requiring Investigation (SIRI) Panel Overview (November and December)**

7. At the SIRI Panel(s) including the Pressure Ulcer SIRI Panel a total of 23 investigation reports were discussed:
- 10 reports were approved with learning, Divisions share learning through divisional governance and Share to Care meetings in clinical areas. From February 2022 divisional learning will be monitored by the new Lessons Learnt Group for assurance and identification of any Trust wide themes
  - 7 reports were approved, and de-escalation requested with CCG
  - 6 were not approved as further work is required
8. A summary of themes is conducted at each SIRI Panel and at the November and December meetings the following themes were identified:
- Integrated Clinical Environment (ICE) - right person, right decision, right information, to be factored into Divisional and Electronic Patient Record (EPR) risks
  - Risk assessments and complete pathways not being implemented – consideration to be given to how ways of working can be changed to support staff in the ongoing high-pressured environment
  - Mental Health Liaison Team involvement
  - Terms of Reference (TOR) are generic and need to be incident specific, under the new PSIRF TOR will be developed with each patient/family/carer.
  - Ensure leads approached prior to being added to action plans and that the actions requested are achievable in the timescales given. New Lessons Learnt Group

starting in February 2022 will monitor divisional actions plans for assurance of improvements.

- Professional curiosity
- Pressure Ulcer themes identified and being reviewed for Trust wide learning by the Pressure Ulcer Lead
  - Intentional Rounding
  - Simple Steps Prevent Pressure Ulcers (SSKIN) bundle compliance
  - Poor documentation
  - Skin coding
  - Recording of Malnutrition Universal Screening Tool (MUST) scores

### **Patient Safety Incident Response Framework (PSIRF)– Early Adopters Update**

9. On 1<sup>st</sup> December 2021 the Trust stopped reporting serious incidents under the Serious Incident Framework (SIF) and moved as an early adopter to reporting and managing incidents under the New Patient Safety Incident Response Framework and the Trusts Patient Safety Incident Response Plan (policy number C175 V1).
10. Three members of the Patient Safety Incident Investigation (PSII) team are now in post, interviews for the final investigator and administration post will be taking place during January 2022.
11. The PSII team are currently working on developing information leaflets for staff, patient, carers and families regarding the PSII process and how they may be involved within the investigations. As well as the information leaflet they are developing investigation feedback forms for staff, patients, families and carers to gain an understanding of the Trusts safety culture and how the Trust might be able to improve the process in the future for others.
12. As part of the Trust being an early adopter for PSIRF, the Trust has been asked to work with an external company the National Patient Safety Team have commissioned to develop Patient Safety Response templates and guidance toolkit for Trusts to use.
13. Under the PSIRF the methodology for investigations has changed from Root Cause Analyses to Systems Engineering Initiative for Patient Safety (SEIPS). HSIB have developed a Safety Investigation course and the PSII Team are due to start the HSIB Level 3 International Award (silver) Programme in safety investigation on 20<sup>th</sup> Jan (30 hours over a 10-week period).

14. Under PSIRF it is now the responsibility of the Trust Board to provide final approval of all PSII reports. To support Trust Boards across the NHS, HSIB have developed a 2-hour course: Investigation Science for Strategic Decision Makers and Senior Leaders in Healthcare. It is recommended that Executives who are responsible for investigation report approval/sign off complete the 2-hour on-line training which can be booked through the following website: <https://www.hsib.org.uk/hsib-investigation-education/investigation-science-education-courses/>. There are dates and times available over the next 6 months and the training is free to NHS staff.
15. In line with the new PSIRF the Quality Governance Team have agreed with the Chair of the Quality Committee to develop a Patient Safety Incident slide deck to provide assurance regarding the management of incidents, investigations and learning from March 2022 and a summary PSIRF report to the Trust Board which will replace the current SIRI report.

**Lewis Wilkinson, Incident and Policy Manager**

**Jacquetta Hardacre, Assistant Director of Patient Safety and Effectiveness**

**6<sup>th</sup> January 2022**

### Appendix A: Serious Incident Dashboard produced by East Lancashire CCG on 6<sup>th</sup> January 2022

Dashboard developed and produced by Lewis Wilkinson, Quality & Performance Support Officer, MLCSU (Embedded)

Provider: ELHT				06/01/2022				Total number of incidents closed				Total number of incidents open				ELHT extension requests: December 2021	
<b>Total number of incidents</b>				<b>Total number of incidents closed</b>				<b>Total number of incidents open</b>				<b>2</b>					
659				566				93				Difference from rolling 12 month mean					
2021/22	2020/21	2019/20		2021/22	2020/21	2019/20		2021/22	2020/21	2019/20		Rank					
78	98	68		14	69	68		64	29	0		↓ -3.8					
2018/19	2017/18	2016/17	2015/16	2018/19	2017/18	2016/17	2015/16	2018/19	2017/18	2016/17	2015/16						
54	64	66	76	54	64	66	76	0	0	0	0						

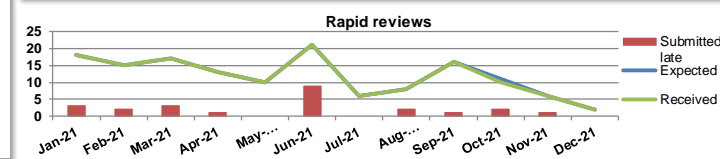
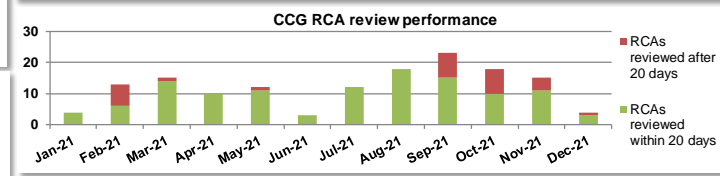
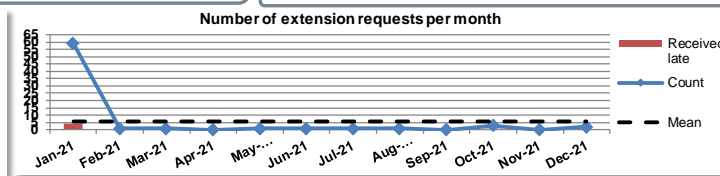
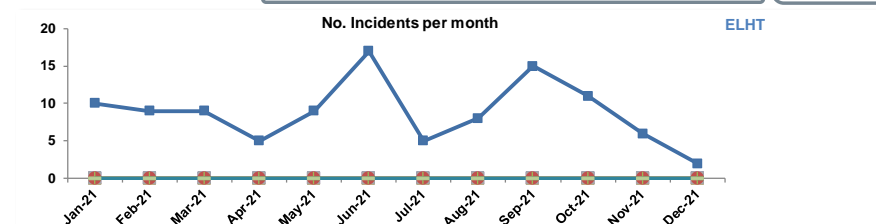
Overdue from initial date	Count	Top 5 Incident Types (12 month rolling)		Status of all open StEIS incidents	
0-10	4	06 January 2021 - 06 January 2022		Awaiting additional information	38
11-20	3	Pressure ulcer	40	Awaiting closure	7
21-30	7	Maternity/Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant)	13	Under HSIB investigation	5
31-40	3	Slips/Trips/Falls	13	Awaiting RCA	43
41-50	2	Diagnostic incident including delay (including failure to act on test results)	9	LAT Managed	0
51-60	1	Surgical/invasive procedure incident	7	<b>Total</b>	<b>93</b>
61-70	2				
71-80	2				
81-90	2				
91-100	2				
>100	4				

Reported in 2 working days of SI identified: 2021/22				
Yes	154	No	22	Total
				49

Never Events				
2021/22	2020/21	2019/20	2018/19	2017/18
4	3	5	1	7



**Item** 13

**Purpose** Information  
Action  
Monitoring

**Title** Integrated Performance Report

**Author** Mr M Johnson, Associate Director of Performance and Informatics

**Executive sponsor** Mrs S Gilligan, Chief Operating Officer

**Summary:** This paper presents the corporate performance data at November 2021

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

**Report linkages**

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

**Impact**

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

## Board of Directors, Update

### Corporate Report

#### Executive Overview Summary

##### Positive News

- There were no confirmed post 2 day MRSA bacteraemia in month.
- There were no medication errors causing serious harm.
- There were no never events reported in month.
- There were no maternal deaths in month.
- Average fill rates for registered nurses/ midwives and care staff remain above threshold, although continue to be extremely challenging.
- The complaints rate remains below threshold.

##### Areas of Challenge

- There were 5 healthcare associated clostridium difficile infections detected in month ('Hospital onset healthcare associated (HOHA)')
- There were 6 steis reportable incidents in month.
- Friends & family scores have deteriorated in all areas. A&E and maternity are below threshold.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in November at 69.1%
- There were 81 breaches of the 12 hour trolley wait standard (21 mental health and 60 physical health)
- There were 463 ambulance handovers > 30 minutes and 10 > 60 minutes. Following validation, 3 of the 10 were ELHT breaches. The trend is showing significant improvement.
- The cancer 62 day standard was not met in October at 72.1%.
- There were 15 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 19.7% in November.
- In November, the Referral to Treatment (RTT) number of total ongoing pathways has reduced on last month to 34,991, and the number over 40 weeks has reduced to 1,131.
- In November, there were 631 breaches of the RTT >52 weeks standard due to COVID-19, which is below the monthly trajectory.
- The emergency readmission rate is higher than the normal range.
- There were 7 breaches of the 28 day standard for operations cancelled on the day.
- Sickness rates are above threshold at 6.7% (October)
- The Trust vacancy rate is above threshold at 5.5%

- Trust turnover rate is showing a significant increase, but remains below threshold.
- Compliance against the Appraisal (AFC staff) remains below threshold. Appraisals were on hold until March 21.
- Compliance against the Information Governance Toolkit remains below the 95% target at 92%
- Temporary costs as % of total pay bill remains above threshold at 12%.
- All areas of core skills training are above threshold, with the exception of information governance, fire safety, and basic life support.















#### **No Change**





















- The Summary Hospital-level Mortality Indicator (SHMI) has remained as expected at 1.07.
- The Hospital Standardised Mortality Ratio (HSMR) is 'within expected levels'.
- Venous Thromboembolism (VTE) risk assessment performance remains above threshold.
- Length of stay is within normal levels.
- There were 79 operations cancelled on the day (non-clinical). This has returned to pre-covid levels.
- CQUIN schemes are on hold until March 22.

## **Introduction**

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



Safe					
	Indicator	Target	Actual	Variation	Assurance
M64	Clostridium difficile (C.diff) - 'Hospital onset healthcare associated (HOHA)'	n/a	5		No target set to provide assurance against
M64.3	Clostridium difficile (C.diff) - 'Community onset healthcare associated (COHA)'	n/a	0		
M64.4	Clostridium difficile (C.diff) Cumulative from April (HOHA& COHA)	67	38		
M65	MRSA	0	0		
M124	E-Coli (HOHA)	n/a	8		
M155	P. aeruginosa bacteraemia (HOHA)	n/a	0		
M157	Klebsiella species bacteraemia (HOHA)	n/a	3		
M66	Never Event Incidence	0	0		
M67	Medication errors causing serious harm (Steis reported date)	0	0		
M68	Maternal deaths	0	0		
M64.2	C Diff per 100,000 Occupied Bed Days (HOHA)	No Threshold Set	17.9		
M69	Serious Incidents (Steis)	No Threshold Set	6		
M70	Central Alerting System (CAS) Alerts - non compliance	0	0		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	98%		

Caring					
	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	96%		
C31	NHS England Inpatients response rate from Friends and Family Test	No Threshold Set	36%		
C40	Maternity Friends and Family - % who would recommend	90%	89%		
C42	A&E Friends and Family - % who would recommend	90%	66%		
C32	NHS England A&E response rate from Friends and Family Test	No Threshold Set	12%		
C44	Community Friends and Family - % who would recommend	90%	91%		
C38.5	Outpatient Friends and Family - % who would recommend	90%	90%		
C15	Complaints – rate per 1000 contacts	0.40	0.21		
M52	Mixed Sex Breaches	0			
Effective					
	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.07		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Jun-21)	Within Expected Levels	100.4		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Jun-21)	Within Expected Levels	99.4		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Jun-21)	Within Expected Levels	103.1		
M73	Deaths in Low Risk Conditions (as at Jun-21)	Within Expected Levels	n/a		
M159	Stillbirths	<5	4		
M160	Stillbirths - Improvements in care that impacted on the outcome	No Threshold Set	n/a		
M89	CQUIN schemes at risk	CQUIN Suspended for 2021/22			

Responsive					
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	67.3%		
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	69.1%		
M62	12 hour trolley waits in A&E	0	81		
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	463		
M84	Handovers > 60 mins (Arrival to handover)	0	10		
C1	Referral to Treatment (RTT) admitted: percentage within 18 weeks	No Threshold Set	50.9%		
C3	Referral to Treatment (RTT) non- admitted pathways: percentage within 18 weeks	No Threshold Set	81.6%		
C4.1	Referral to Treatment (RTT)waiting times Incomplete pathways Total	No Threshold Set	34,991		
C4.2	Referral to Treatment (RTT) waiting times Incomplete pathways -over 40 wks	No Threshold Set	1131		
C37.1	Referral to Treatment (RTT) 52 Weeks (Ongoing)	861	631		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	19.7%		
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	72.1%		
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	83.9%		
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	93.2%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	98.9%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	94.6%		
C36	Cancer 62 Day Consultant Upgrade	85.0%	89.5%		
C25.1	Cancer - Patients treated > day 104	0	15		
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	7		
M138	No.Cancelled operations on day	No Threshold Set	79		
M55	Proportion of delayed discharges attributable to the NHS	New reporting in development			
C16	Emergency re-admissions within 30 days	No Threshold Set	13.1%		
M90	Average length of stay elective (excl daycase)	No Threshold Set	3.5		
M91	Average length of stay non-elective	No Threshold Set	4.9		

**Well Led**

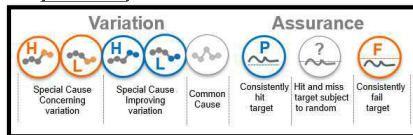
	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	8.9%		
M78	Trust level total sickness rate	4.5%	6.7%		
M79	Total Trust vacancy rate	5.0%	5.5%		
M80.3	Appraisal (Agenda for Change Staff)	90.0%	62.0%		
M80.35	Appraisal (Consultant)	90.0%	95.0%		
M80.4	Appraisal (Other Medical)	90.0%	99.0%		
M80.2	Safeguarding Children	90.0%	93.0%		
M80.21	Information Governance Toolkit Compliance	95.0%	92.0%		
F8	Temporary costs as % of total paybill	4%	12.0%		
F9	Overtime as % of total paybill	0%	0%		
F1	Variance to H1 financial performance surplus / (deficit) (£m)	£0.0	£0.0		
F2	Variance to H1 Waste Reduction Programme (WRP) achieved (£m)	£0.0	-£0.10		
F3	Liquidity days	>(7)	(6.5)		
F4	Capital spend v plan	85.0%	83.0%		
F18a	Capital service capacity	>1.25	1.7		
F19a	H1 Income & Expenditure margin	>(2.5%)	-0.1%		
F12	Better Payment Practice Code (BPPC) Non NHS No of Invoices	95.0%	97.4%		
F13	Better Payment Practice Code (BPPC) Non NHS Value of Invoices	95.0%	97.3%		
F14	Better Payment Practice Code (BPPC) NHS No of Invoices	95.0%	94.2%		
F15	Better Payment Practice Code (BPPC) NHS Value of Invoices	95.0%	96.9%		

NB: Finance Metrics are reported year to date.

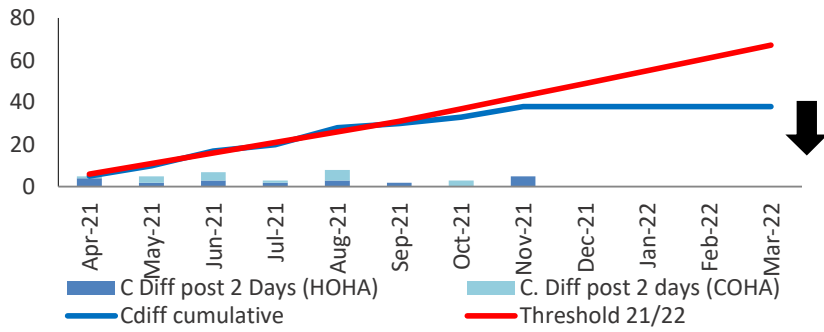
KEY

**SPC Control Limits**

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



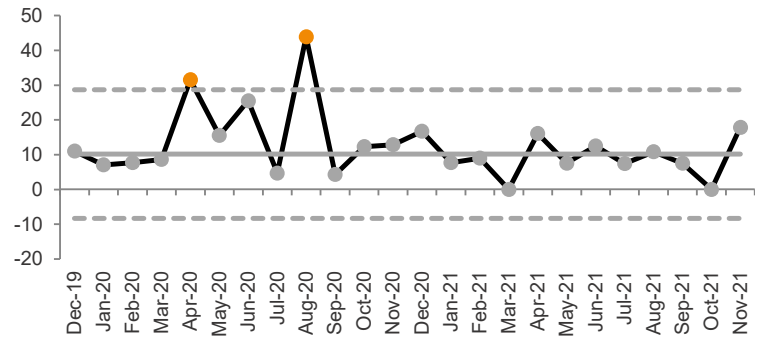
C Difficile



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

The objective for 2021/22 is to have no more than 67 cases of 'Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)'. The final figure for cases reported in 2020/21 was 69.

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



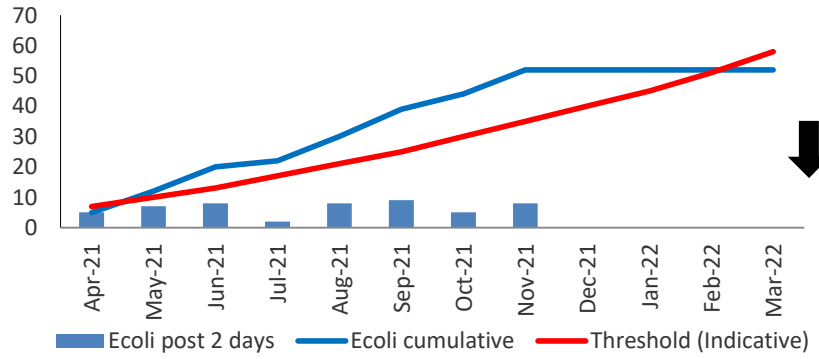
There were 5 healthcare associated *Clostridium difficile* toxin positive isolates identified in the laboratory in November, post 2 days of admission, all of which were 'Hospital onset healthcare associated (HOHA)'.

There were no 'Community onset healthcare associated (COHA)'. The year to date cumulative figure is 38 (HOHA & COHA). The detailed infection control report will be reviewed through the Quality Committee.

C Difficile benchmarking

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

E. Coli (HOHA)



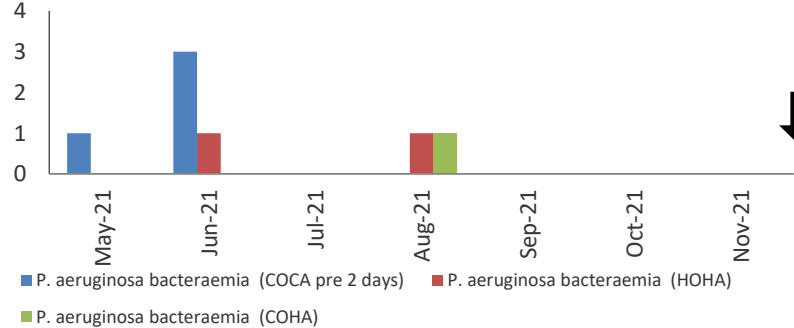
The Government initiative to reduce Gram-negative bloodstream infections by 50% by 2021 has been revised and now is to deliver a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

This year's trajectory for reduction of E.coli is 142 which includes both HOHA & COHA.

There were 8 post 2 day E.coli bacteraemia (HOHA) detected in November and 7 COHA cases.

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

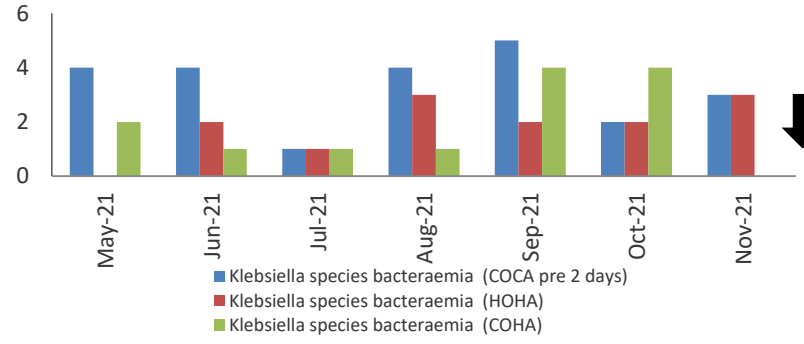
P.aeruginosa



From 21/22 the a trajectory has been introduced for *Klebsiella* and *Pseudomonas*. The Trust should have no more than 35 cases this year for *Klebsiella* and 8 cases for *Pseudomonas*.

So far this year, there have been 33 *Klebsiella* cases and 3 *Pseudomonas*

Klebsiella

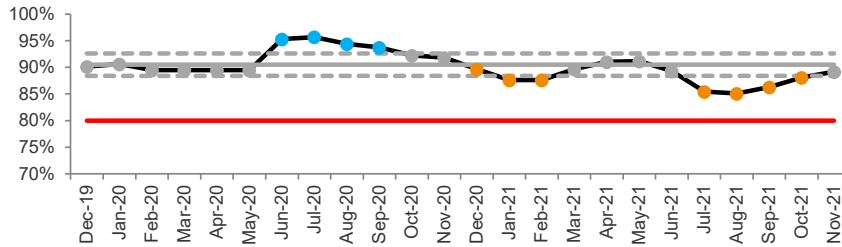


Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

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

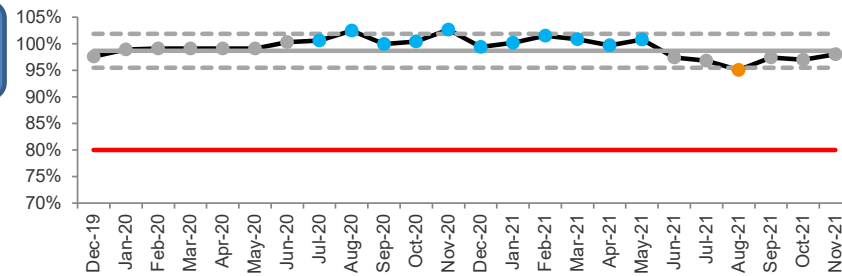
**NB: Mar - May 20 figures were not collected due to COVID 19, so are estimated here for purposes of calculating the Statistical Process Control (SPC) limits**

Registered Nurses/  
Midwives - Day



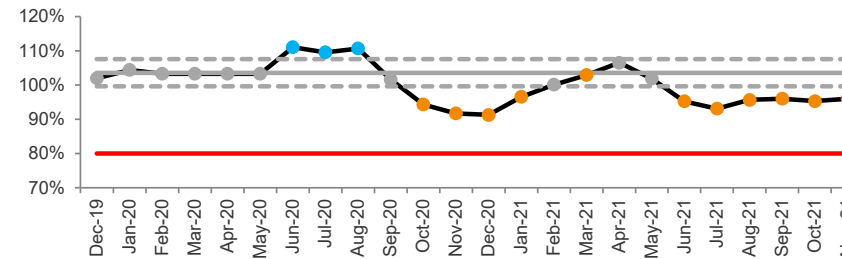
The average fill rate for registered nurses/ midwives during the day is showing a return to normal levels in November, and based on current variation will consistently be above threshold.

Registered Nurses/  
Midwives - Night



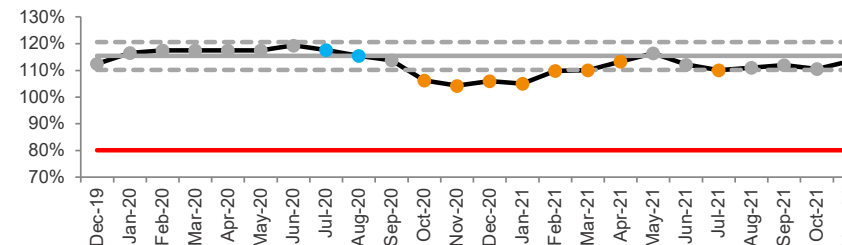
The average fill rate for registered nurses/ midwives at night is showing a return to normal levels in November, and based on current variation will consistently be above threshold.

Care Staff - Day



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

Care Staff - Night



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

Staffing in November 2021 has continued to be extremely challenging. Restoration and recovery plans are well underway, however there has been a requirement to maintain two COVID wards, sickness and shielding remains challenging, particularly last-minute sickness as does last minute cancelation of bank shifts and “no shows” from agency staff on occasion. The already established vacancies, maternity leave and effect of acuity is also impacting on staffing. Lots of cross cover between wards and the high use of bank and agency staffing continues. The constant movement of staff to cover other areas is also anecdotally having an effect on staff moral

**4 wards fell below the 80% for Registered Nurses/ Midwives** in November for the day shift. The filling of Health Care Support Worker shifts remains extremely challenging.

#### **MEC**

**Ward C5** - This was due to a lack of shift coordinators.

#### **CIC**

**Rakehead** – This was due in the main to lack of shift coordinators. At professional judgment review it was agreed to support the ward to realign RN/HCA establishment which should improve the headline percentage going forward. There were no incidents attributed to staffing

**Ward 16** – There were 10 shifts where the ward fell below planned numbers, these were mitigated either through bed numbers or through the use of student nurses or supernumerary staff

**Reedyford** – This was due in the main to lack of shift coordinators. 2 late shifts fell below the 1:8 ratio, this was mitigated by cross ward working and the support of student nurses to mitigate. No patient safety incidents attributed to staffing levels

#### **SAS**

#### **None**

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



## Red Flags

### MEC

**Emergency Department:** Staff reported less than 2 Registered Nurses on shift within Paediatric Department. However wider workforce was flexed to support the area. Delays with triage and documentation reported. No patient or staff harm reported

**B4 Ward:** Only 1 RN on duty on the night shift, additional health care support worker provided. Only 12 patients on the ward and adjoining ward provided support as required. No patient or staff harm reported

### SAS

**B14** 1 x RN short on the night shift, agency did not attend for duty. Extra RN shift requested and not picked up. Escalated to duty matron and clinical site team, no staff available to support. Acuity on the ward high 6 tracheotomy and patient with news 15. 4 HCA on duty provided 1:1 observation Nursing staff report missed breaks. Prioritised vulnerable patient and tracheotomy patient. – No harm identified

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

### Actions taken to mitigate risk

Safe staffing conference at 10:00 am followed up with meetings throughout the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours, utilising the acuity and dependency tool (Safe Care)

Extra health care assistant shifts are used to support registered nurse gaps if available

Relaunch of recruitment strategy, this will now be an internal QI project

Nurse recruitment lead working closely with divisions demonstrating recruitment data dashboard to enable and empower divisions to proactively manage recruitment

On and off framework agencies constantly engaged to with looking for block bookings

Professional judgement reviews now completed

Financial incentive offered to staff to support staffing levels and identified gaps in rotas

Temporary Staffing Team have created a bank shift option for Nursing Associates and monitoring fill rates

Imminent Health Care Support Worker Recruitment drive to recruit 30 with no Health and Social Care experience. Also recruiting HCA's to the Kick Start programme.

### Latest Month

#### Average Fill Rate

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night		Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Day		Night	
	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)			registered nurses/ midwives	care staff	registered nurses/ midwives	care staff
Nov-21	89.2%	96.0%	98.0%	113.4%	27,594	8.77	4	4	0	2

Monthly Trend

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night				Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Sum of Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Jan-21	87.6%	96.6%	100.2%	105.0%	25,962	9.74	12	3	0	2
Feb-21	87.6%	100.1%	101.5%	109.8%	22,251	10.28	13	5	0	1
Mar-21	89.6%	102.9%	100.9%	110.0%	24,868	10.31	9	1	0	1
Apr-21	91.0%	106.5%	99.7%	113.3%	24,821	10.15	7	1	0	2
May-21	91.2%	101.9%	100.8%	116.4%	26,351	9.71	1	1	0	0
Jun-21	89.3%	95.2%	97.4%	112.2%	23,966	10.05	3	3	0	0
Jul-21	85.5%	93.1%	96.8%	110.1%	26,936	9.08	8	3	0	1
Aug-21	85.1%	95.7%	95.1%	111.0%	27,582	8.81	10	4	0	2
Sep-21	86.3%	96.0%	97.4%	112.0%	26,615	8.96	6	4	1	2
Oct-21	88.1%	95.3%	97.0%	110.6%	28,426	8.61	6	3	0	2
Nov-21	89.2%	96.0%	98.0%	113.4%	27,594	8.77	4	4	0	2

**Family Care Staffing Summary**

There were 3 Staffing Red Flag incidents reported (as per Nursing Red Flag criteria) in November 2021

Staff shortage midwives – staffing issue (Maternity/Obstetrics) - staffing not at the agreed level

Staff shortage nurses –staffing issue (Neonatology) - Staffing not at the agreed level (unable to accept transfer in)

Staff shortage nurses (Neonatology) - Staffing not at agreed level (closed unit)

There were 0 Staffing Red Flag Incidents reported (as per Midwifery Red Flag criteria) in November 2021

All the incidents were reported under the NPSA category of no harm – impact prevented or no harm – impact not prevented.

There was appropriate escalation and implementation of the staffing escalation policy when acuity and activity was high. Safety huddles, status reporting via the SITREP continuously reviewed the activity and acuity, redeployed to relevant areas where required.

**Maternity (Midwife to Birth Ratio)**

Month	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Staffed to full Establishment	01:26	01:25	01:26	01:27	01:26	01:27	01:27	01:28	01:27	01:26	01:26	01:28	01:26	01:27
Excluding mat leave	01:27	1:26.71	01:27	01:28	01:27	01:28	01:28	01:29	01:27	01:27	01:27	01:29	01:27	01:28
With gaps filled through ELHT Midwife staff bank	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage
Per week	13.15wte	10.52wte	8.03wte	18.82wte	18.90wte	19.53wte	11.25wte	24.14wte	17.98wte	17.40wte	18.54wte	21.84wte	16.71wte	23.40 wte

**Maternity-** November bank filled hours 23.40 WTE covering vacancies/ pregnancy shielding, short, long-term sickness, cover for badger training. The hike in bank shifts is highly likely a balance between enhanced bank pay and backfill for badger training to take place in preparation for the go live date. (Each midwife has attended a full day with some eLearning modules to complete in addition.

An Enhanced hourly rate of pay in view of the significant increase with self-isolation/sickness/ substantive gaps continued in November now extended to the 4<sup>th</sup> January 2022.

Safe Midwifery staffing levels led Intrapartum care at Blackburn centre to be reintroduced on the 15<sup>th</sup> November as planned. Rossendale birth centre also opened for intrapartum care as handed over from CCG colleagues back to maternity services following an extended period of use as a vaccination centre.

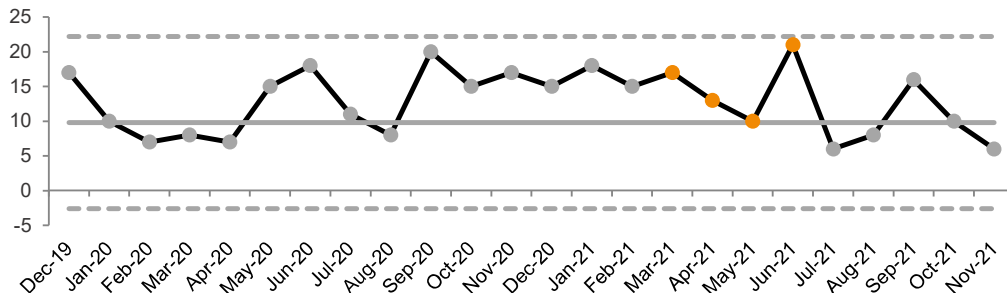
Safe midwifery Staffing levels continue to be reviewed with appropriate risk assessments throughout the day at each safety huddle on the Central Birth Suite; midwives are redeployed to other areas to support acuity and activity as and when required. Additional staffing huddles are taking place in times of pressures. Daily and weekend staffing plans are summarised with a further review of skillset and experience for each midwife prior to redeployment. The CBS coordinator will receive the staffing plan at the onset of duty with a view to redirect if deemed appropriate at handover in tandem with the duty cover at the weekend. Close monitoring with a proactive approach to breaks particularly in times of shortfalls being supported by the duty on call.

Badger net training in November all attended. Multi-disciplinary training (MDT) training reallocated to facilitate badger training. Live date for Ante- natal bookings remained on track on the 9<sup>th</sup> November 2021.

**Neonatology** – All Nursing duties covered to safe staffing levels in November except for one night where acuity did not meet expected requirements of safe staffing resulting in the coordinator caring for three infants on a night duty. The unit was closed to support safe staffing on a few occasions. Enhanced pay has remained in place to cover staffing gaps due to the non-uptake of bank and agency gaps, x1 agency shift only booked in the month of November.

**Paediatrics-** Activity/Acuity remains static all duties reflect safe staffing levels, no red flags reported. Recruitment to additional HCAS in line with RSV surge in progress.

Serious Incidents



There were no never events reported in November.

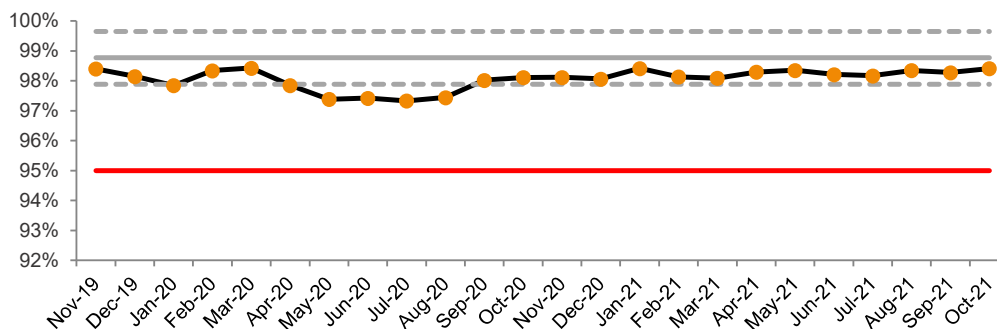
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in November was 6 incidents.

The trend is showing normal variation.

Strategic Executive Information System (StEIS) Category	No. Incidents
Pressure ulcer	1
Slips, trips & falls	1
Diagnostic	1
Maternity (baby only)	1
Sub optimal care	1
Maternity/obstetric (baby)	1

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

VTE assessment



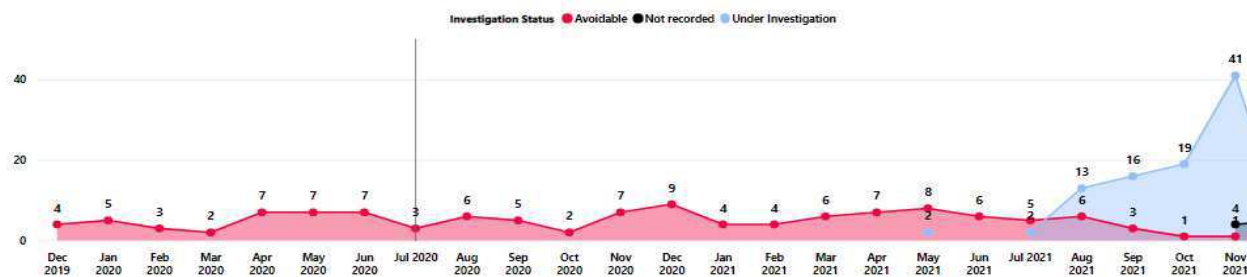
The Venous Thromboembolism (VTE) assessment trend continues to be below previous levels, however is still above the threshold.

Pressure Ulcers

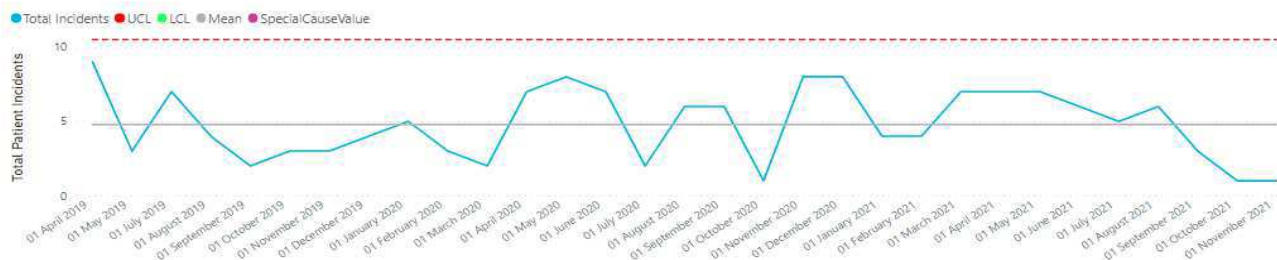
For November we are reporting the current unvalidated pressure ulcer position, pending investigation, as follows:

Developed/ Deteriorated (Avoidable, Under Investigation & Not Recorded) Pressure Ulcers by Reported Date and Investigation Status - Last 2 Years

Developed / Deteriorated (Avoidable, Under Investigation & Not Recorded) Pressure Ulcers by Reported Date and Investigation Status - Last 2 Years



X Chart - Total Pressure Ulcers Developed in ELHT - Avoidable, UCL (3σ), LCL (3σ), Mean and Target by Date



The pressure damage SIRI group supported by the pressure damage/moisture lesion steering group continues to maintain a high level of focus on all incidents to ensure every learning opportunity is maximised.

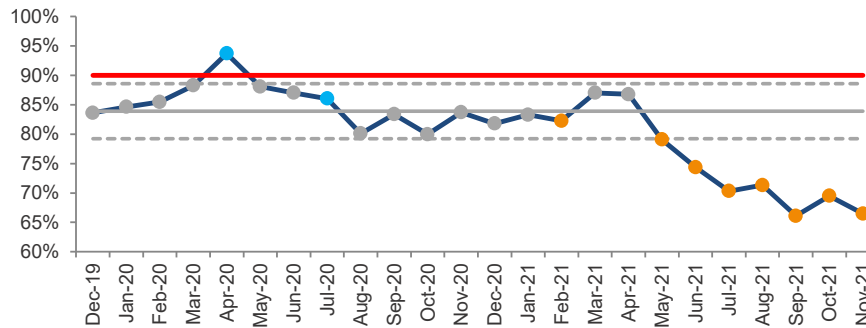
There is a new guidance which ELHT are trialling from 1st December (patient safety incident response framework). The trust tissue viability lead and the divisional director of nursing lead are working with the quality and safety team to put a new process in place.

SAFE

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

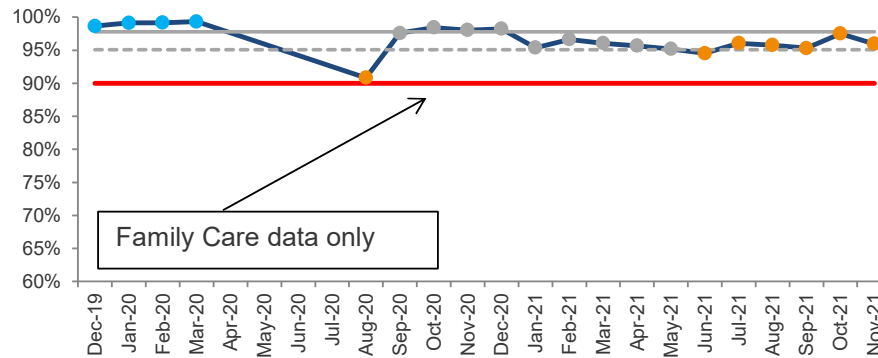
Inpatient data collection was suspended April 20 - Sep 20 due to COVID

Friends & Family A&E



A&E scores are showing a significant deterioration in the last 6 months. Based on current variation this indicator is not capable of hitting the target routinely.

Friends & Family Inpatient

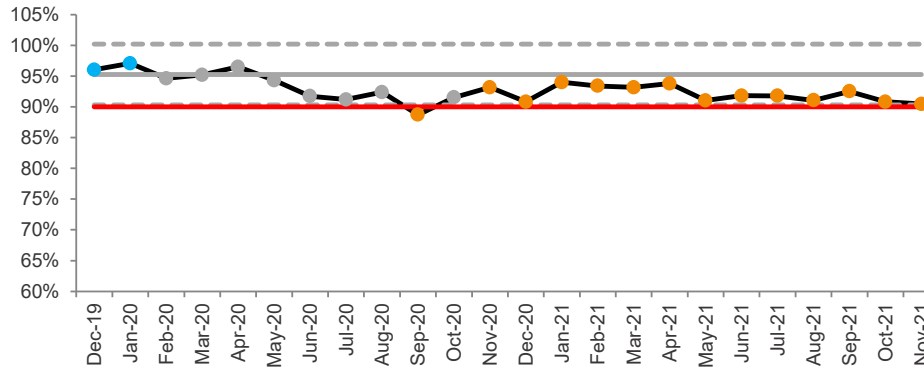


Inpatient data was suspended April - September 20 due to the COVID pandemic. Paper surveys were resumed in Family Care from 1st August 20 and across all areas from 1st September 20.

The trend is showing significant deterioration, however based on recent performance will consistently be above threshold.



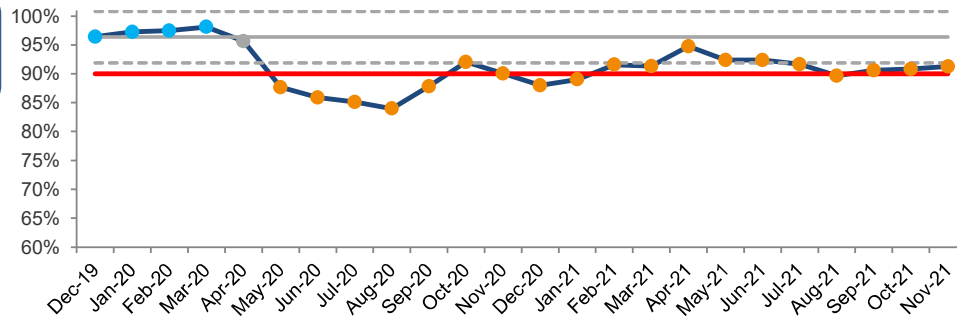
Friends & Family Outpatients



Outpatient scores continue to be below usual levels, however remain above target.

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

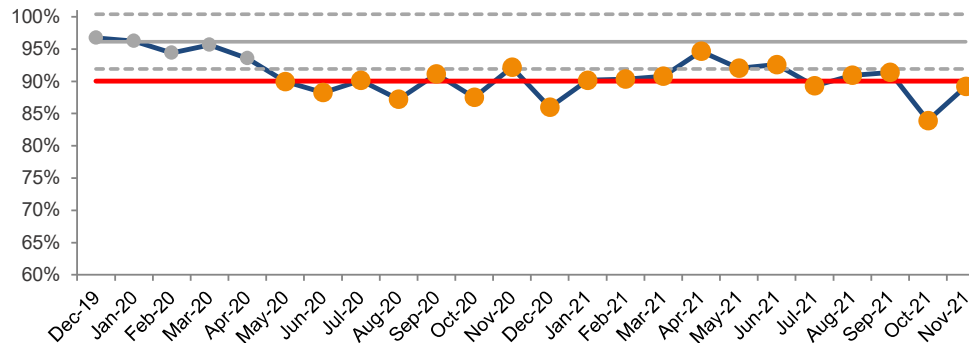
Friends & Family Community



Community scores are just above target this month but are showing continued deterioration, which is significantly lower than usual variation.

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

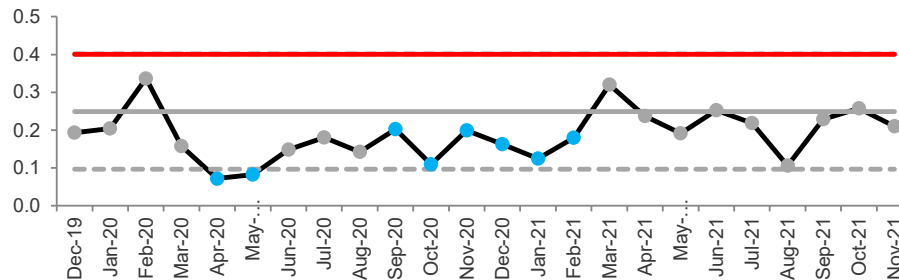
Friends & Family Maternity



Maternity scores continue to show a reduction, which is significantly lower than usual variation, and is below the threshold this month.

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

## Complaints per 1000 contacts



The Trust opened 26 new formal complaints in November.

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

For November the number of complaints received was 0.21 Per 1,000 patient contacts.

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

From 1st May 2020 the Trust moved to a new system, CIVICA to manage the Friends & Family Test (FFT) and patient experience surveys.

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

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

The overall Trust performance from the range of patient experience surveys is above the threshold of 90% for 2 of the 4 competencies. Performance against the Information competency fell slightly below at 88% and the Involvement competency fell slightly below at 89%.

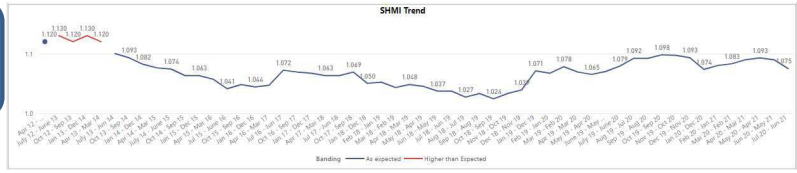
Divisions are encouraged to review survey feedback to identify areas for improvement.

## Patient Experience

CARING

Type	Division	Dignity	Information	Involvement	Quality	Overall
		Average Score	Average Score	Average Score	Average Score	Average Score
Antenatal	Family Care	100.00	100.00	100.00	100.00	100.00
Community	Community and Intermediate Care Services	96.89	95.21	94.35	95.93	95.30
Community	Diagnostic and Clinical Support	100.00	83.56	90.00	100.00	87.61
Community	Surgery	100.00	100	-	-	100.00
Delivery	Family Care	100.00	80.00	83.33	91.30	88.64
ED_UC	Medicine and Emergency Care	25.00	46.43	15.00	23.08	28.88
ED_UC	Surgery	91.18	83.7	86.96	85.00	87.29
Inpatients	Community and Intermediate Care Services	100.00	100.00	100.00	100.00	100.00
Inpatients	Diagnostic and Clinical Support	99.39	88.78	95.49	96.36	95.70
Inpatients	Family Care	95.56	90.97	92.11	95.00	93.30
Inpatients	Medicine and Emergency Care	86.96	70.18	62.56	68.28	69.19
Inpatients	Surgery	95.08	87.20	90.38	91.67	90.96
OPD	Diagnostic and Clinical Support	100.00	100.00	94.79	91.46	94.21
OPD	Family Care	98.77	95.19	97.25	94.14	96.32
OPD	Medicine and Emergency Care	98.65	97.20	97.89	95.40	97.05
OPD	Surgery	100.00	100.00	100.00	-	100.00
Paediatric	Family Care	100.00	100.00	100.00	100.00	100.00
Postnatal	Family Care	100.00	100.00	100.00	100.00	100.00
SDCU	Family Care	99.11	97.83	97.97	98.44	98.32
	<b>Total</b>	<b>96.85</b>	<b>88.31</b>	<b>89.03</b>	<b>92.03</b>	<b>91.25</b>

SHMI Published Trend



The latest Trust Summary Hospital-level Mortality Indicator (SHMI) value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period July 20 to June 21 has remained within expected levels at 1.07, as published in November 21.

Dr Foster HSMR rolling 12 month

	HSMR Rebased on latest month July 20 – June 21
	ALL
<b>TOTAL</b>	100.4
<b>Weekday</b>	99.4
<b>Weekend</b>	103.2
<b>Deaths in Low Risk Diagnosis Groups</b>	Not Available

The latest indicative 12 month rolling Hospital Standardised Mortality Ratio (HSMR), (July 20 – June 21) has improved from last month and is 'within expected levels' at 100.4 against the monthly rebased risk model.

The benchmark model has been adjusted this month to account for data upto Mar 21, meaning risk scores are increasingly adjusted for changes seen during the pandemic. This has resulted in a general positive shift in HSMR scores nationally.

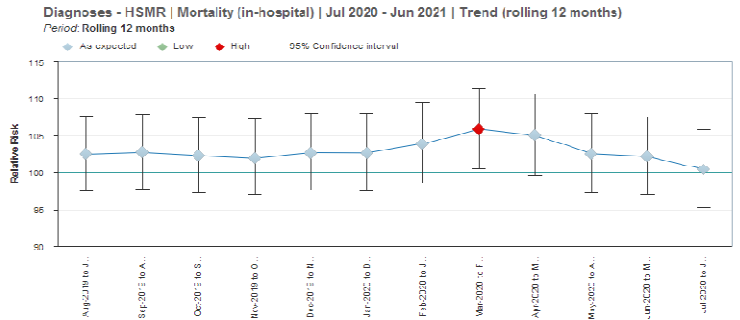
There is currently one HSMR diagnostic groups with a significantly high relative risk score: Pneumonia.

Cancer of bronchus, lung is also currently also alerting on the nationally monitored SHMI groups.

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

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

Dr. Foster HSMR



Learning Disability Mortality Reviews (LeDeR)

From April 2021 all people with a learning disability who have died in the Trust are subject to SJR. The learning disability mortality review will now be completed once the SJR is submitted and will be incorporated into the SJR process. There are currently 25 reviews on record.

Structured Judgement  
Review Summary

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

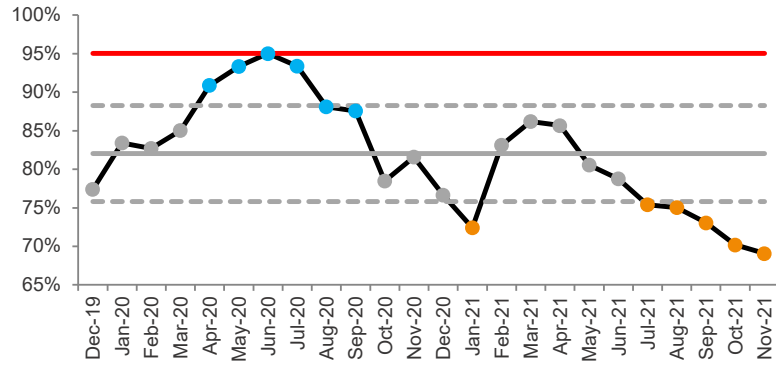
The table below shows a breakdown of SJR's completed and the scores allocated. Any death allocated a SJR score of 1 or 2 will have a stage 2 SJR completed.

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

Stage 1	Month of Death													TOTAL
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr 20 - Mar 21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	
Deaths requiring SJR (Stage 1)	46	212	250	262	215	16	20	15	27	19	14	14	5	125
Allocated for review	46	212	250	262	215	15	20	15	22	10	7	7	2	96
SJR Complete	46	212	250	262	205	13	16	12	16	8	3	4	0	72
1 - Very Poor Care	1	1	0	0	1	0	0	0	0	0	0	0	0	0
2 - Poor Care	8	19	22	34	32	0	3	3	2	2	2	0	0	12
3 - Adequate Care	14	68	70	70	63	2	4	2	2	1	0	1	0	12
4 - Good Care	20	106	133	129	100	9	8	6	11	5	1	3	0	43
5 - Excellent Care	3	18	25	29	9	2	1	1	1	0	0	0	0	5
<b>Stage 2</b>														
Deaths requiring SJR (Stage 2)	9	20	22	34	33	0	3	3	2	2	2	0	0	12
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	4	1	0	0	0	0	0	1	0	0	1
Allocated for review	6	18	21	30	32	0	3	3	2	2	1	0	0	11
SJR-2 Complete	6	18	21	30	32	0	3	2	1	2	1	0	0	9
1 - Very Poor Care	1	1	1	2	0	0	0	0	0	0	0	0	0	0
2 - Poor Care	3	6	7	13	12	0	2	1	0	1	0	0	0	4
3 - Adequate Care	2	10	13	13	19	0	1	1	1	1	1	0	0	5
4 - Good Care	0	1	0	2	1	0	0	0	0	0	0	0	0	0
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0

As per the guidance on finance and contracting arrangements for H2 2021/22, the block payments approach for arrangements between NHS commissioners and NHS providers in England will now remain in place for remainder of the 2021/22 financial year. Block payments to NHS providers are deemed to include CQUIN, and there will be no 2021/22 CQUIN scheme (either Clinical Commissioning Group or specialised) published at this stage.

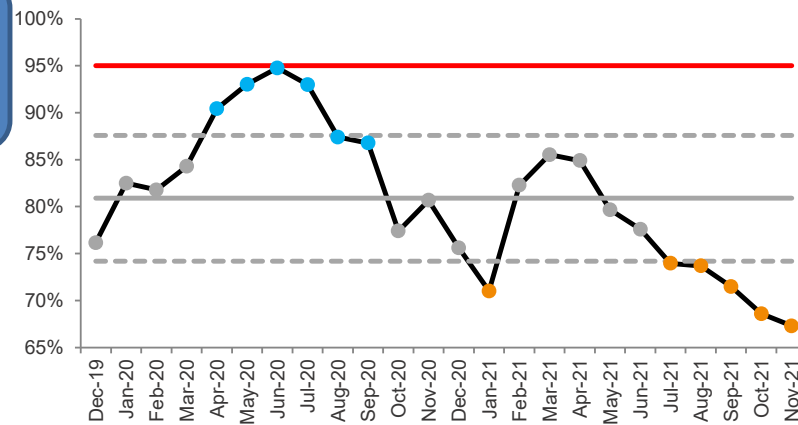
A&E 4 hour standard % performance - Pennine



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 69.1% in November, which is below the 95% threshold and the Trust trajectory (87%)

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

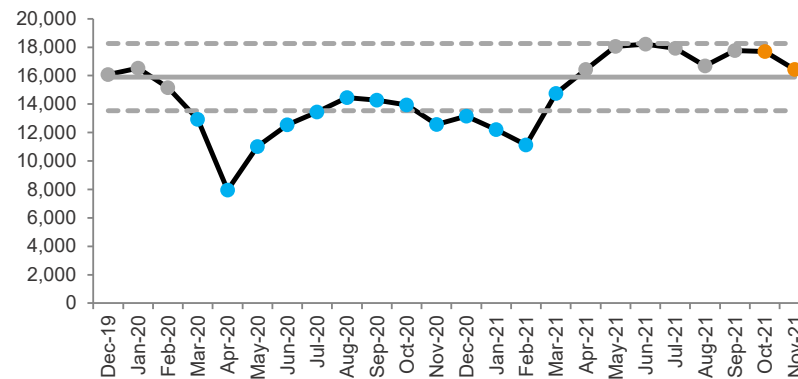
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 67.3% in November.

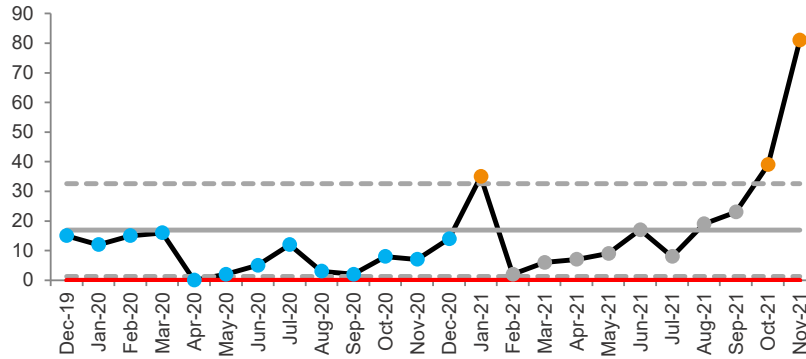
The national performance was 74.0% in November (All types) with none of the 111 reporting trusts with type 1 departments achieving the 95% standard.

A&E Attendances - Trust



The number of attendances during November was 16,440, which is higher than the normal range, and continues to be above average.

12 Hr Trolley Waits

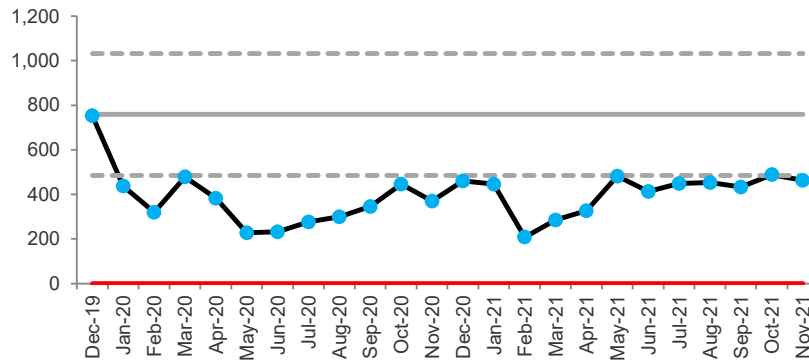


There were 81 reported breaches of the 12 hour trolley wait standard from decision to admit during November, which is higher than the normal range. 21 were mental health breaches and 60 were physical health.

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

	Mental Health	Physical Health
No. 12 Hr Trolley Waits	21	60
Average Wait from Decision to Admit	25hr 48 min	16hr 57 min
Longest Wait from Decision to Admit	50hr 7 min	25hr 35 min

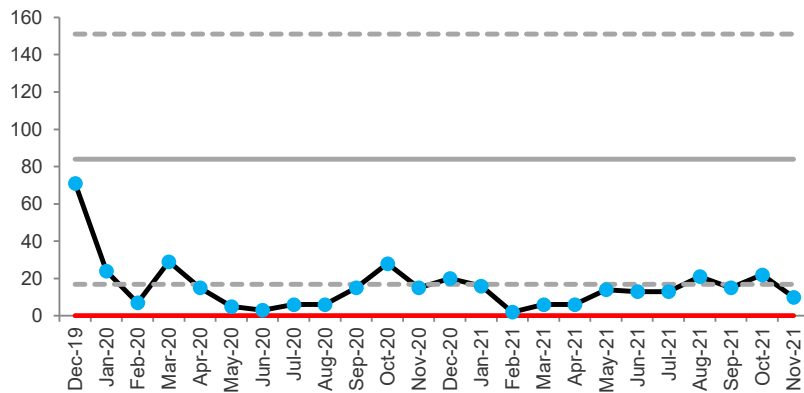
Ambulance Handovers -



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

There were 463 ambulance handovers > 30 minutes in November. The trend is still showing significant improvement from previous levels, but based on current variation is not capable of hitting the target routinely.

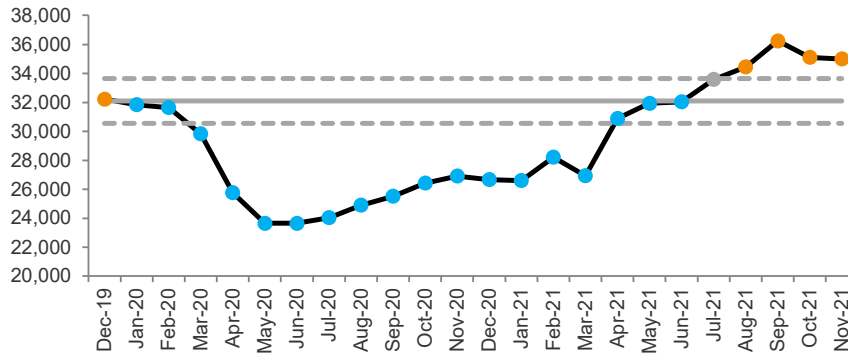
Ambulance Handovers - >60 Minutes



There were 10 ambulance handovers > 60 minutes in November, which continues to demonstrate a significant improvement. Following validation, 3 of the 10 were actual ELHT breaches and 7 were due to non-compliance with the handover screen.

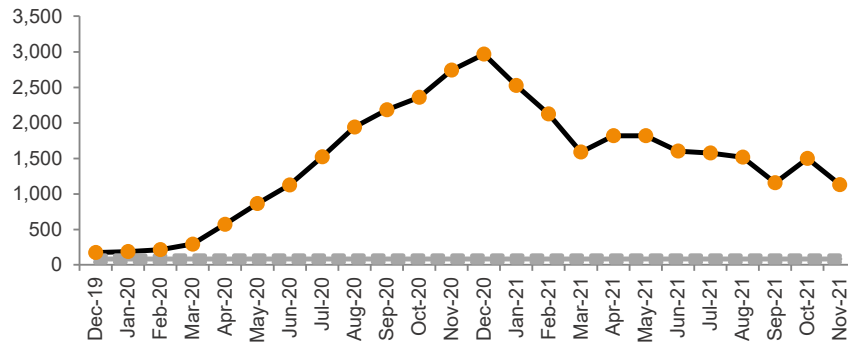
The average handover time was 22 minutes in November and the longest handover was 1hr 54 minutes. Due to increased > 60 minutes numbers reported by NWS for 31st October and 1st November, the average arrival to handover times may have been overinflated.

Referral to Treatment (RTT) Total Ongoing



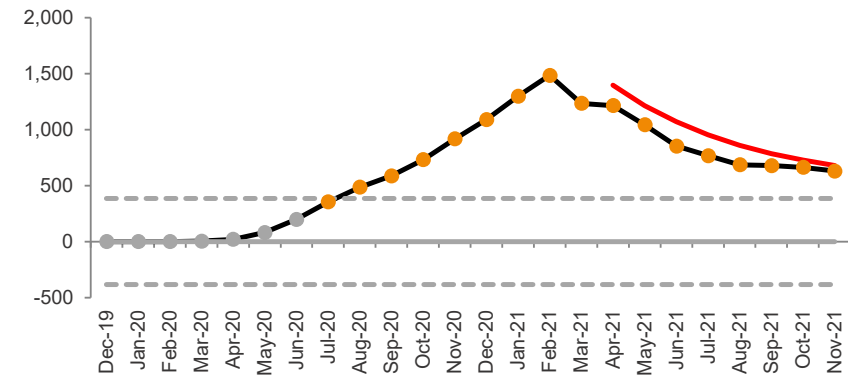
At the end of November, there were 34991 ongoing pathways, which has decreased on last month but is above pre-COVID levels.

RTT Total Over 40 wks



The number of pathways over 40wks decreased in November with 1131 patients waiting over 40 wks at month end.

RTT Total Over 52 wks



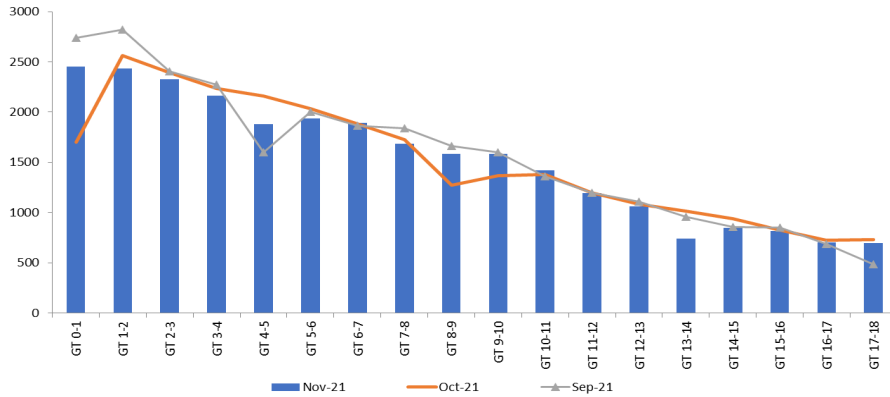
There were 631 patients waiting over 52 weeks at the end of November, due to the COVID-19 pandemic, which was below the month end trajectory (679).

There were 8 patients waiting over 104 weeks.

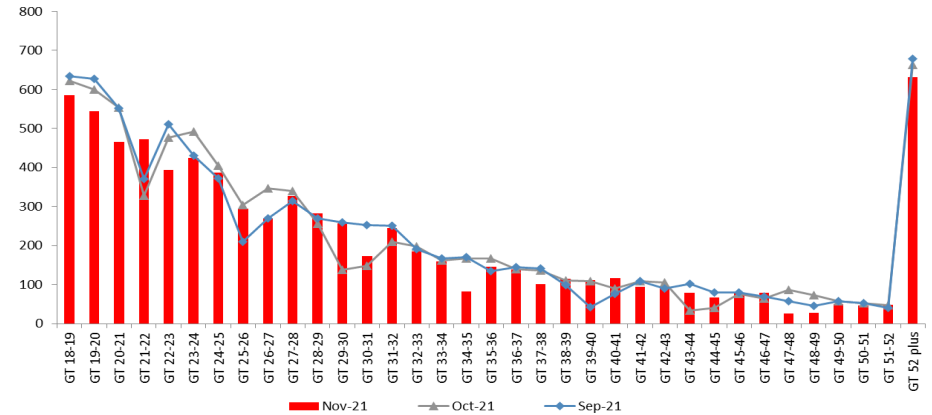


The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

RTT Ongoing 0-18 Weeks

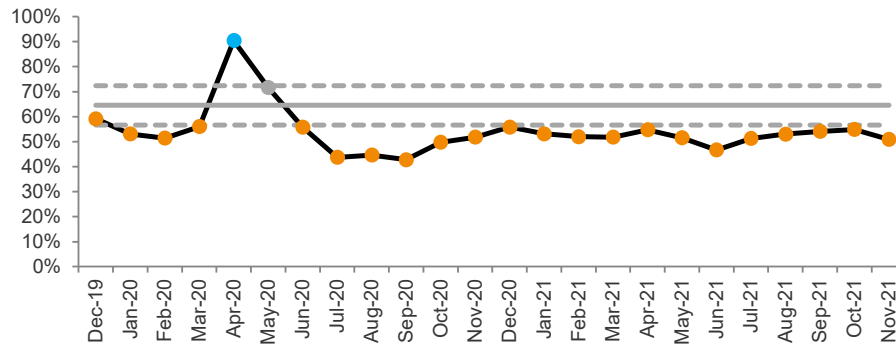


RTT Over 18 weeks

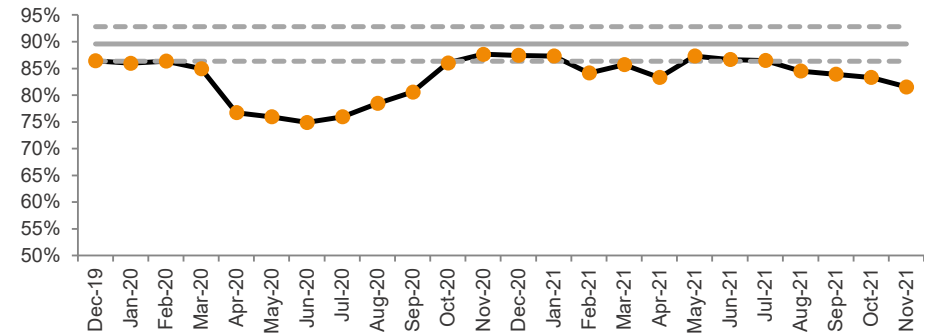


Although no longer a national target, the proportion of admitted and non-admitted patients, admitted within 18 weeks is included for information. During April 20 and May 20, only priority and urgent patients were admitted.

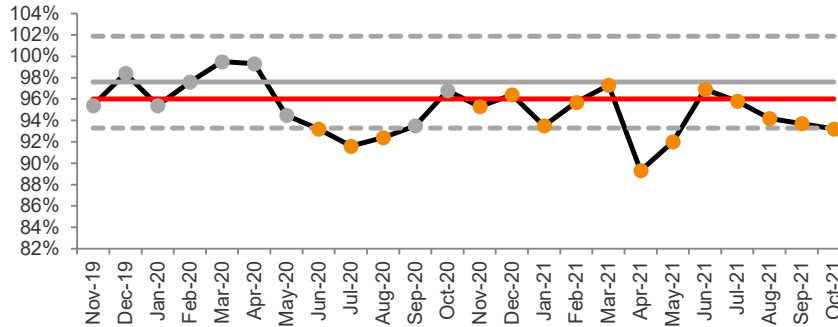
RTT Admitted



RTT Non-Admitted



Cancer 31 day

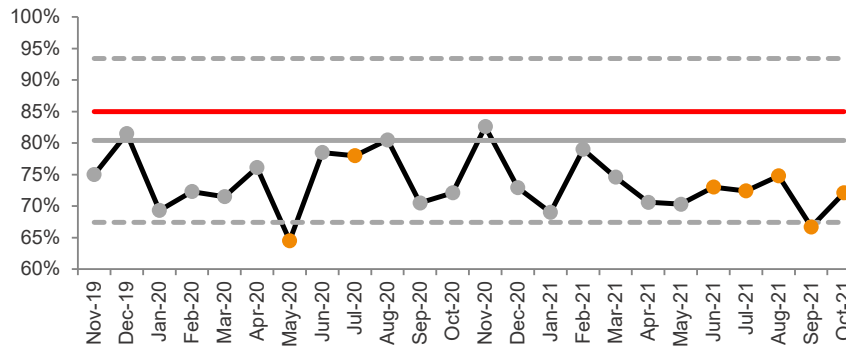


The 31 day standard was not achieved in October at 93.2%, below the 96% threshold.

Q2 was not achieved at 94.6%

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

Cancer 62 Day

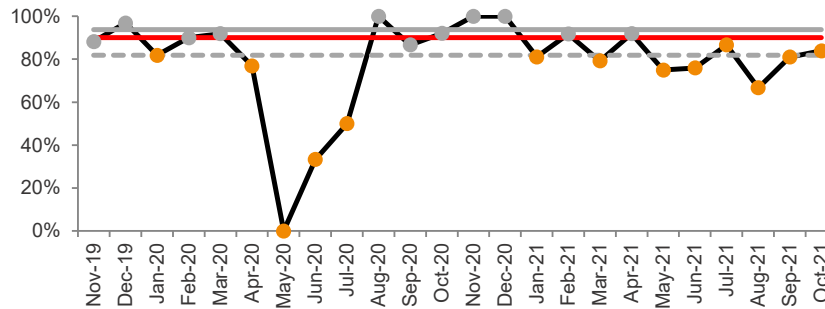


The 62 day cancer standard was not achieved in October at 72.1% below the 85% threshold.

Q2 was not achieved at 71.2%

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

Cancer 62 Day Screening

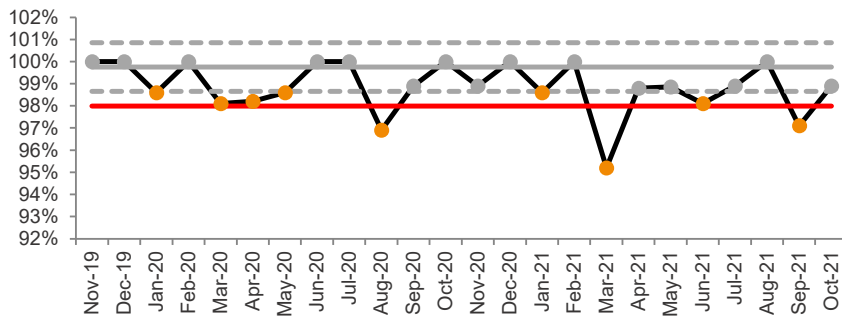


The 62 day screening standard was not achieved in October at 83.9%, below the 90% threshold.

Q2 was not achieved at 77.2%

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

Cancer - Subsequent treatment within 31 days (Drug)

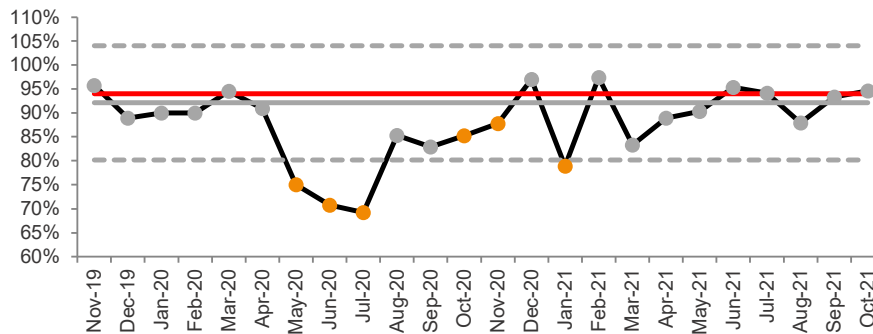


The subsequent treatment - drug standard was met in October at 98.9%, above the 98% threshold.

Q2 was achieved at 98.6%\*

\* Following further validation, June 21 performance has been revised up to 98.1% from the nationally submitted position of 95.6%. This was resubmitted in November 21.

Cancer - Subsequent treatment within 31 days (Surgery)



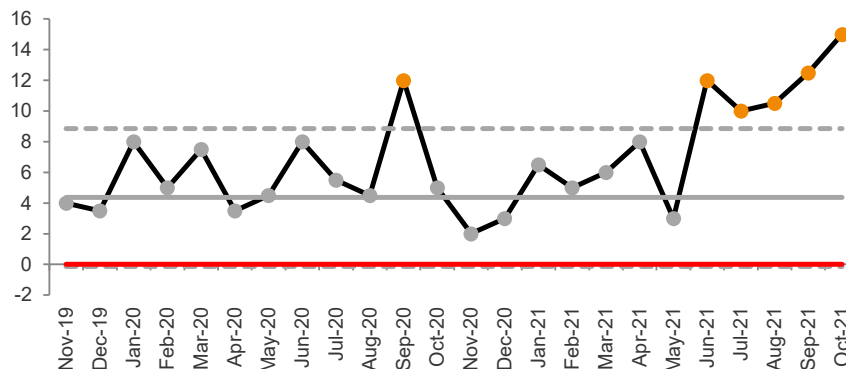
The trend is showing normal variation this month and based on the current variation, the indicator should consistently achieve the standard.

The subsequent treatment - surgery standard was met in October at 94.6%, above the 94% standard.

Q2 was not achieved at 91.8%

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

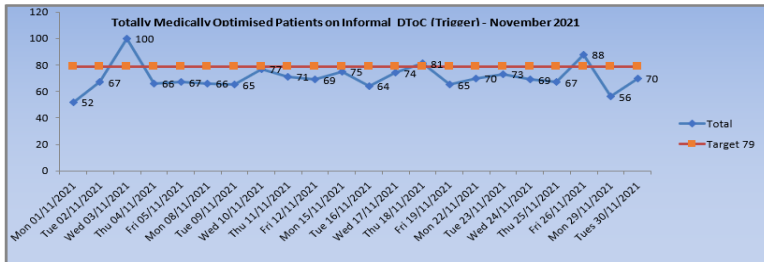
Cancer Patients Treated > Day 104



There were 15 breaches allocated to the Trust, treated after day 104 in October and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the consultants involved in the pathway as required.

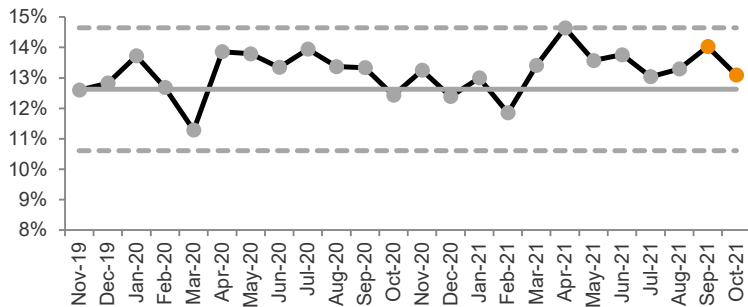
The trend is showing a significant increase this month.

Delayed Discharges



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

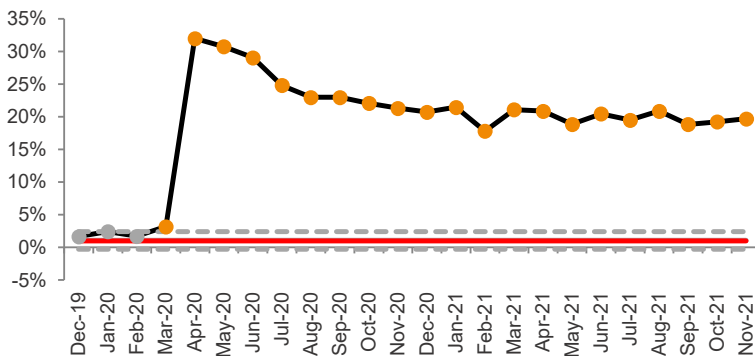
Emergency Readmissions



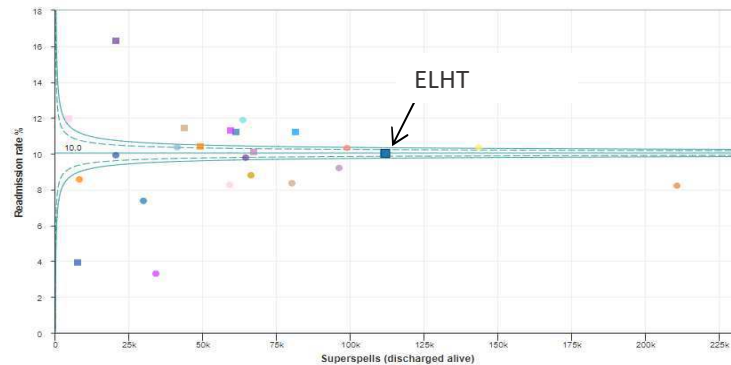
The emergency readmission rate trend is higher than the 'normal' range.

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

Diagnostic Waits



Readmissions within 30 days vs North West - Dr Foster



In November 19.71% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

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

Nationally, the performance is failing the 1% target at 25% in October (reported 1 month behind).

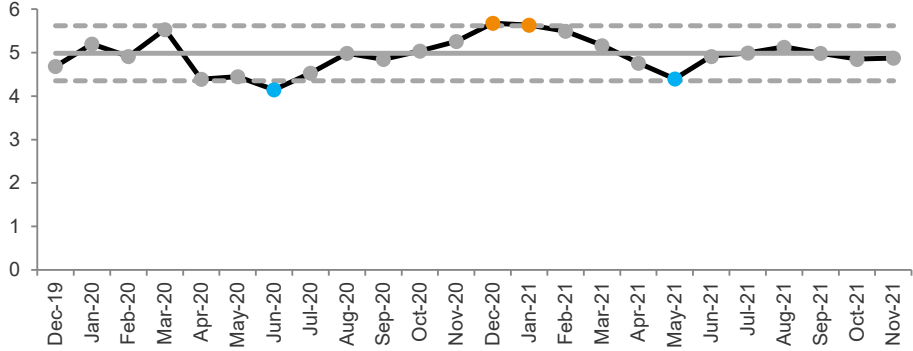
Average length of stay benchmarking

Dr Foster Benchmarking July 20 - June 21

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	54,816	8,527	46,289	3.2	2.6	-0.7
Emergency	59,019	59,019	0	4.3	4.2	0.0
Maternity/ Birth	12,773	12,773	0	2.1	2.2	0.1
Transfer	181	181	0	8.9	24.3	15.4

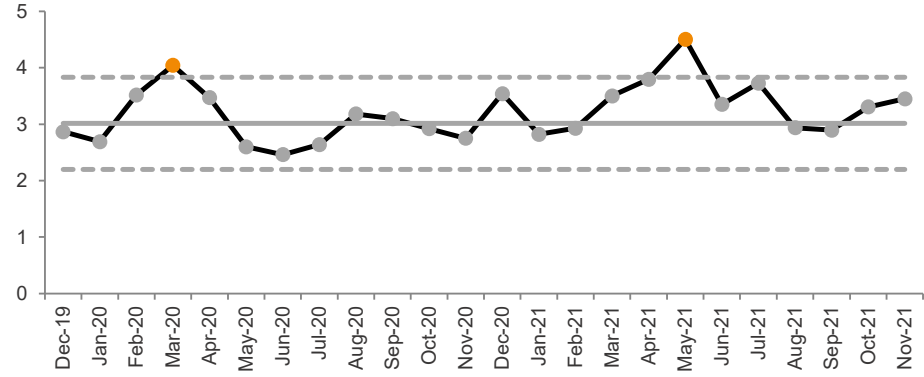
Dr Foster benchmarking shows the Trust length of stay to be below expected for non-elective and for elective when compared to national case mix adjusted, for the period July 20 - June 21.

Average length of stay - non elective



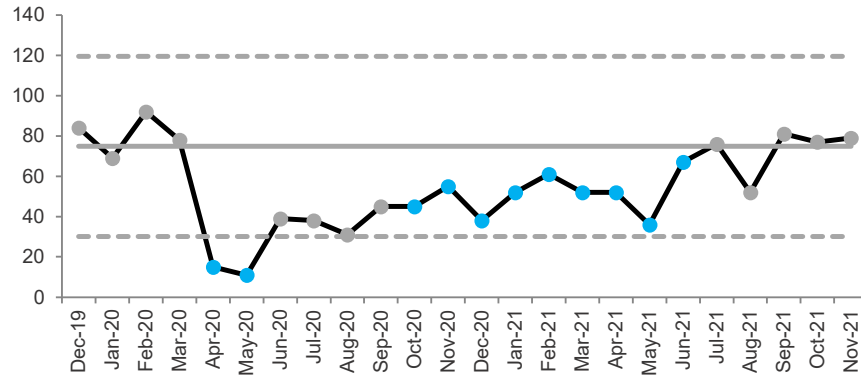
The Trust non-elective average length of stay is showing normal variation this month.

Average length of stay - elective



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

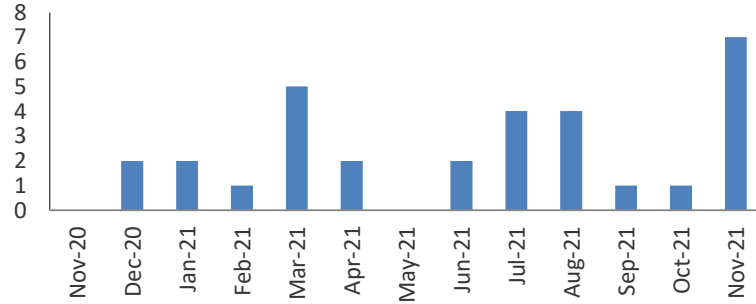
Operations cancelled on day



There were 79 operations cancelled on the day of operation - non clinical reasons, in November.

The trend is showing a return to normal variation.

Operations cancelled on day - breaches of 28 day standard



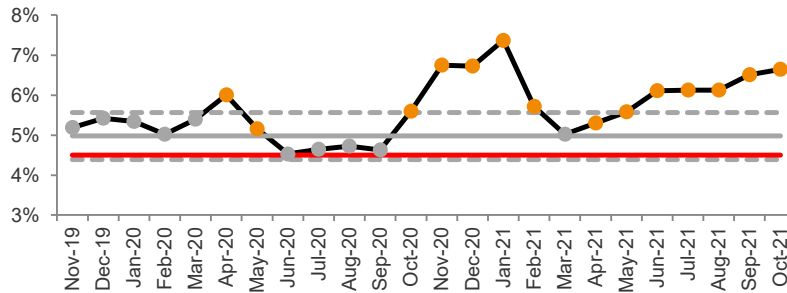
■ Not treated within 28 days of last minute cancellation due to non clinical reasons - actual

There were 7 'on the day' cancelled operations not rebooked within 28 days in November. These will be provided to the Finance & Performance Committee.

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

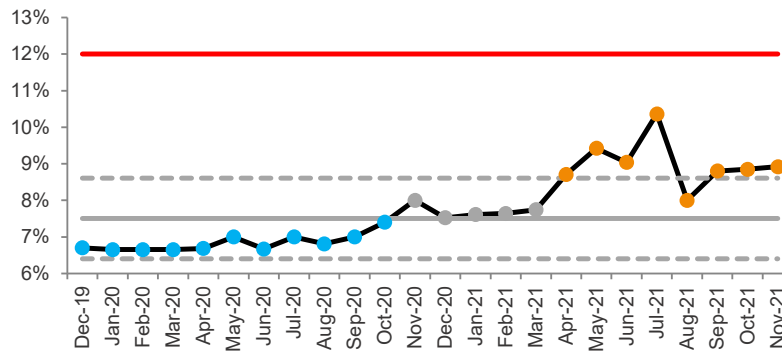


Sickness



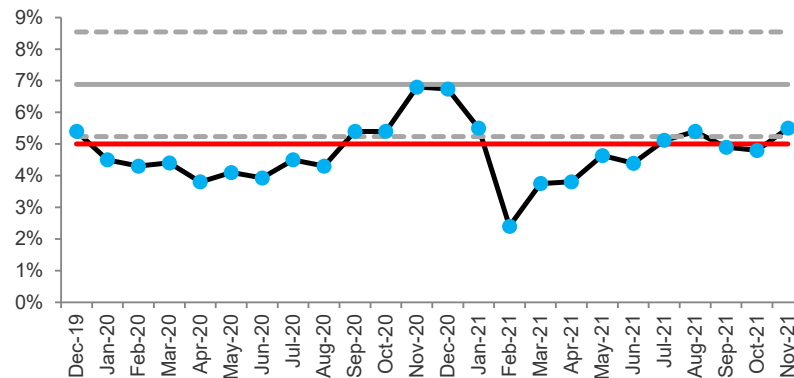
The sickness absence rate was 6.7% for October which is above the threshold of 4.5%. The trend is showing a significant increase and based on the current level of variation, is at risk of being above threshold.

Turnover Rate



The trust turnover rate continues to be higher than normal at 8.9% in November, however remains below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate



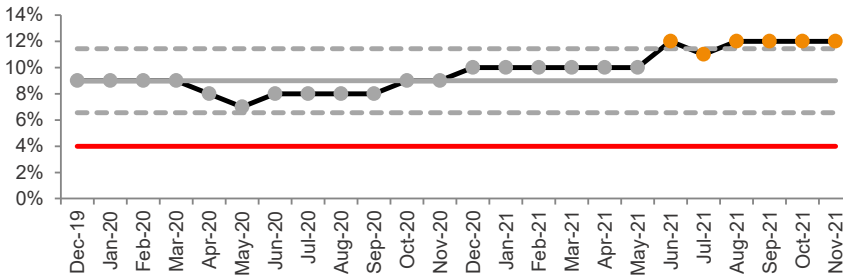
The vacancy rate is 5.5% for November which is above the 5% threshold.

This continues to be a significant reduction on previous levels.

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

WELL LED

Temporary costs and overtime as % total pay bill

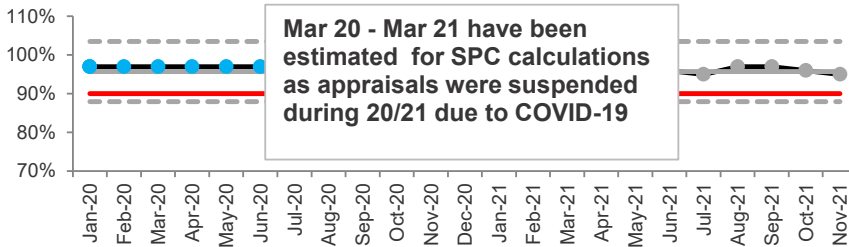


In November 2021, £4.4 million was spent on temporary staff, consisting of £1.8 million on agency staff and £2.6 million on bank staff.

WTE staff worked (9,319 WTE) was 120 WTE more than is funded substantively (9,199 WTE).

Pay costs are £2.8 million more than budgeted establishment in November.

Appraisals, Consultant

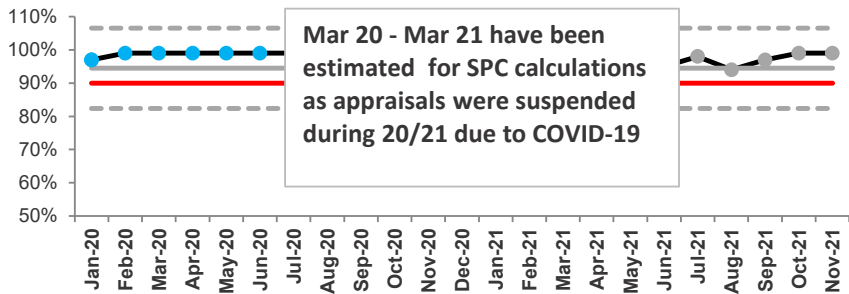


At the end of November 21 there were 494 vacancies

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

Appraisal and revalidation was suspended during 20/21 due to COVID-19.

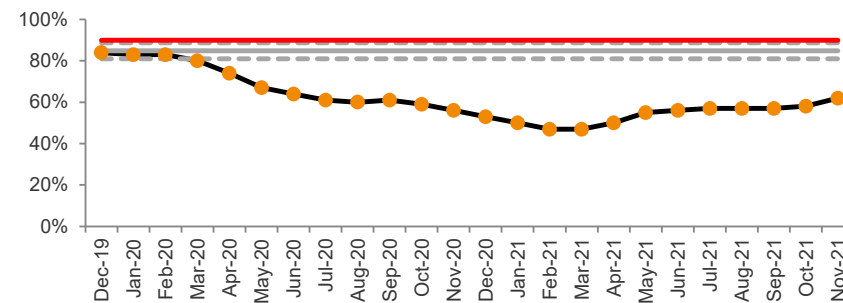
Appraisals, Other Medical



The appraisal rates for consultants and career grade doctors are reported cumulative year to date to November 21 and reflect the number of reviews completed that were due in this period.

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

Appraisals Agenda for Change (AFC) Staff



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

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

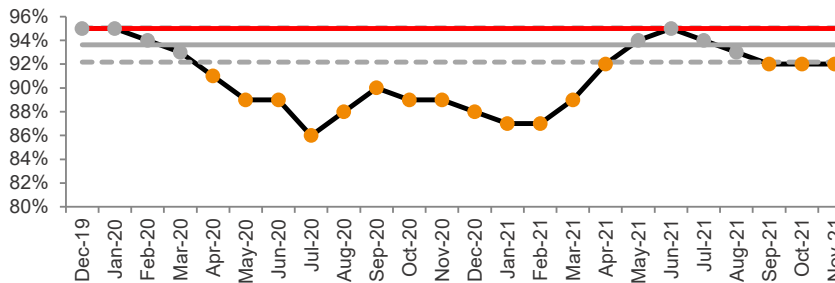


Job Plans

Stage	Consultant	SAS Doctor
Not Published	0	0
Draft	14	5
In discussion with 1st stage manager	193	38
Mediation	0	0
Appeal	0	0
1 <sup>st</sup> stage sign off by consultant	44	5
1 <sup>st</sup> stage sign off by manager	34	6
2nd stage sign off	21	1
3rd stage sign off	25	8
Signed off	24	2
Locked Down	1	0

As at November 2021, there were 356 Consultants and 66 Specialty Doctor/ Associate Specialist (SAS) doctors registered with a job plan on Allocate. The table shows the numbers in each stage of the job planning process.

Information Governance Toolkit Compliance



Information governance toolkit compliance is 92% in November which is below the 95% threshold. The trend is showing deterioration and based on current variation, the indicator is at risk of not meeting the target.

Core Skills Training % Compliance

	Target	Compliance at end November
Basic Life Support	90%	85%
Conflict Resolution Training Level 1	90%	97%
Equality, Diversity and Human Rights	90%	96%
Fire Safety	95%	93%
Health, Safety and Welfare Level 1	90%	97%
Infection Prevention L1	90%	96%
Infection Prevention L2	90%	92%
Information Governance	95%	92%
Prevent Healthwrap	90%	95%
Safeguarding Adults	90%	95%
Safeguarding Children	90%	93%
Safer Handling Theory	90%	95%

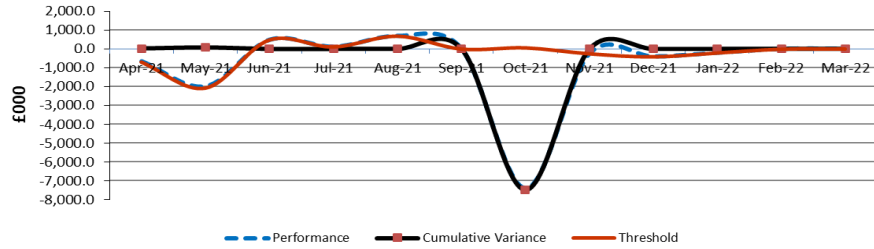
The core skills framework consists of twelve mandatory training subjects. Training is via a suite of e-learning modules and knowledge assessments on the learning hub. The threshold has been set at 90% for all areas except Information Governance and Fire Safety which have thresholds of 95%

Three core training modules are below threshold; Basic Life Support, Fire Safety, and Information Governance.

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

Adjusted financial performance

Adjusted financial performance surplus/ (deficit)



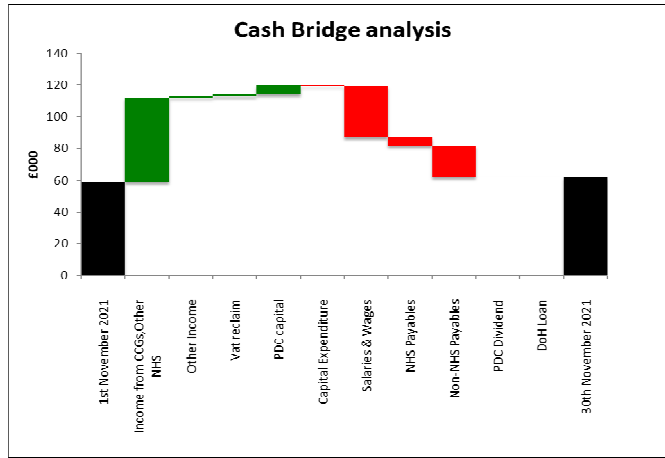
The Trust is reporting an adjusted surplus of £7.2 million in month 8, and a £0.3 million year to date adjusted deficit, in line with plan.

The cash balance as at 30th November 2021 was £62.2 million, an increase of £3.1 million on the position at the end of the previous month.

The 2021-22 capital programme has increased to £30.3 million, of which £1.6 million has been spent in Month 8, and £12.7 million for the year to date.

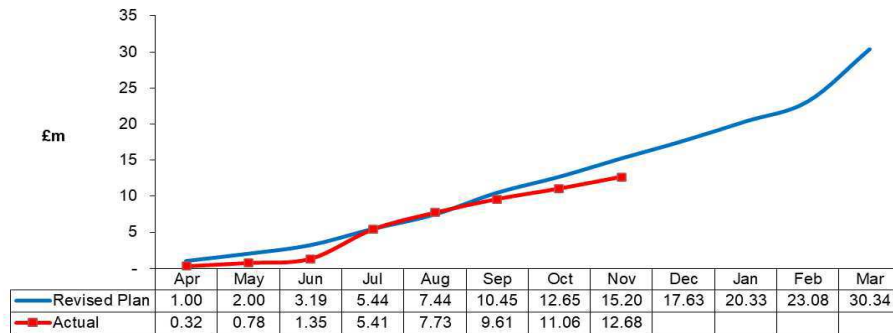
Cash

Cash bridge



Capital expenditure

Capital expenditure profile



## TRUST BOARD REPORT

19 January 2022

**Item** 14

**Purpose** Information  
Action  
Monitoring

<b>Title</b>	Raising Concerns Annual Report
<b>Author</b>	Mrs J Butcher, Interim Head of Joint Freedom to Speak up Office
<b>Executive sponsor</b>	Mr K Moynes, Director of Human Resources and Organisational Development

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

**Recommendation:** advise the Board/Committee

### Report linkages

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

Legal	Yes/No	Financial	Yes/No
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Equality	Yes/No	Confidentiality	Yes/No
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Previously considered by:

## Background

1. The importance of listening to staff cannot be overemphasised. When staff raise concerns, they want to know that they are encouraged and supported to do so and can do it safely in a protected environment. Following on from the Sir Robert Francis Review, it is now a requirement of the NHS Standard Contract that Trusts appoint a Freedom To Speak up Guardian with the organisation who is “someone to whom staff can go to, who is recognised as independent and impartial, has authority to speak to anyone within or outside the Trust, is expert in all aspects of raising and handling concerns, has the tenacity to ensure safety issues are addressed and has dedicated time to perform this role”.

## Introduction

2. This report has been prepared to advise the Trust Board of progress made since the last annual report (presentation) in June 2020, the number of staff who have raised concerns, emerging themes, actions taken and the latest news from the National Guardian Office.

## Progress to Date

3. The Joint Office approach has now been embedded within both ELHT and Blackpool Teaching Hospitals and Jane Butcher is currently the Interim Head of the Freedom to Speak up Joint Office and is supported by two Freedom to Speak up Guardians, Nicola Canty based at ELHT and Lauren Staveley based at BTH.
  - a) Communication regarding the joint office has been distributed throughout both organisations
  - b) Over 950 concerns have been raised through the FTSUG since May 2017
  - c) A Staff Guardian section is now embedded into the Corporate Induction.
  - d) Two levels of training from the National Guardian Office are now being rolled out throughout ELHT; the third level is expected to be finalised in the near future. (level 1 is for all staff, level 2 is for managers/leaders and level 3 is for Executive Directors / Board members). Our current compliance for all staff is 2.72%. The National Guardian’s Office encourages 100% compliance from each Trust however the training does not form part of our core mandatory training. We will be working with

the Department of Education and our Communication Team to form an action plan to increase compliance across the Trust in the coming year.

- e) A paragraph has been added to the Appraisals form to ensure that staff are made aware of FTSU and also the relevant training
- f) 10 Champions recruited from staff networks (BAME, LGBTQ+ and Disability)
- g) Champions all trained in accordance with the newly published NGO guidance
- h) Monthly meeting now in place with all champions
- i) Electronic feedback forms now being trialled to allow for easier accessibility and to increase the numbers completed and returned
- j) New materials produced to promote the service (leaflets, business cards, post it pads etc).
- k) Delivered training sessions within Estates & Facilities to supervisors and managers to promote the FTSU service and how best to respond as managers if a staff member spoke up to them
- l) Links with Wellbeing team to promote the FTSU service embedded
- m) Close working relationships are established with the HRBP's to give feedback on reoccurring themes in relation to HR policies and to address these themes the Early Resolution Policy will provide further support and guidance to staff.
- n) Increased number of HR template letters have been amended to include the Staff Guardian contact details to ensure that staff have direct access whilst going through HR processes
- o) Strong links with the mediation manager are embedded and Guardians continue to refer cases directly
- p) The Guardians have contributed significantly to the Behavioural Framework recently published throughout the Trust

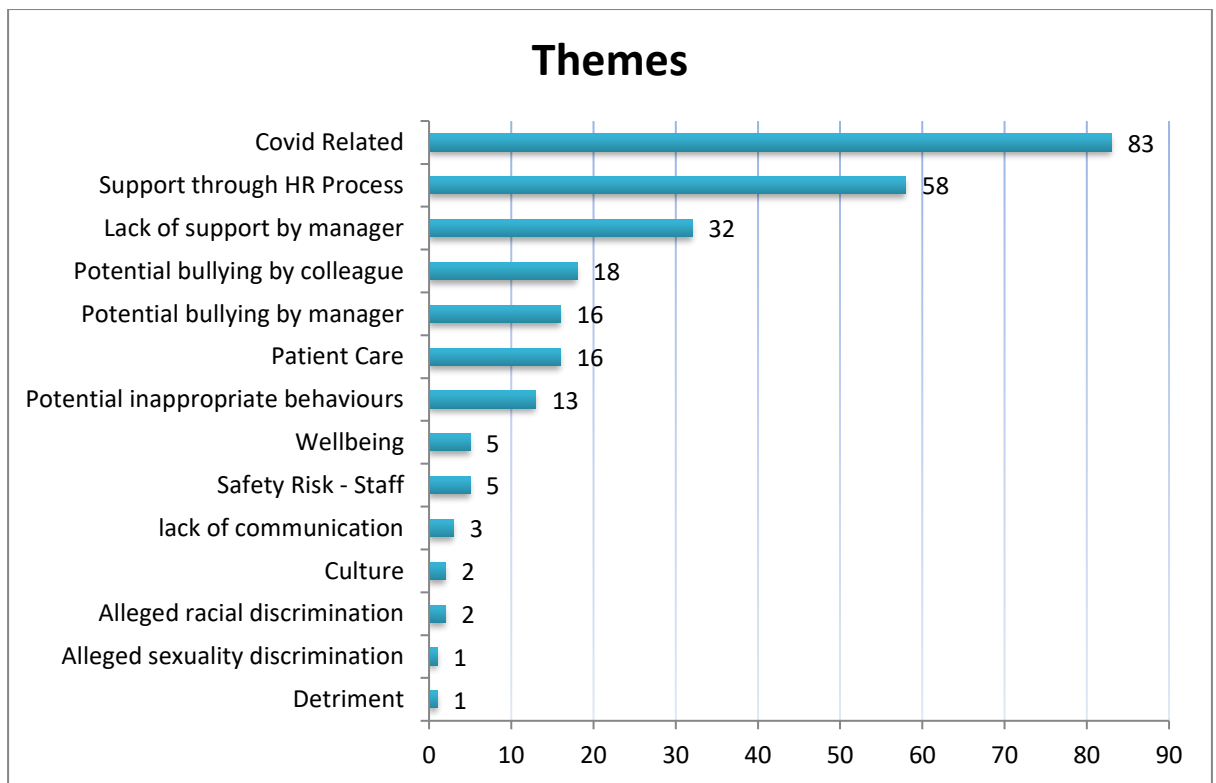
In the past 12 months we have undertaken one Staff Guardian Reviews within the MEC division. The outcome of this has been fed back to the area and an action plan has been created and implemented with improved working relationships in the department.

### **The Sixth Annual Report – Themes and Actions taken to address**

4. For the period May 20 to April 21 there have been 255 concerns raised which is an increase of 4.71% from the previous year's figure of 243 May 19 to April 20. We have received 1 concern under Whistle blow within the last 12 months.

Date Range	No of Cases	% increase
May 16 - Apr 17	38	0%
May 17 - Apr 18	143	73.4%
May 18 - Apr 19	186	23.1%
May 19 - Apr 20	243	23.46%
May 20 - Apr 21	255	4.71%

5. Emerging Themes May 2020 to April 2021:



Due to the pandemic 'Covid related' concerns accounts for the highest theme this year. This includes shielding, support with school closures, concerns around social distancing, long covid and mask wearing. The Staff Guardians work closely with the Occupational Health department to keep up to date with latest guidance to advise and signpost appropriately.

By including our details in HR letters, we have had an increase in requests for support through HR processes, ranging from pay queries, to support at long term sickness meetings or disciplinary procedures. We work extremely closely with HR Business Partners to address any issues raised and ensure staff feel supported during this difficult time in their career.

The Staff Guardians work closely with the Senior HR team, Head of Occupational Health and Staff Wellbeing and the Unions to address support for staff who have reported experiencing forms of bullying and harassment. The Resolution Policy is starting to address these concerns in a more supportive and satisfactory way for all parties involved.

The senior nursing team or senior clinicians are directly involved with all patient safety issues raised. Every staff member raising a concern about patient safety is offered a face to face conversation with a relevant senior person should they so wish or Jane is offered the opportunity to speak up on their behalf. Staff are encouraged regularly within their areas to raise concerns to management if they feel able to do so.

Concerns raised under lack of support from managers are been regarding a variety of different issues from communication to managers appearing to lack compassion. To address these concerns overall, the Trust is in the process of delivering a new Behavioural Framework and the Staff Guardian is a member of this team. Also the Engaging Managers course continues to run successfully looking at effective styles of communication and engagement with staff.

Following a number of concerns raised within the Estates & Facilities division we are now working with the Trust to undergo an external investigation into the culture. The outcome of this report will be widely available.

#### Current Activity

Although the content of this report covers May 2020 – April 2021 we thought it was important to sight the Board on the current Freedom to Speak Up activity from May



2021 onwards. There are currently 3 whistleblows that are being investigated within the Trust. Two are within Family Care and the other is within Medical & Emergency Medicine. Two of these whistleblows have been anonymous. We are working with Trust leadership teams to address each concern raised and are providing support where requested including providing open door sessions and walk arounds in those areas to ensure all staff feel supported to speak up. Feedback from the investigations will also be provided to staff within these departments.

### **Recommendation**

6. The Trust Board is asked to note and approve the content of the report. Once approved the report will be made available to managers and staff.
7. The Trust Board are asked to support the implementation of Freedom to Speak Up 'Speak Up' training for all staff to aim for a target of 100% compliance.



**East Lancashire Hospitals**

**NHS Trust**

A University Teaching Trust

**Safe | Personal | Effective**

Page 8 of 8

Retain 30 years

Destroy in conjunction with National Archive Instructions

\\ELHT\Depts\Common\Corporate Governance\Corporate Meetings\TRUST BOARD\2022\01 January\Part 1\014) ELHT Raising concerns annual report 2021 Draft v3.docx

# TRUST BOARD REPORT

19 January 2022

Item **15**

**Purpose** Information  
 Action

<b>Title</b>	ELHT Staff Health and Wellbeing Programme Action Plan
<b>Author</b>	Lee Barnes, Associate Director Staff Wellbeing & Engagement ELHT & BTH
<b>Executive sponsor</b>	Kevin Moynes, Executive Director of Human Resources and Organisational Development

### Summary:

Board members are requested to:

- Review the proposed methodology and actions and advise if there are any omissions.
- Support the ELHT wellbeing programme and ethos.
- Agree to and commit the organisation to this programme of actions within the outlined timescales.
- Individually commit to participate in the programme by role modelling healthy leadership behaviours and demonstrating that an enhancing staff health and wellbeing lens is applied to all decisions.
- Discuss and approve the action plan for deployment throughout 2022.
- Review the progress of the action plan in 6 months time.

### Report linkages

Related strategic aim and corporate objective	Provide high quality, safe and effective care. To achieve this in a financially sustainable way, through our skilled and motivated workforce.
Related to key risks identified on assurance framework	Failure to attract, recruit and sustain appropriately skilled and representative workforce. Failure to foster, grow and continuously nurture the right culture where everyone feels they belong, safe, healthy, and well. Failure to deliver high quality clinical services.

### Impact

Legal	Yes	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Employee Engagement Sponsor Group

# Developing our Staff Health & Wellbeing Strategic Action Plan 2022 – 2023 Update

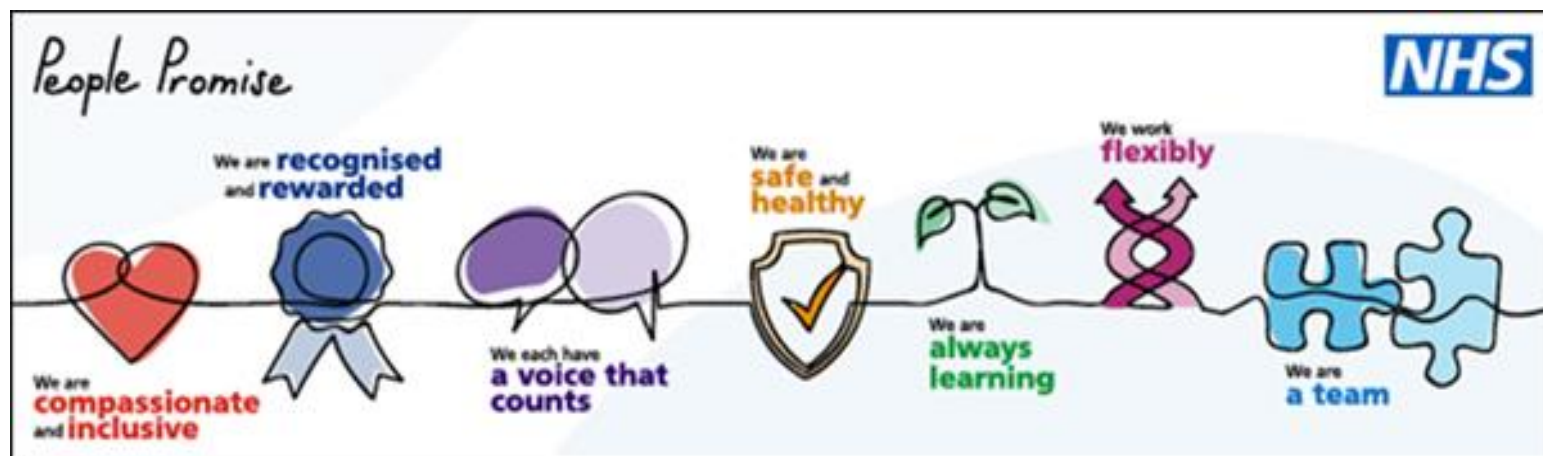


# 1. Introduction

1.1 The NHS People Plan and People Promise set out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care. The actions are organised around four pillars:

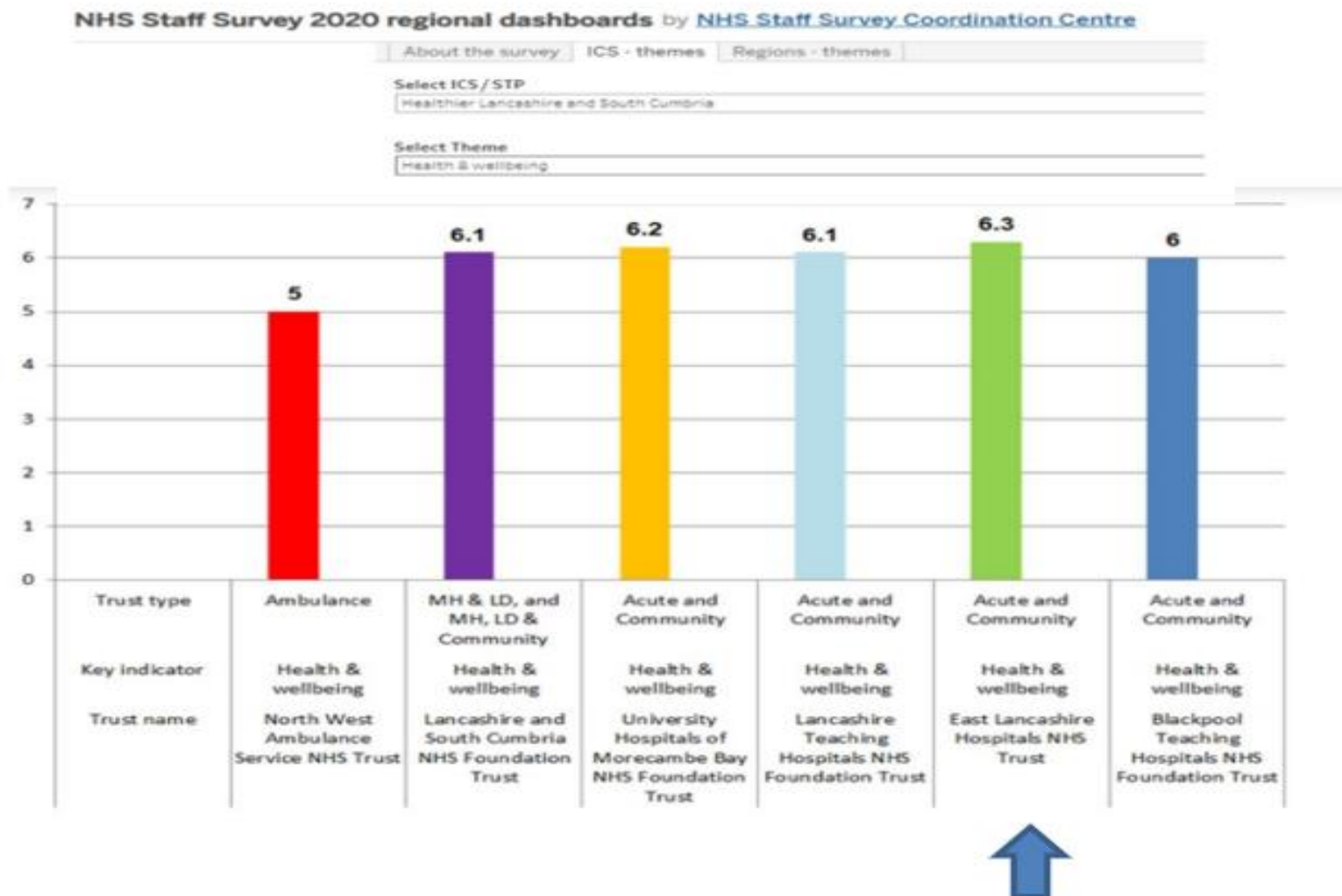
- Looking after our people- with quality health and wellbeing support for everyone.
- Belonging in the NHS- with a particular focus on tackling the discrimination that some staff face.
- New ways of working and delivering care- making effective use of the full range of our people's skills and experience.
- Growing for the future- how we recruit and keep our people, and welcome back colleagues who want to return.

1.2 The NHS People Promise has come from those who work in the NHS. People in different healthcare roles and organisations have made it clear what matters most to them, and what would make the greatest difference in improving their experience in the workplace. The below infographic depicts what we should all be able to say about working at ELHT and across the NHS, by 2024:



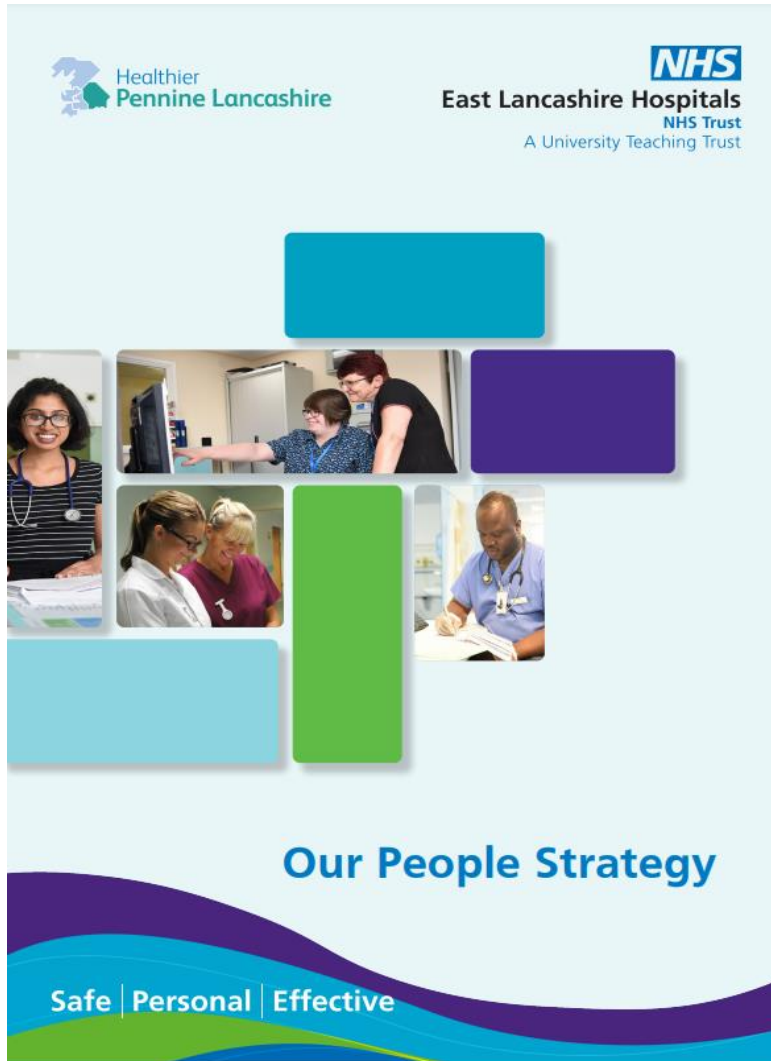
# 1. Introduction

1.3 The National Staff Survey has been identified as the principal way to measure progress across the 7 themes. Our National Staff Survey Health and Wellbeing indicator benchmarking position across Healthier Lancashire and South Cumbria can be seen below:



## 2. Alignment to Vision, Values and Strategic Framework

2.1 The new staff health and wellbeing strategic action plan is underpinned by our vision, values, strategic aims and objectives. Deployment of this plan will specifically focus on enabling Staff Health and Wellbeing- priority 6 from our ELHT People Strategy.



The graphic features the logos for 'Healthier Pennine Lancashire' and 'East Lancashire Hospitals NHS Trust A University Teaching Trust'. It includes several photographs of healthcare staff in various settings, such as a receptionist, a team in a meeting, and a doctor at a desk. The text 'Our People Strategy' is prominently displayed, along with the values 'Safe | Personal | Effective' at the bottom.

# 6 Health and Wellbeing

**To create an organisational culture with HR policies and procedures that actively supports the health and wellbeing of staff. We will encourage our staff to make healthy decisions and proactively support them as individuals in the event of ill-health.**

Having staff that are well and at work means we can deliver high quality, effective and compassionate care. We will provide our workforce with an environment and opportunities that encourage and enable all staff to thrive.



### 3. How has our new staff health and wellbeing strategic action plan been devised?

3.1 In order to ensure our plan is relevant and has an impact that is clear and visible to staff and meaningful for the organisation, we have considered multiple sources of information and undertaken a number of diagnostic activities to inform the plan. These include review and analysis of:

- The NHS Staff Health and Wellbeing Framework diagnostic tool.
- Sickness absence data and specific reasons for absence.
- Occupational health usage trends and themes.
- The ELHT Health and Wellbeing Needs assessment survey responses.
- National Staff Survey responses and themes.
- Workforce demographics.
- Feedback from key stakeholders across the organisation



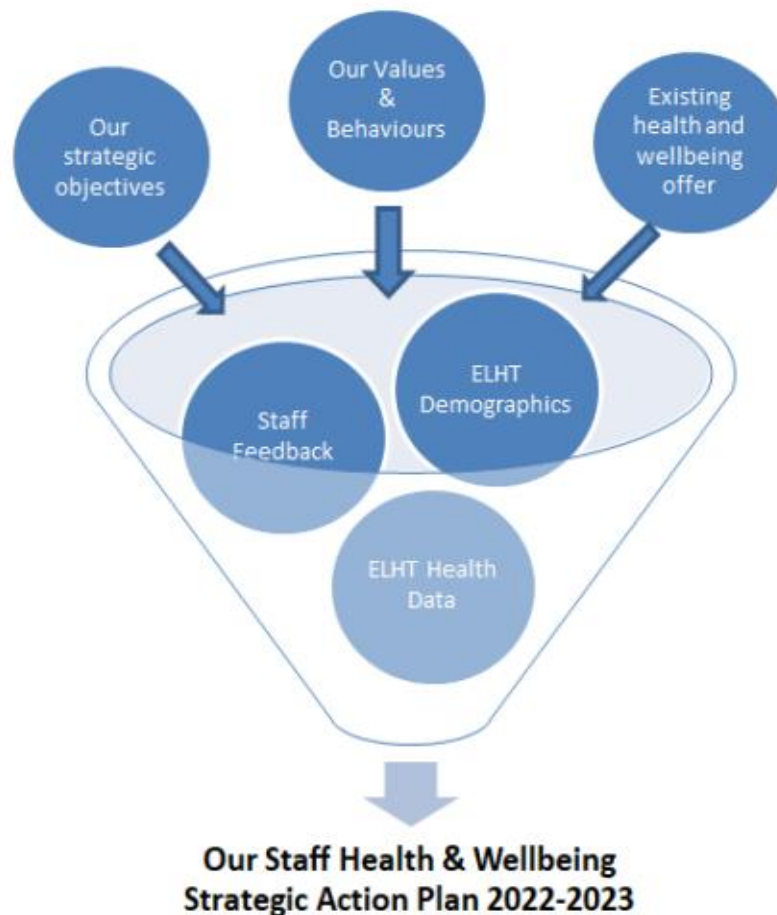
Personal wellbeing is more than a sickness absence metric



More emphasis needs to be placed on preventative interventions rather than discrete reactive support



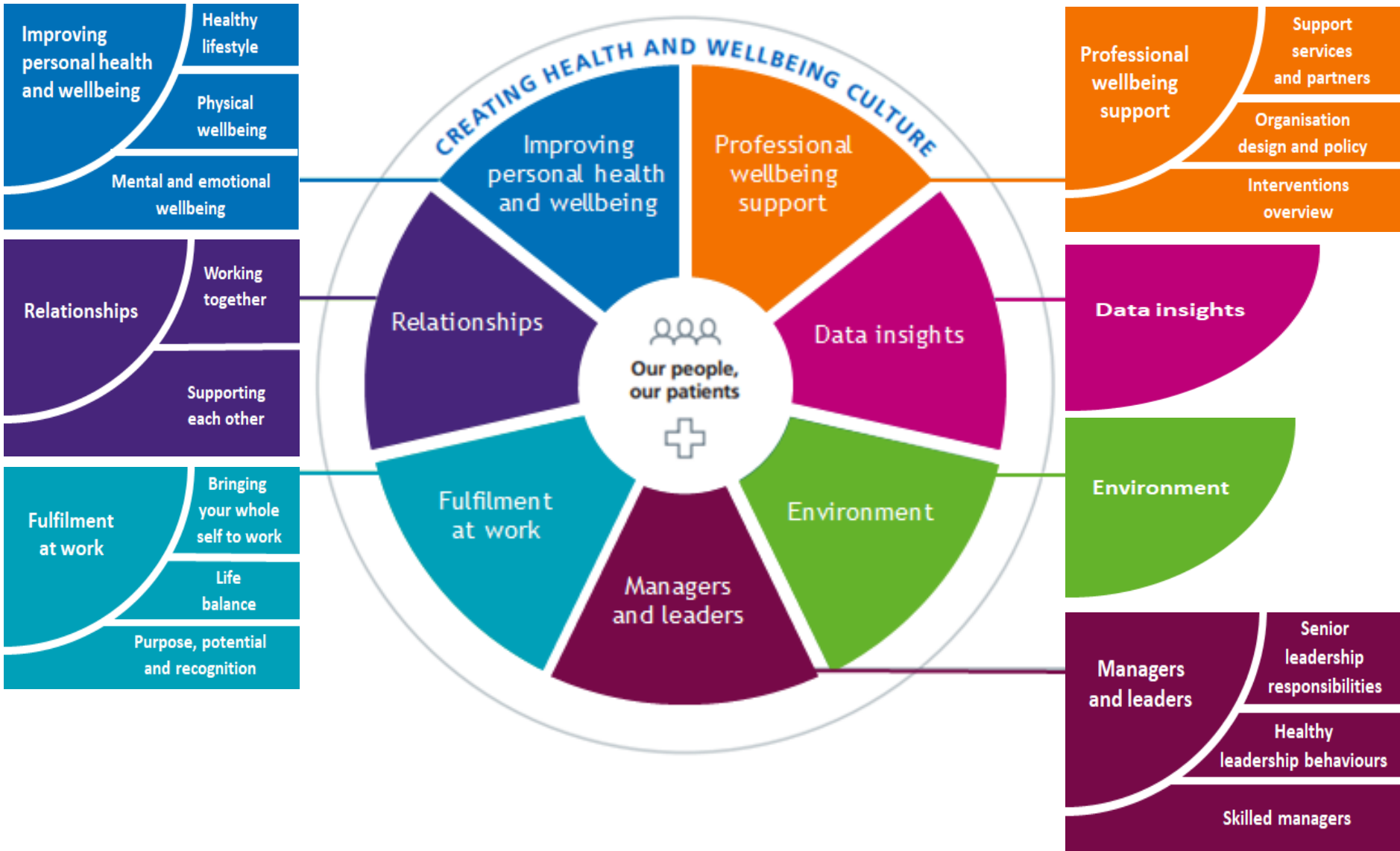
Mental and physical wellbeing needs to be viewed more broadly, such as the inclusion of financial wellbeing and menopause support





## 4. Utilising best practice and the NHS Staff Health and Wellbeing Framework

4.1 The NHS Staff Health and Wellbeing Framework developed by NHSE/I and NHS Employers sets out the standards for what NHS organisations should focus on based on the evidence base to support staff feeling well, healthy and happy at work. We will use this model to organise our plan into 7 key themes for action in 2022.



## 5. Key high impact Actions for 2022

### Different people need different things at different times

“By using data, organisations can make more evidence based decisions to improve health and wellbeing. Reviewing detailed and accurate absence data allows interventions to be more targeted, so that they can better help to reduce unplanned absences”

### 5.1 Data Insights Actions

- Create a Wellbeing dashboard and scorecard which measures & monitors both output & outcome metrics for staff health and wellbeing by Apr 2022.
- Stand up a quarterly Staff Health & Wellbeing Steering group to review data insights & monitor the progress of the staff health & wellbeing strategic action plan by Mar 2022.
- Create more mechanisms for staff feedback via a quarterly staff pulse survey outside of the national staff survey window, i.e. completed in Q1,2,4 throughout 2022.
- Robustly capture information from exit interviews throughout 2022.
- Roll out more real time staff experience feedback equipment in wards and departments via the use of Celpax throughout 2022.
- Introduce more staff stories at Trust-Board throughout 2022.
- We will use triangulated data to make more evidence based decisions to improve health and wellbeing throughout 2022.
- We will use data to target areas of greatest need of intervention applying an evidence based approach throughout 2022.

## 5. Key high impact Actions for 2022

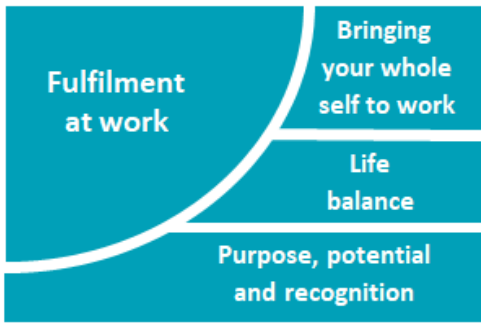
### 5.2 Improving Personal Health & Wellbeing Actions

- Commence roll out of our refined workforce wellbeing & trauma support modular training to all staff by Mar 2022.
- Develop physical and virtual listening lounges throughout 2022.
- Further develop our Early Access to Support for Employees- EASE Service day 1 sickness absence support for MSK & MH by Mar 2022.
- Offer more physical & virtual drop in sessions to support healthy lifestyle activities, e.g. weight management, stop smoking, posture throughout 2022.
- Become an accredited menopause friendly workplace by Sept 2022.
- Set up financial support offer via 1:1 pension advice & affordable loans via salary sacrifice by April 2022.
- Introduce more free on-site massage therapy & wider complementary therapies for teams throughout 2022.
- Roll out monthly wellbeing challenges for sleep, hydration, digital detox, healthy eating throughout 2022.
- Further develop the Staff Wellbeing Portal as the first point of reference for all things wellbeing & staff benefits to ensure we have an accessible holistic & inclusive offer throughout 2022.
- Offer freely available on site health checks for all staff throughout 2022.
- Develop pathways for defined areas of need, e.g. teams in crisis, coroners court, death in service by May 2022.
- Offer discounted gym memberships offer via salary sacrifice and promote onsite facilities by Feb 2022.

## 5. Key high impact Actions for 2022

### 5.3 Relationships Actions

- Recruit & train a further 100 Wellbeing & Engagement Champions to support a team wellbeing culture throughout 2022.
- Further promote the ELHT Mediation Service by April 2022.
- Review & evaluate our Trust wide approach to Early Resolution by Sept 2022.
- Devise & facilitate peer support groups in teams & departments throughout 2022.
- Launch a buddy system for new starters by April 2022.
- Develop a resource pack for new starters to include local information, walks, groups, support, etc.. by April 2022.
- Offer coaching & mentoring for all staff and make the offer highly visible and easily accessible throughout 2022.
- Launch a civility & respect toolkit and training to support psychological safety & team working by June 2022.
- Encourage speaking up & “if you see something say something” via staff stories throughout 2022.
- Introduce monthly Team Time sessions across the divisions & evaluate the impact throughout 2022.
- Explore “time banking “ to support the benefits of sharing skills & resources both internally & externally by July 2022.



## 5. Key high impact Actions for 2022

### 5.4 Fulfilment At Work Actions

- Further embed staff networks for BAME, Mental Health, Disability, LGBTQ+ and consider networks for Women, Carers, & International staff throughout 2022.
- Host our annual Festival of wellbeing & inclusion by Oct 2022.
- Devise & roll out a staff passport, incorporating carers, disability, health & wellbeing by April 2022.
- Promote the teams & services that feel overlooked or less visible e.g. #Proud2BeCommunity, #Proud2BeAdmin throughout 2022.
- Ensure every member of staff has the opportunity for a regular wellbeing conversation with their line manager throughout 2022.
- Review the work life balance policy and flexible working options & special leave arrangements through a wellbeing lens by July 2022.
- Review the attendance policy through a wellbeing lens by July 2022.
- Continue to promote Employee /Team of the Month and introduce GEMs- going the extra mile awards throughout 2022.
- Review the appraisal process to ensure it is linked to the maximising potential conversations & talent management & succession plan by Apr 2022.

Managers  
and leaders

Senior  
leadership  
responsibilities

Healthy  
leadership  
behaviours

Skilled managers

## 5. Key high impact Actions for 2022

### 5.5 Managers and Leaders Actions

- Further embed the role of the Wellbeing Guardian so that staff understand the role & how they can access the Guardian throughout 2022.
- Schedule monthly Back to the Floors by Executives and Non-Executives throughout 2022.
- Senior managers to role model healthy leadership behaviours, e.g. not working excessive hours, being clear that staff should not be accessible out-side of working hours, not holding virtual meetings for longer than 1 hour without a break from the screen, etc.. throughout 2022.
- Train all line managers to understand the wellbeing offer and how/when to signpost and refer staff for support throughout 2022.
- Mandate all line managers to be trained in workforce wellbeing and trauma support modules by Dec 2022.
- Launch a manager wellbeing peer support network by May 2022.
- Create training & development opportunities for ICS shared learning spaces for managers by May 2022.
- Pilot the Team Engagement Diagnostic (TED) to support managers understanding their teams dynamics & needs throughout 2022.
- Pilot the Mii People planning tool to support managers in understanding their individual staffs wellbeing needs by Mar 2022.
- Review manager development training to ensure training for managers is people focused rather than policy focused throughout 2022.



## 5. Key high impact Actions for 2022

### 5.6 Professional Wellbeing Support Actions

- Acknowledge the continuing impact of COVID 19 on the workforce & the cumulative effect of working through the pandemic & build this into our thinking around modelling for support services to aid restoration & recovery throughout 2022.
- Further establish collaborative relationships with external partners, e.g. Resilience Hub, ICS enhancing Wellbeing Programme, regional & national pathway providers throughout 2022.
- Simplify pathways to appropriate internal and external support services to enable staff to find the best wellbeing support options based on their needs & choices throughout 2022.
- Review the Occupational Health Service & offer & unify working practices & standards across the ICS as part of the “grow OH programme” by Dec 2022.
- Further develop & embed structures to support communication & collaboration between internal support services e.g. Well Team, OH, Psychology, Chaplaincy & Spiritual care, bereavement team, Staff Side etc.. throughout 2022.
- Ensure all people policies & processes are evaluated & deployed through a wellbeing lens throughout 2022.
- Review if line managers have more than 12 staff to appraise to ensure the organisational architecture for appraisal & wellbeing conversations is manageable by April 2022.
- Ensure our interventions are both proactive & preventative as well as reactive & restorative throughout 2022.
- Create a service user involvement group to help guide development of wellbeing services by April 2022.

## 5. Key high impact Actions for 2022

### 5.7 Environment Actions

- Input into the development of the Green Plan throughout 2022.
- Create access to hydration stations across the sites & encourage regular hydration throughout 2022.
- Create more staff spaces for rest breaks & well spaces both indoors & outdoors throughout 2022.
- Ensure there are adequate changing & showering facilities across the sites to support active travel & dignity & respect for staff throughout 2022.
- Review the accessible & affordable healthy food provision for staff working 24/7 across the organisation, e.g. access to food for night staff by June 2022.
- Promote the salary sacrifice cycle scheme & green & active travel throughout 2022.
- Refocus our efforts on the Smoke-Free environment & tackling smoking on site premises throughout 2022.
- Create walking routes around Trust sites to encourage outdoor activity by Apr 2022.
- Consider & scope a monthly on site fruit & veg stall by July 2022.
- Progress with the staff safety group to support violence reduction across the Trust to reduce/eliminate incidents and improve staff safety from aggression and violence throughout 2022.



## 6. Conclusion

6.1 ELHT has made progress with our staff health and wellbeing indicator and has started to shift the focus to a holistic evidence based health and wellbeing approach. Further organisational commitment and support aligned to our staff health and wellbeing programme will help ELHT to continue our improvement journey and ambition to meet the people promise for all of our staff.

## 7. Recommendations

7.1 It is recommended that the Trust-Board:

- review the proposed methodology and actions and advise on if there are any omissions.
- support the ELHT wellbeing programme and ethos.
- agree to and commit the organisation to this programme of actions within the outlined timescales.
- individually commit to participate in the programme by role modelling healthy leadership behaviours and demonstrating that an enhancing staff health and well-being lens is applied to all decisions.
- discuss and approve this action plan for deployment throughout 2022.
- review the progress of the action plan in 6 months time.

**TRUST BOARD REPORT**

**Item 16**

**19 January 2022**

**Purpose Information**

**Title** Trust Charitable Funds Committee Information Report  
**Author** Mr D Byrne, Corporate Governance Officer  
**Executive sponsor** Mr S Barnes, Non-Executive Director

**Summary:** The report sets out the matters discussed and decisions made at the Trust Charitable Funds Committee meetings held on 27 October 2021.

**Recommendation:** The Board is asked to note the content of the report.

**Report linkages**

Related strategic aim and corporate objective NA

Related to key risks identified on assurance framework NA

**Impact**

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

## Trust Charitable Funds Committee Update

At the meeting of the Trust Charitable Funds Committee held on 27 October 2021 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.

1. Members were updated on recent applications to use funds requests and the overall performance of the charitable funds. It was noted that total income for the Charity for the first six months of the financial year stood at £628,000 and that a formal audit of its accounts would be required were it to cross the £1,000,000 threshold. Members were also informed that the value of the Charity's investments had risen by £123,000 and that this was above the FTSE 100 and British Government Securities (BGS) benchmarks.
2. The Committee received an update on the recent activities of the Trust's Staff Lottery and were informed that discussions were taking place around folding it into the Charity going forward.
3. An update was provided to members on the recent activities of the Charity manager. It was noted that a number of activities were planned to take place over the festive period but that some would require approval from the Trust's infection prevention and control (IPC) team before they could take place. Members were also informed that an application had been made to NHS Charities Together for a grant of £35,000 to support the development of a new Charity Hub and Retail Outlet.
4. The Committee was updated on the progress being made with sourcing the funding required for the Trust's two Da Vinci Surgical Robots. Members noted that a number of suitable funds had been identified for the 'top slicing' exercise agreed at the previous meeting to be carried out.
5. Members agreed that the next meeting of the Committee would be brought forward in order to ensure that they would have the opportunity to review and approve the Charity's audited accounts and annual report before they were presented to the Trust Board in January 2022.

At the meeting of the Trust Charitable Funds Committee held on 12 January 2022 members considered the following matters:

1. Financial Performance Report Month 8 2021-22
2. ELHT&me Report
3. Charity Hub and Retail Outlet Business Plan
4. ELHT&Me Annual Report and Accounts 2020-21
5. Staff Lottery

A full summary of the discussions that took place at this meeting will be provided in the summary report provided in March 2022.

Dan Byrne, Corporate Governance Officer, 11 January 2022.

# TRUST BOARD REPORT

Item **16b**

19 January 2022

**Purpose** Information  
Action  
Monitoring

<b>Title</b>	ELHT&Me Annual Report and Accounts 2020-21
<b>Author</b>	Mr A Graves, Head of Financial Control
<b>Executive sponsor</b>	Mrs M Brown, Executive Director of Finance

**Summary:** The 2020-21 Annual Report and Accounts for ELHT&Me are presented for review and approval by the Trust Board, as Corporate Trustee, prior to submission to the Charity Commission.

**Recommendation:** The Charitable Funds Committee recommends the Trust Board to approve the 2020-21 Annual Report and Accounts for ELHT&Me for submission to the Charity Commission.

## Report linkages

- Related strategic aim and corporate objective -
- Related to key risks identified on assurance framework -

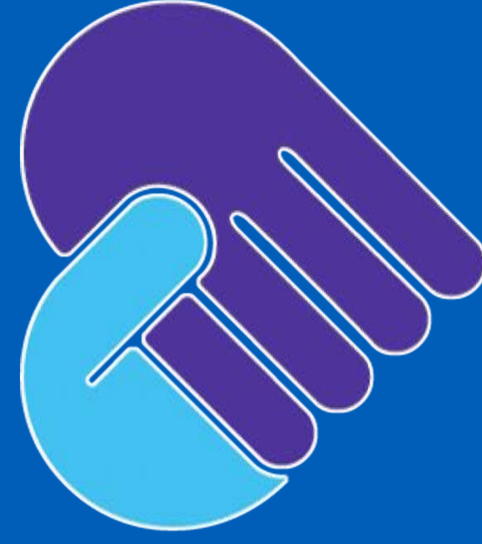
## Impact

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

Previously considered by: -

# Trust Charitable Funds Annual Report

2020 - 21



**ELHHT & MME**

your local hospital charity

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# The area we cover



# Chairman's report

Welcome to the 2020/21 Annual Report. There is no doubt that the period being reported has been uniquely challenging, in what was an incredibly difficult year for the NHS and throughout our communities. We are proud that regardless of the challenges, our charity mission remained constant – to improve patient experience across East Lancashire and to ensure learning and support is available and delivered to our staff.

The Charitable Funds Committee acts on behalf of the corporate trustee and the Annual Report is designed to give an insight into the extent of the work that has been undertaken during the year. We would like to take this opportunity to thank those individuals who have served on the Charitable Funds Committee, during the course of the year and on their behalf to express our appreciation to the staff of the Trust for their dedication to caring for our local population.

Covid dominated the entire duration of this report. Whilst it was recognised that there was the inability to host community fundraisers and events due to the pandemic's restrictions, at the same time, the NHS charities became the focus of giving. Promoted by inspirational Captain Tom Moore who ultimately led to online giving at a level that had never been seen before.

"As the Chairman of East Lancashire Hospitals NHS Trust, I have felt incredibly proud of our staff and in awe of the companies and public who have supported us. The charity brings opportunities that would remain aspirational for the Trust and we could not do this without our generous communities."

This Annual Report lays out how we are moving in that direction and details examples of where the donations of our generous supporters have really made a difference for the patients of East Lancashire Hospitals NHS Trust. Thank you on behalf of the Committee to each and every one of you who have supported ELHT&Me with donations, legacies, volunteering, or in other ways to show how much you care.



**Professor Eileen Fairhurst**  
Chairman  
East Lancashire Hospitals NHS Trust



**Stephen Barnes**  
Non-Executive Director and Charity  
Committee Chairman





# Objectives and activities

ELHT&Me was launched in 2016 and the object of the Charity is 'for any charitable purpose or purposes relating to the general or any specific purposes of the East Lancashire Hospitals NHS Trust or the purposes of the National Health Service'.

The Trust, the sole corporate trustee of the Charity, provides a range of health care services, predominantly for the local population of East Lancashire of over half a million people.

As a public benefit entity, the main charitable activities of the Charity are to fund'

- Improvements to the services provided to patients, primarily through the purchase of equipment that would be outside the NHS funding, as well as improvements to the patient environment and experience
- Training for Trust staff and to help to develop and improve staff amenities

To achieve our aims and objectives, ELHT&Me will actively seek and apply for grants, become front facing through Hub creation at Royal Blackburn Teaching Hospital, and increase corporate relations. We will also design and deliver large scale events whilst establishing legacies to generate income.



## Achievements and Performance

Coronavirus brought the importance of the NHS into sharp focus in 2020, and much of our efforts went into supporting colleagues, patients and families as we coped with this alarming pandemic.

# Achievements and Performance



## The Garden of Memories

The Garden of Memories, located at Royal Blackburn Teaching Hospital has been custom-designed to honour those who are no longer with us.

The Garden's entrance fixates on 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 loved one.

The Garden of Memories is a delight for the senses. Our onsite blossoming escape has been designed for year-round colour, the soil is filled with bedding plants such as geranium, climbing roses, and ornamental grasses that rustle in the wind for the sound component.

# Achievements and Performance



## Community Fundraising

Covid restrictions moved community fundraising online. The overnight movement engaged fundraisers across the world who had connections with East Lancashire.

# Achievements and Performance



**"Ribble Valley truck convoy is cheered by self-isolating residents and delighted youngsters"**

**On a Thursday evening in April 2020, truckers hit towns and villages in the Ribble Valley to boost funds for ELHT&Me. The procession ended at Clitheroe Community Hospital in time for the 8pm clap for Heroes.**

**This memorable fundraiser received TV, Radio, and Press coverage and raised almost £4,000.**



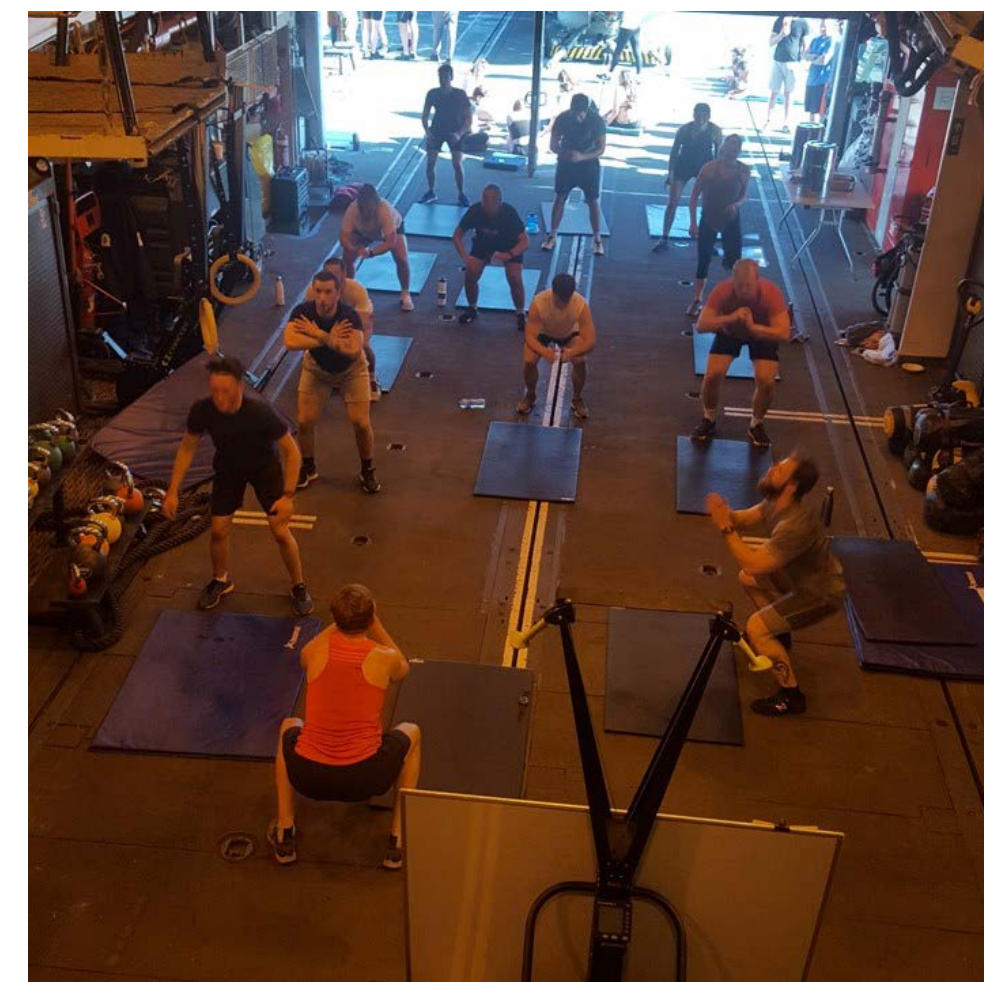
**Stay home, drink coffee, save lives!**

**Exchange Coffee Company created a sumptuous blend specially for the NHS and what makes it extra special is for every 250g bag sold, 20% is donated to ELHT&Me.**



**Drupta's cycling challenge**

**Drupta wanted to donate money from his piggy bank. Upon learning about Sir Captain Tom Moore, Dupta was inspired and determined to do more. Cycling 50 miles in 10 days, year 2 student Drupta raised £1,100**



**HMS Westminster 24 hour exercise event**

**The Royal Navy Frigate HMS Westminster completed 30-40 minutes of exercise every hours for 24 hours. Hours of squats and lunges raised £2,745 on 15th May**

# Achievements and Performance

The impact of the pandemic was felt across East Lancashire Hospitals NHS Trust. We were prompted to publish our Coronavirus campaign using Just Giving, #ThankYouNHS.

The incredible generosity of our local community enabled us to fund many fantastic projects.

The charity received corporate support insourcing PPE, motorhome accommodation, and temporary shower units.

Local companies donated perishable goods that were distributed into free lunch bags for staff.

Donations were collected and distributed daily across our sites including community sites.

We were delighted to help to put a smile under the masks of our NHS Heroes.



Blackburn with Darwen Council painted this message on the road outside the Royal Blackburn Teaching Hospital site.

# Achievements and Performance

We proudly funded multiple Oasis rooms across all sites. These rooms were created as break-out spaces for our colleagues to retreat to. Each provides a quiet and calming environment where staff are able to colour, meditate, have a hot or cold beverage, with access to therapy TV and mindfulness activities.

We planned these rooms carefully and received great feedback from users. The Oasis rooms proved so popular that they remain in use.

These areas were generously funded by the many supporters of ELHT&Me. Special thanks to Sofology for donating 2 sets of sofas to the Chaplaincy rooms.

ELHT took quick action to support patients being connected with their families. Lancashire Fire and individuals from our local community donated iPads and devices that enabled our patients to keep in touch with their family and friends virtually.

Many of the wards received iPads to use for virtual visits. It means a lot to families to see their loved one, one last time.



# Achievements and Performance

In response to the charity's call for help, the community stitched hundreds of scrub bags to enable our staff at the end of a long shift to safely place their laundry.

This project enabled isolating individuals and groups who could no longer meet the opportunity to feel part of and contribute to the wonderful NHS



Farmhouse biscuits – Family-owned company, Farmhouse Biscuits, re-branded its classic mild ginger biscuits in July 2020. The new packaging incorporated the 'Thank you NHS' message with a rainbow symbol. For every packet sold, Farmhouse donated 10p to ELHT&Me. Funds raised during the pandemic, including those from sales of the biscuits, are used to support initiatives and projects that make the pandemic response more manageable. . Gill McIvor, CEO of the Nelson based company, said ""After facing one of their toughest challenges to date with Covid-19, it felt like the right thing to do." "We are just so proud to put a little back into our fabulous NHS who have been taking great care of us all for over 70 years."



# Achievements and Performance



With restrictions still in place through the festive period, we did things a little differently.

To give back and thank our dedicated workforce, we proudly fully-funded over 9,000 Christmas dinners. All NHS employees at Royal Blackburn and Burnley General Teaching Hospitals, Accrington Victoria, Clitheroe and Pendle Community Hospitals, as well as staff based at the Trust's community sites, were able to claim a hot or cold Christmas dinner option.

Senior staff and members of the Executive Team supported the Trust's Catering Team to serve the meals, giving them another opportunity to thank staff personally for their commitment during the pandemic.





## Plans for future periods

We must acknowledge that Covid-19 has had a considerable impact on the Trust, its staff and the Charity. Whilst we have benefited to some extent from the public's support for the NHS and the immense fundraising efforts on behalf of NHS Charities Together, it has also been negatively affected by the curtailment of mass events, uncertainty and people losing jobs, and our reduced ability (due to Covid) to go out and meet people. This has particularly hampered our efforts to secure increased corporate support.

Nevertheless, the charity has continued to grow and we are confident of further success.

Artwork displayed to keep staff morale up, created by our younger patients.

# Financial review

The principal source of funding for the charity is income from donations and legacies, including grant funding, which are used to fund improvements to the services provided to patients, patient environment, and experience, as well as to fund training for Trust staff and to help to develop and improve staff amenities, in line with the Charity's purpose.

As a result of the gifts in kind generously donated following the onset of the COVID-19 pandemic, £244,000 of notional income has also been recognised, together with a matching amount included in expenditure. Through its membership of NHS Charities Together, the Charity was also successful in its applications for grant funding totaling £198,000 for the health and wellbeing of staff.

As a result of the pandemic, infection prevention control measures and a restriction on patients and visitors attending hospital as a result of COVID have negatively impacted 'footfall' donations at hospital sites, as well as front-facing fundraising activities and direct engagement.

## Analysis of income

2020-21

2019-20

### Income from donation and legacies

Donations	607	692
Legacies	28	1
Grants	198	13
	<u>833</u>	<u>706</u>

### Income from other trading activities

Income from training activities	45	80
Other income	71	143
	<u>116</u>	<u>223</u>

### Income from investments

Investments listed on the London Stock Exchange	48	67
Interest on cash/bank	0	1
	<u>48</u>	<u>68</u>

**Total** **997** **997**

Total expenditure for 2020-21 of £1,540,000 compares to £1,020,000 in the previous financial year. At £846,000, expenditure on medical and surgical equipment represents the largest use of charitable funds. This includes £343,000 for defibrillators funded from a donation received from Euro Garages in 2019-20, as well as £238,000 relating to lease payments on two robotic surgical systems.

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## Analysis of expenditure

2020-21

2019-20

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	<u>14</u>	<u>7</u>

### Expenditure on charitable activities

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When net gains on investments of £194,000 are taken into account, fund balances have fallen by £349,000 in 2020-21 to £1,665,000, £1,633,000 of which is unrestricted with £1,257,000 held in designated funds.

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The aim of the investment strategy is to 'invest funds so as to provide as high a current income as possible, consistent with the objective of at least preserving the income generating value of capital over the long term'. The balance of investments after taking into account the reserved funds are managed in an investment portfolio designed to provide a return in the medium to longer term. The Charitable Funds Committee is assisted in this aspect by the professional advice of independent Investment Managers. The Trustees believe that companies which act in a socially responsible way are more likely to flourish and to deliver the best long term balance between risk and return. In developing the ethical investment principles the Charitable Fund Committee has considered the aims and objectives of the charity, the NHS Constitution, the NHS' purposes and fundamental principles and the Trust's responsibilities as a good corporate citizen.

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The Charity which was formerly known as the East Lancashire Hospitals NHS Trust Charitable Fund and other related charities is now known as ELHT&Me.

The Charity was created under a Trust deed executed on 28 January 2004 and constituted with East Lancashire Hospitals NHS Trust as sole corporate trustee. This deed consolidated a number of charitable funds held by the former Burnley Healthcare and Blackburn, Hyndburn, and Ribble Valley Health Care NHS Trusts prior to their merger to form the East Lancashire Hospitals NHS Trust. A deed of the amendment was executed on 11 July 2018 to provide clarity as to the purposes for which the charitable funds are held and to simplify the administration of the Charity.

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Membership of the Charitable Funds Committee is drawn from the Trust Board and comprises a Non-Executive Director Chair of the Committee, one further Non-Executive Director/Associate Non-Executive Director member, the Executive Director of Finance (as lead director for the Committee), the Executive Director of Nursing and the Executive Director of Communications and Engagement.

The Associate Director of Corporate Governance/Company Secretary, together with the Deputy Director of Finance or Financial Controller and the Fundraising Manager attend meetings of the Committee to provide advice and assistance.

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## Director recruitment, appointment, induction and training

**There are different recruitment and appointment processes for the executive and Non-Executive members of the Trust Board.**

**From 1 April 2016, NHS Improvement has had responsibility for the appointment of Non-Executive members to NHS Trust Boards on behalf of the Secretary of State for Health and Social Care.**

**Executive members of the Board are subject to the recruitment and appointment processes of the Trust.**

**All Directors are subject to the induction and training processes of the Trust.**

# Committee membership



**Stephen Barnes**  
Non-Executive Director and  
Charity Committee Chairman



**Richard Smyth**  
Non-Executive Director



**Christine Pearson**  
Executive Director of Nursing



**Michelle Brown**  
Executive Director of Finance



**Shelley Wright**  
Joint Executive Director of  
Communications and Engagement (ELHT  
and BTHT) - From 04 January 2021



**Christine Hughes**  
Executive Director of  
Communications and Engagement -  
To 04 December 2020

# Committee membership

Name	Position	Committee Member
<b>Professor Eileen Fairhurst</b>	Chairman	
<b>Mr Kevin McGee</b>	Chief Executive Officer - no longer in post	
<b>Mrs Trish Anderson</b>	Non-Executive Officer	
<b>Professor Graham Baldwin</b>	Non-Executive Director	
<b>Mr Stephen Barnes</b>	Non-Executive Director	-Committee Member, Committee Chair
<b>Mrs Michelle Brown</b>	Executive Director of Finance	-Committee Member
<b>Mr Harry Catherall</b>	Associate Non-Executive Director (non-voting)	
<b>Mrs Sharon Gilligan</b>	Chief Operating Officer - From October 2020	
<b>Mr Martin Hodgson</b>	Deputy Chief Executive	
<b>Mr Jawad Hussain</b>	Executive Medical Director	
<b>Miss Naseem Malik</b>	Non-Executive Director	
<b>Mr Tony McDonald</b>	Executive Director of Integrated Care, Partnerships and Resilience - From December 2020	
<b>Mr Kevin Moynes</b>	Executive Director of HR and OD (non-voting)	
<b>Mrs Feroza Patel</b>	Associate Non-Executive Director (non-voting)	
<b>Mrs Christine Pearson</b>	Executive Director of Nursing	-Committee Member
<b>Mr Richard Smyth</b>	Non-Executive Director	-Committee Member
<b>Mr Khalil Rehman</b>	Non-Executive Director - From 01 February 2021	
<b>Mr Mike Wedgeworth</b>	Associate Non-Executive Director (non-voting)	
<b>Ms Shelley Wright</b>	Joint Executive Director of Communications and Engagement (ELHT & BTHT) - From 04 January 2021	-Committee Member

# Declaration

The Corporate Trustee declares that it has approved the annual report of ELHT&Me for 2020/21.

## Stephen Barnes

Non- Executive Director  
Charitable Funds Committee Chair  
East Lancashire Hospitals NHS Trust

## Michelle Brown

Executive Director of Finance  
East Lancashire Hospitals NHS Trust



# Reference and administrative details

**Registered charity name:** ELHT&Me

**Charities Charity Registration Number:** 1050478

**Principal Office Address:** East Lancashire Hospitals NHS Trust, Trust Headquarters, Royal Blackburn Teaching Hospital, Haslingden Road, BB2 3HH

**Trustee:** East Lancashire Hospitals NHS Trust

**Key Management Personnel:** Trust Charitable Funds Committee

**The following key professional services are provided to the Charity by external organisations:**

**Charity bankers:** Governing Banking Service c/o NatWest, Bolton Customer Service Centre, PO Box 2027 Parklands, De Havilland Way, Horwich, Bolton, BB6 4YU

**Charity independent examiner:** Nicola Wakefield, Mazars, One St Peter's Square, Manchester, M3 3EB

**Charity investment managers:** Brewin Dolphin, 1 The Avenue, Spinningfields Square, Manchester, M3 3AP

**Charity solicitors:** Hempsons, City Tower Piccadilly Plaza, Manchester, M1 4BT

**Charity internal auditors:** Mersey Internal Audit Agency (MIAA), Regatta Place, Brunswick Business Park, Summers Road, Liverpool, L3 4BL





# Trust Charitable Funds Annual Report

2020 - 21



**ELHT & MME**

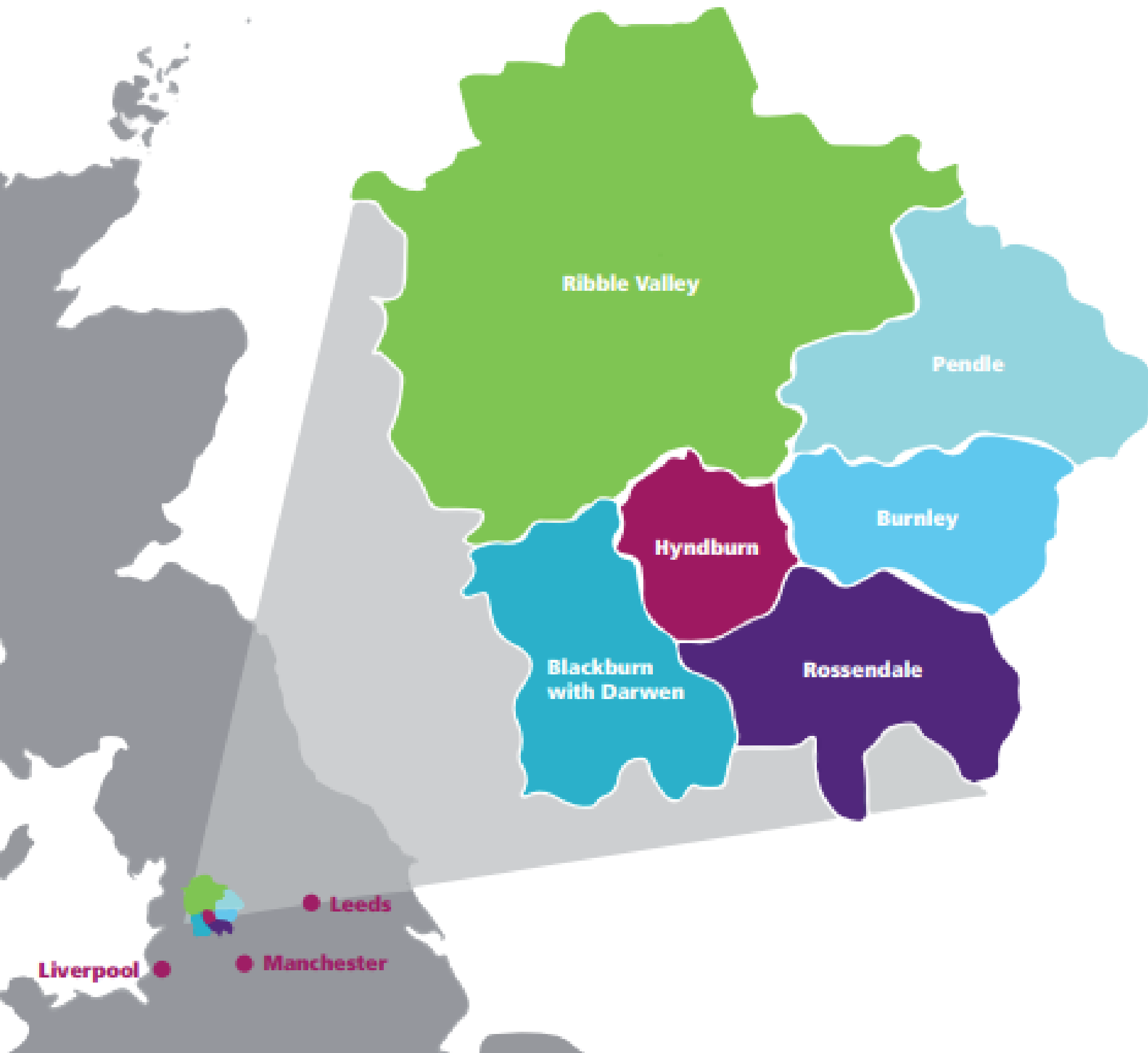
your local hospital charity

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# The area we cover



# Chairman's report

Welcome to the 2020/21 Annual Report. There is no doubt that the period being reported has been uniquely challenging, in what was an incredibly difficult year for the NHS and throughout our communities. We are proud that regardless of the challenges, our charity mission remained constant – to improve patient experience across East Lancashire and to ensure learning and support is available and delivered to our staff.

The Charitable Funds Committee acts on behalf of the corporate trustee and the Annual Report is designed to give an insight into the extent of the work that has been undertaken during the year. We would like to take this opportunity to thank those individuals who have served on the Charitable Funds Committee, during the course of the year and on their behalf to express our appreciation to the staff of the Trust for their dedication to caring for our local population.

Covid dominated the entire duration of this report. Whilst it was recognised that there was the inability to host community fundraisers and events due to the pandemic's restrictions, at the same time, the NHS charities became the focus of giving. Promoted by inspirational Captain Tom Moore who ultimately led to online giving at a level that had never been seen before.

"As the Chairman of East Lancashire Hospitals NHS Trust, I have felt incredibly proud of our staff and in awe of the companies and public who have supported us. The charity brings opportunities that would remain aspirational for the Trust and we could not do this without our generous communities."

This Annual Report lays out how we are moving in that direction and details examples of where the donations of our generous supporters have really made a difference for the patients of East Lancashire Hospitals NHS Trust. Thank you on behalf of the Committee to each and every one of you who have supported ELHT&Me with donations, legacies, volunteering, or in other ways to show how much you care.



**Professor Eileen Fairhurst**  
Chairman  
East Lancashire Hospitals NHS Trust



**Stephen Barnes**  
Non-Executive Director and Charity  
Committee Chairman



# Objectives and activities

ELHT&Me was launched in 2016 and the object of the Charity is 'for any charitable purpose or purposes relating to the general or any specific purposes of the East Lancashire Hospitals NHS Trust or the purposes of the National Health Service'.

The Trust, the sole corporate trustee of the Charity, provides a range of health care services, predominantly for the local population of East Lancashire of over half a million people.

As a public benefit entity, the main charitable activities of the Charity are to fund'

- Improvements to the services provided to patients, primarily through the purchase of equipment that would be outside the NHS funding, as well as improvements to the patient environment and experience
- Training for Trust staff and to help to develop and improve staff amenities

To achieve our aims and objectives, ELHT&Me will actively seek and apply for grants, become front facing through Hub creation at Royal Blackburn Teaching Hospital, and increase corporate relations. We will also design and deliver large scale events whilst establishing legacies to generate income.



## Achievements and Performance

Coronavirus brought the importance of the NHS into sharp focus in 2020, and much of our efforts went into supporting colleagues, patients and families as we coped with this alarming pandemic.

# Achievements and Performance



## The Garden of Memories

The Garden of Memories, located at Royal Blackburn Teaching Hospital has been custom-designed to honour those who are no longer with us.

The Garden's entrance fixates on 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 loved one.

The Garden of Memories is a delight for the senses. Our onsite blossoming escape has been designed for year-round colour, the soil is filled with bedding plants such as geranium, climbing roses, and ornamental grasses that rustle in the wind for the sound component.

# Achievements and Performance



## Community Fundraising

Covid restrictions moved community fundraising online. The overnight movement engaged fundraisers across the world who had connections with East Lancashire.

# Achievements and Performance



**"Ribble Valley truck convoy is cheered by self-isolating residents and delighted youngsters"**

**On a Thursday evening in April 2020, truckers hit towns and villages in the Ribble Valley to boost funds for ELHT&Me. The procession ended at Clitheroe Community Hospital in time for the 8pm clap for Heroes.**

**This memorable fundraiser received TV, Radio, and Press coverage and raised almost £4,000.**



**Stay home, drink coffee, save lives!**

**Exchange Coffee Company created a sumptuous blend specially for the NHS and what makes it extra special is for every 250g bag sold, 20% is donated to ELHT&Me.**



**Drupta's cycling challenge**

**Drupta wanted to donate money from his piggy bank. Upon learning about Sir Captain Tom Moore, Dupta was inspired and determined to do more. Cycling 50 miles in 10 days, year 2 student Drupta raised £1,100**



**HMS Westminster 24 hour exercise event**

**The Royal Navy Frigate HMS Westminster completed 30-40 minutes of exercise every hours for 24 hours. Hours of squats and lunges raised £2,745 on 15th May**



# Achievements and Performance

The impact of the pandemic was felt across East Lancashire Hospitals NHS Trust. We were prompted to publish our Coronavirus campaign using Just Giving, #ThankYouNHS.

The incredible generosity of our local community enabled us to fund many fantastic projects.

The charity received corporate support insourcing PPE, motorhome accommodation, and temporary shower units.

Local companies donated perishable goods that were distributed into free lunch bags for staff.

Donations were collected and distributed daily across our sites including community sites.

We were delighted to help to put a smile under the masks of our NHS Heroes.



Blackburn with Darwen Council painted this message on the road outside the Royal Blackburn Teaching Hospital site.

# Achievements and Performance

We proudly funded multiple Oasis rooms across all sites. These rooms were created as break-out spaces for our colleagues to retreat to. Each provides a quiet and calming environment where staff are able to colour, meditate, have a hot or cold beverage, with access to therapy TV and mindfulness activities.

We planned these rooms carefully and received great feedback from users. The Oasis rooms proved so popular that they remain in use.

These areas were generously funded by the many supporters of ELHT&Me. Special thanks to Sofology for donating 2 sets of sofas to the Chaplaincy rooms.

ELHT took quick action to support patients being connected with their families. Lancashire Fire and individuals from our local community donated iPads and devices that enabled our patients to keep in touch with their family and friends virtually.

Many of the wards received iPads to use for virtual visits. It means a lot to families to see their loved one, one last time.



# Achievements and Performance

In response to the charity's call for help, the community stitched hundreds of scrub bags to enable our staff at the end of a long shift to safely place their laundry.

This project enabled isolating individuals and groups who could no longer meet the opportunity to feel part of and contribute to the wonderful NHS



Farmhouse biscuits – Family-owned company, Farmhouse Biscuits, re-branded its classic mild ginger biscuits in July 2020. The new packaging incorporated the 'Thank you NHS' message with a rainbow symbol. For every packet sold, Farmhouse donated 10p to ELHT&Me. Funds raised during the pandemic, including those from sales of the biscuits, are used to support initiatives and projects that make the pandemic response more manageable. . Gill McIvor, CEO of the Nelson based company, said ""After facing one of their toughest challenges to date with Covid-19, it felt like the right thing to do." "We are just so proud to put a little back into our fabulous NHS who have been taking great care of us all for over 70 years."

# Achievements and Performance



With restrictions still in place through the festive period, we did things a little differently.

To give back and thank our dedicated workforce, we proudly fully-funded over 9,000 Christmas dinners. All NHS employees at Royal Blackburn and Burnley General Teaching Hospitals, Accrington Victoria, Clitheroe and Pendle Community Hospitals, as well as staff based at the Trust's community sites, were able to claim a hot or cold Christmas dinner option.

Senior staff and members of the Executive Team supported the Trust's Catering Team to serve the meals, giving them another opportunity to thank staff personally for their commitment during the pandemic.





## Plans for future periods

We must acknowledge that Covid-19 has had a considerable impact on the Trust, its staff and the Charity. Whilst we have benefited to some extent from the public's support for the NHS and the immense fundraising efforts on behalf of NHS Charities Together, it has also been negatively affected by the curtailment of mass events, uncertainty and people losing jobs, and our reduced ability (due to Covid) to go out and meet people. This has particularly hampered our efforts to secure increased corporate support.

Nevertheless, the charity has continued to grow and we are confident of further success.

Artwork displayed to keep staff morale up, created by our younger patients.

# Financial review

The principal source of funding for the charity is income from donations and legacies, including grant funding, which are used to fund improvements to the services provided to patients, patient environment, and experience, as well as to fund training for Trust staff and to help to develop and improve staff amenities, in line with the Charity's purpose.

As a result of the gifts in kind generously donated following the onset of the COVID-19 pandemic, £244,000 of notional income has also been recognised, together with a matching amount included in expenditure. Through its membership of NHS Charities Together, the Charity was also successful in its applications for grant funding totaling £198,000 for the health and wellbeing of staff.

As a result of the pandemic, infection prevention control measures and a restriction on patients and visitors attending hospital as a result of COVID have negatively impacted 'footfall' donations at hospital sites, as well as front-facing fundraising activities and direct engagement.

## Analysis of income

2020-21

2019-20

### Income from donation and legacies

Donations	607	692
Legacies	28	1
Grants	198	13
	<u>833</u>	<u>706</u>

### Income from other trading activities

Income from training activities	45	80
Other income	71	143
	<u>116</u>	<u>223</u>

### Income from investments

Investments listed on the London Stock Exchange	48	67
Interest on cash/bank	0	1
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## Total

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# Committee membership



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Non-Executive Director and  
Charity Committee Chairman



**Richard Smyth**  
Non-Executive Director



**Christine Pearson**  
Executive Director of Nursing



**Michelle Brown**  
Executive Director of Finance



**Shelley Wright**  
Joint Executive Director of  
Communications and Engagement (ELHT  
and BTHT) - From 04 January 2021



**Christine Hughes**  
Executive Director of  
Communications and Engagement -  
To 04 December 2020

# Committee membership

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<b>Mr Kevin McGee</b>	Chief Executive Officer - no longer in post	
<b>Mrs Trish Anderson</b>	Non-Executive Officer	
<b>Professor Graham Baldwin</b>	Non-Executive Director	
<b>Mr Stephen Barnes</b>	Non-Executive Director	-Committee Member, Committee Chair
<b>Mrs Michelle Brown</b>	Executive Director of Finance	-Committee Member
<b>Mr Harry Catherall</b>	Associate Non-Executive Director (non-voting)	
<b>Mrs Sharon Gilligan</b>	Chief Operating Officer - From October 2020	
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<b>Mrs Feroza Patel</b>	Associate Non-Executive Director (non-voting)	
<b>Mrs Christine Pearson</b>	Executive Director of Nursing	-Committee Member
<b>Mr Richard Smyth</b>	Non-Executive Director	-Committee Member
<b>Mr Khalil Rehman</b>	Non-Executive Director - From 01 February 2021	
<b>Mr Mike Wedgeworth</b>	Associate Non-Executive Director (non-voting)	
<b>Ms Shelley Wright</b>	Joint Executive Director of Communications and Engagement (ELHT & BTHT) - From 04 January 2021	-Committee Member

# Declaration

The Corporate Trustee declares that it has approved the annual report of ELHT&Me for 2020/21.

## Stephen Barnes

Non- Executive Director  
Charitable Funds Committee Chair  
East Lancashire Hospitals NHS Trust

## Michelle Brown

Executive Director of Finance  
East Lancashire Hospitals NHS Trust



# Reference and administrative details

**Registered charity name:** ELHT&Me

**Charities Charity Registration Number:** 1050478

**Principal Office Address:** East Lancashire Hospitals NHS Trust, Trust Headquarters, Royal Blackburn Teaching Hospital, Haslingden Road, BB2 3HH

**Trustee:** East Lancashire Hospitals NHS Trust

**Key Management Personnel:** Trust Charitable Funds Committee

**The following key professional services are provided to the Charity by external organisations:**

**Charity bankers:** Governing Banking Service c/o NatWest, Bolton Customer Service Centre, PO Box 2027 Parklands, De Havilland Way, Horwich, Bolton, BB6 4YU

**Charity independent examiner:** Nicola Wakefield, Mazars, One St Peter's Square, Manchester, M3 3EB

**Charity investment managers:** Brewin Dolphin, 1 The Avenue, Spinningfields Square, Manchester, M3 3AP

**Charity solicitors:** Hempsons, City Tower Piccadilly Plaza, Manchester, M1 4BT

**Charity internal auditors:** Mersey Internal Audit Agency (MIAA), Regatta Place, Brunswick Business Park, Summers Road, Liverpool, L3 4BL



## ELHT&Me Accounts 2020-21

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Data entered below will be used throughout the workbook:

This year	2020-21	
Last year	2019-20	
This year ended	2021	
Last year ended	2020	
This year beginning		31st March 2020
This year name	31st March 2021	
Last year name	31st March 2020	



**Annual Accounts – Unaudited**  
**FOR THE YEAR ENDED**  
**31st March 2021**

**Charity Registration Number 1050478**

# **ELHT&me**

## **ELHT&Me Accounts 2020-21**

### **STATUTORY BACKGROUND**

ELHT&Me, for which East Lancashire Hospitals NHS Trust is the sole Corporate Trustee, is registered with the Charity Commission.

The Corporate Trustee has been appointed in accordance with the National Health Service Act 2006.

### **MAIN PURPOSE OF THE CHARITY**

The main purpose of the Charity is to apply income for any charitable purpose relating to the National Health Service wholly or mainly for the services provided by East Lancashire Hospitals NHS Trust.

## **ELHT&Me Accounts 2020-21**

### **Statement of Trustee responsibilities**

Under the trust deed of the charity and charity law in England and Wales, the Corporate Trustee is required to prepare financial statements for each financial year which give a true and fair view of the Charity's financial activities during the year and of its financial position at the end of the year.

In preparing these financial statements, the Trustee is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- State whether the applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue its activities.

The Trustee is required to act in accordance with the trust deed of the charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at the time, and enable the Trustee to ensure that any statements of accounts comply with the requirements of regulations under the provision. The Corporate Trustee has general responsibility for taking steps as are reasonably open to it to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

These financial statements were approved by order of the Corporate Trustee on ..... and were signed on its behalf by:

.....  
Stephen Barnes  
Non-Executive Director  
Charitable Funds Committee Chair  
East Lancashire Hospitals NHS Trust

.....  
Michelle Brown  
Executive Director of Finance  
East Lancashire Hospitals NHS Trust

## ELHT&Me Accounts 2020-21

### Statement of Financial Activities

	Note	2020-21			2019-20 Total £'000
		Unrestricted funds £'000	Restricted funds £'000	Total £'000	
<b>Income from:</b>	3				
Donation and legacies		833	0	833	706
Other trading activities		116	0	116	223
Investments		48	0	48	68
<b>Total</b>		<b>997</b>	<b>0</b>	<b>997</b>	<b>997</b>
<b>Expenditure on:</b>	4				
Raising funds		(14)	0	(14)	(7)
Charitable activities		(1,526)	0	(1,526)	(1,013)
<b>Total</b>		<b>(1,540)</b>	<b>0</b>	<b>(1,540)</b>	<b>(1,020)</b>
<b>Net gains / (losses) on investments</b>		<b>194</b>	<b>0</b>	<b>194</b>	<b>(138)</b>
<b>Net (expenditure)</b>		<b>(349)</b>	<b>0</b>	<b>(349)</b>	<b>(161)</b>
<b>Transfers between funds</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net movement in funds</b>		<b>(349)</b>	<b>0</b>	<b>(349)</b>	<b>(161)</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		1,982	32	2,014	2,175
Total funds carried forward		1,633	32	1,665	2,014



## ELHT&Me Accounts 2020-21

### Balance Sheet

	Note	31 March 2021 £'000	31 March 2020 £'000
<b>Fixed assets</b>			
Investments	9	1,689	1,758
<b>Current assets</b>			
Debtors	7	25	360
Cash at bank and in hand		174	72
<b>Total current assets</b>		<b>199</b>	<b>432</b>
<b>Liabilities</b>			
Creditors: amounts falling due within one year	8	(223)	(176)
<b>Net current (liabilities)/assets</b>		<b>(24)</b>	<b>256</b>
<b>Total assets less current liabilities</b>		<b>1,665</b>	<b>2,014</b>
<b>Total net assets</b>		<b>1,665</b>	<b>2,014</b>
<b>The funds of the Charity:</b>			
Restricted income funds		32	32
Unrestricted funds		1,633	1,982
<b>Total Charity funds</b>		<b>1,665</b>	<b>2,014</b>

The notes at pages 4 to 10 form part of these accounts.

Approved by order of the Corporate Trustee on ..... and signed on its behalf by:

.....

Stephen Barnes  
Non-Executive Director  
Charitable Funds Committee Chair  
East Lancashire Hospitals NHS Trust

.....

Michelle Brown  
Executive Director of Finance  
East Lancashire Hospitals NHS Trust

## ELHT&Me Accounts 2020-21

### Statement of Cashflows

	Note	2020-21 £'000	2019-20 £'000
<b>Cash flows from operating activities:</b>			
<b>Net cash (used in) operating activities</b>		<b>(240)</b>	<b>(281)</b>
<b>Cash flows from investing activities</b>			
Dividends and interests from investments	3	48	68
Purchase of investments		(842)	(315)
Proceeds from the sale of investments		1,136	311
<b>Net cash inflow from investing activities</b>		<b>342</b>	<b>64</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>102</b>	<b>(217)</b>
<b>Cash flows from financing activities</b>		<b>0</b>	<b>0</b>
<b>Net cash outflow from financing activities</b>		<b>0</b>	<b>0</b>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>102</b>	<b>(217)</b>
<b>Cash and cash equivalents at beginning of the year</b>		<b>72</b>	<b>289</b>
<b>Cash and cash equivalents at end of the year</b>		<b>174</b>	<b>72</b>

### Reconciliation of net (expenditure) to net cash flow from operating activities

<b>Net (expenditure) for the reporting period (as per the Statement of Financial Activities)</b>		<b>(349)</b>	<b>(161)</b>
<b>Adjustments for:</b>			
(Gains)/losses on investments		(225)	151
Dividends and interest from investments	3	(48)	(68)
Decrease/(increase) in debtors	7	335	(306)
Increase in creditors	8	47	103
<b>Net cash (used in) operating activities</b>		<b>(240)</b>	<b>(281)</b>

## ELHT&Me Accounts 2020-21

### Notes to the Accounts

#### 1 Basis of preparation

##### 1.1 Basis of accounting

These accounts have been prepared on the basis of historic cost, with the exception of investments which are shown at market value, in accordance with:

- Accounting and Reporting by Charities: Statement of Recommended Practice (FRS 102);
- the UK Generally Accepted Accounting Practice and the Charities Act 2011; and
- the organisation's Charity Commission registration.

#### 2 Accounting policies

##### 2.1 Recognition of income

Income is recognised in the Statement of Financial Activities (SOFA) based on the following criteria:

- a) entitlement - arises when a particular resource is receivable or the Charity's right become legally enforceable;
- b) probability - when receipt of the income is probable; and
- c) measurement - when the monetary value can be measured with sufficient reliability.

##### 2.2 Income with related expenditure

Where income have related expenditure (as with fundraising or contract income) the income and related expenditure are reported gross in the SOFA.

##### 2.3 Grants and donations

Grants and donations are only included in the SOFA when the charity has unconditional entitlement to the resources.

##### 2.4 Tax reclaims on donations and gifts

Income from tax reclaims are included in the SOFA at the same time as the gift to which they relate.

##### 2.5 Contractual income and performance related grants

This is only included in the SOFA once the related goods or services have been delivered.

##### 2.6 Gifts in kind

Gifts in kind are accounted for at a reasonable estimate of their value to the charity or the amount actually realised. Gifts in kind for sale or distribution are included in the accounts as gifts only when sold or distributed by the charity. Gifts in kind for use by the charity are included in the SOFA as income when receivable.

##### 2.7 Legacies

Legacies are accounted for as income when a part or final distribution is received from the executors of the estates(s), or when the factors specified in 2.1(a) above can be met. Where the exact monetary value is not known, an assessment will be made based on known facts and potential liabilities and disbursement due from the estate, to provide a reasonable estimation of the amount due to the Charity.

##### 2.8 Donated services and facilities

These are only included in income (with an equivalent amount in expenditure) where the benefit to the Charity is reasonably quantifiable, measurable and material. The value placed on this expenditure is the estimated value to the charity of the service or facility received.

##### 2.9 Volunteer help

The value of any voluntary help received is not included in the accounts but is described in the annual report.

##### 2.10 Investment income

This is included in the accounts when received. Investment Income is allocated to Funds on a basis of the average fund balances over the year.

## ELHT&Me Accounts 2020-21

### Notes to the Accounts

#### Accounting policies cont.

##### 2.11 Liability recognition

The funds held on trust accounts are prepared in accordance with the accruals concept. Liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to pay out resources.

##### 2.12 Governance costs

Governance costs comprise of costs incurred in the governance of the charity. These costs relate to the independent examination.

##### 2.13 Grants with performance conditions

Where the charity gives a grant with conditions for its payment being a specific level of service or output to be provided, such grants are only recognised in the SOFA once the recipient of the grant has provided the specified service or output.

##### 2.14 Grants payable without performance conditions

These are only recognised in the accounts when a commitment has been made and there are no conditions to be met relating to the grant which remain in the control of the Charity.

##### 2.15 Support costs

Support costs include central functions and have been allocated to funds on a basis of the average fund balances over the year.

##### 2.16 Fixed assets for use by charity

The Trust has no tangible or intangible assets.

##### 2.17 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sale proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between opening market value and closing market value for the year. Gains and losses are allocated to funds based on the average fund balance for the year.

##### 2.18 Investments

Investments quoted on a recognised stock exchange are valued at market value at the year end.

##### 2.19 Stocks and work in progress

These are valued at the lower of cost or market value.

##### 2.20 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be used, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds.

##### 2.21 Trustee indemnity insurance

There is no Trustee indemnity insurance.

##### 2.22 Loans or guarantees secured against assets of the Charity

There are no loans or guarantees against assets of the Charity.

##### 2.23 Related party transactions

East Lancashire Hospitals NHS Trust is considered a related party of the Charity since the Trust Board is the Corporate Trustee of the Charity. During the year none of the members of the Trust Board or parties related to them, undertook any material transactions with the Charity.

##### 2.24 Leases

A lease is classified as a finance lease if it transfers substantially all the risks and rewards incidental to ownership. All other leases are classified as operating leases. All Charity leases are operating leases, payments for which are recognised as expenditure on a straight-line basis over the lease term.

## ELHT&Me Accounts 2020-21

### Notes to the Accounts

#### 3 Analysis of Income

	2020-21			2019-20
	Unrestricted Funds £'000	Restricted Funds £'000	Total £'000	Total £'000
<b>Income from donation and legacies</b>				
Donations *	607	0	607	692
Legacies	28	0	28	1
Grants	198	0	198	13
	<b>833</b>	<b>0</b>	<b>833</b>	<b>706</b>
<b>Income from other trading activities</b>				
Income from training activities	45	0	45	80
Other income	71	0	71	143
	<b>116</b>	<b>0</b>	<b>116</b>	<b>223</b>
<b>Income from investments</b>				
Investments listed on the London Stock Exchange	48	0	48	67
Interest on cash/bank	0	0	0	1
	<b>48</b>	<b>0</b>	<b>48</b>	<b>68</b>

\* Donations for 2020-21 include £244,000 of notional income for gifts in kind received following the onset of the COVID-19 pandemic (2019-20: £nil). The corresponding notional expenditure entry is shown in note 4 to these accounts.

#### 4 Analysis of Expenditure

	2020-21			2019-20
	Activities Undertaken Directly £'000	Support Costs £'000	Total £'000	Total £'000
<b>Expenditure on raising funds</b>				
Investment Management and Admin Fees	14	0	14	7
	<b>14</b>	<b>0</b>	<b>14</b>	<b>7</b>
<b>Expenditure on charitable activities</b>				
Fund raising expenses	31	4	35	11
Gifts in kind	244	29	273	0
Staff welfare/ training/ amenities	61	7	68	114
Retirement gifts and long service awards	32	4	36	37
Building and engineering	0	0	0	13
Furniture and equipment	45	5	50	83
Computer / office equipment	7	1	8	28
Training	52	6	58	61
Medical and surgical equipment	757	89	846	535
Other expenditure	136	16	152	131
	<b>1,365</b>	<b>161</b>	<b>1,526</b>	<b>1,013</b>

## ELHT&Me Accounts 2020-21

### Notes to the Accounts

#### 5 Details of certain items of expenditure

##### 5.1 Support Costs

	2020-21 £'000	2019-20 £'000
Finance and administration costs	156	147
Banking charges	2	3
Fees for examination or audit of the accounts	3	2
	<u>161</u>	<u>152</u>

##### 5.2 Trustee expenses and remuneration

None of the members of the Trust Board were paid expenses or received remuneration during the year ended 31 March 2021 (2019-20: £nil) when acting on behalf of the Trust Board as Corporate Trustee of the Charity.

##### 5.3 Staff costs

The Charity did not employ any staff or incur any staff costs during the year ended 31 March 2021 (2019-20: £nil). The costs associated with the administration of the charitable funds have been disclosed under support costs in accordance with the stated accounting policy of the Charity.

#### 6 Operating leases

	2020-21 £'000	2019-20 £'000
<b>Operating lease expense</b>		
- Minimum lease payments	238	79
<b>Future minimum lease payments due:</b>		
- not later than one year	238	238
- later than one year and not later than five years	951	951
- later than five years	159	397
	<u>1,348</u>	<u>1,586</u>

Total future minimum lease payments relate to a surgery robot with the Charity entering into a seven year contract in December 2019.

#### 7 Debtors - falling due within one year

	31 March 2021 £'000	31 March 2020 £'000
Trade debtors	12	6
Prepayments and accrued income	13	348
Amounts due from East Lancashire Hospitals NHS Trust	0	4
Other debtors	0	2
	<u>25</u>	<u>360</u>

Notes to the Accounts

8 Creditors - falling due within one year

	31 March 2021 £'000	31 March 2020 £'000
Trade creditors	(2)	0
Amounts due to East Lancashire Hospitals NHS Trust	(41)	0
Accruals and deferred income	(180)	(176)
	<b>(223)</b>	<b>(176)</b>

9 Investment assets

9.1 Fixed assets investments

	2020-21 £'000	2019-20 £'000
<b>Market value at 1 April</b>	<b>1,758</b>	1,905
Add: additions to investments at cost	842	315
Less: disposals at carrying value	(1,136)	(311)
Add: net gain / (loss) on revaluation	173	(135)
Investment cash	52	(16)
<b>Market value at 31 March</b>	<b>1,689</b>	<b>1,758</b>

9.2 Analysis of investments

	2020-21 £'000	2019-20 £'000
Investments listed on a recognised stock exchange or held in common investment funds, open ended investment companies, unit trusts or other collective investment schemes	1,609	1,905
Other investments	80	(147)
<b>Market value at 31 March</b>	<b>1,689</b>	<b>1,758</b>

9.3 Material investment holdings

Material investment holdings are holdings with a market value of more than 4% of the total market value of investments as at 31 March 2021, which is approximately £68,000 (31 March 2020: £70,000).

Investment	2020-21		2019-20	
	Holding	Market Value £'000	Holding	Market Value £'000
Muzinich Funds GBL Tactical Credit HGD	583	61	1,153	111
PIMCO Global Advis	0	0	8,406	81
Ishares II Plc	9,772	134	15,944	235
BNY Mellon FD MNGR GBL Dynamic	62,096	61	123,513	116
Vanguard Funds Plc	972	53	2,629	106
LXYOR INTL	0	0	519	78
Twentyfour AM Corporate Bond	798	83	798	79
BNY Mellon FD MNGR Asian Inc	58,829	69	38,500	40
Robeco	815	87	0	0
Ishares Physical	4,353	105	0	0
Ishares II USD	15,010	80	0	0

## ELHT&Me Accounts 2020-21

### Notes to the Accounts

#### 10 Related party transactions

East Lancashire Hospitals NHS Trust is considered a related party of the Charity since the Trust Board is the Corporate Trustee of the Charity. However, responsibility for the monitoring and approval of activities relating to charitable fund raising and the uses to which charitable funds are applied has been delegated by the Trust Board to the Charitable Funds Committee.

The transactions with the Trust relate to support costs, as disclosed in note 5 to these accounts with details of debtors and creditors given in notes 7 and 8 respectively. During the year, none of the members of the Charitable Funds Committee or parties related to them, undertook any material transactions with the Charity.

#### 11 Endowment, restricted income funds & major fund movements

##### 11.1 Restricted Funds held

MD01 Elsie Metcalfe Cancer	R	RBTH	For the treatment of cancer patients at RBTH
NQ09 Thomas Egan Physiotherapy	R	RBTH	Legacy for the general use of Physiotherapy at RBTH
PT01 Godfrey Morris Pathology	R	RBTH	For the benefit of Pathology Service BRI
PT02 Harold Wardley Pathology	R	RBTH	For the benefit of Pathology Service BRI
SD02 Chemo Unit - Rosemere	R	RBTH	For the Chemotherapy Unit
WC02 Childrens Ward Bgh M Airey Legacy	R	RBTH	General use heart and lung unit at RBTH
WC07 H Eastwood Childrens Respiratory	R	ELH	Specifically for Children with Breathing Difficulties
X131 PCH General Purpose	R	PCH	General purpose of PCH
RBTH Royal Blackburn Hospital			
ELH East Lancashire Hospitals NHS Trust			
PCH Pendle Community Hospital			

##### 11.2 Transfer between funds

The balance on the administration fund of -£127,000 (2019-20: -£144,000) has been transferred to the Trust General Fund.

The cost for the surgery robot lease for 2019-20 of £79,000 has been transferred to the ELHT Robotic Surgery Fund from the Trust General Fund.



## ELHT&Me Accounts 2020-21

### Notes to the Accounts

#### 11.3 Movements of major funds

Major funds are funds with a balance of £25,000 or more.

Fund	1 April 2020 £'000	Income £'000	Expenditure £'000	Transfers £'000	Gains & losses £'000	31 March 2021 £'000
Pharmaceutical Directorate	77	1	(22)	0	0	56
Pharmacy Endowment	26	0	(3)	0	0	23
Staff Gym	76	0	(17)	0	0	59
Trust General	477	746	(895)	48	0	376
Alan Shorrock Legacy	146	0	0	0	0	146
Diabetes	45	0	(3)	0	0	42
DCS General Purpose	36	0	0	0	0	36
ICG General Purpose	45	0	(32)	(3)	0	10
ELHT Cardiac Training	40	1	(8)	0	0	33
Dr Newsomes Leukemia	55	5	0	0	0	60
ELHT Robotic Surgery	476	0	(238)	(79)	0	159
Ophthalmology General Purpose	46	2	(38)	0	0	10
Maternity General Purpose	39	25	(4)	0	0	60
General NICU	100	26	(38)	0	0	88
Fetal Medicine (Mr Maher)	17	9	0	0	0	26
ELHT Lottery Distribution	54	71	(52)	0	0	73
Victoria Nurses Assistance	48	0	(7)	0	0	41
CCH General Purpose	54	0	0	0	0	54
Haem & Chemo Unit BGTH	31	1	(27)	0	0	5
Maternity General Purpose	39	25	(4)	0	0	60
Other	87	85	(152)	34	194	248
<b>Total</b>	<b>2,014</b>	<b>997</b>	<b>(1,540)</b>	<b>0</b>	<b>194</b>	<b>1,665</b>

**TRUST BOARD REPORT**

**Item 18**

**19 January 2022**

**Purpose Information**

<b>Title</b>	Quality Committee Information Report
<b>Author</b>	Mr D Byrne, Corporate Governance Officer
<b>Executive sponsor</b>	Mrs P Anderson, Committee Chair

**Summary:** The report sets out the summary of the papers considered and discussions held at the Quality Committee meetings held on 27 October 2021 and 24 November 2021.

**Recommendation:** The Board is asked to note the report.

**Report linkages**

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

Related to key risks identified on assurance framework	<p>Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.</p> <p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>
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**Impact**

Legal	No	Financial	No
Equality	No	Confidentiality	No

## Quality Committee Update

At the meeting of the Quality Committee held on 27 October 2021 members considered the following matters:

1. Members received an update on the progress made with developing the Trust's bereavement service following a National Audit of Care at the End of Life (NACEL) carried out in 2019 that had identified several areas requiring improvement. A summary of the five key priorities for the service was provided and members were informed that a new end of life bereavement induction package had been developed for all new starters to the Trust.
2. The Committee received an update from the Trust's Infection Prevention and Control (IPC) team. Members noted that there had been an increase in the numbers of Methicillin Susceptible Staphylococcus Aureus (MSSA) bacteraemia, three of which had occurred in the Neonatal Intensive Care Unit (NICU). Members were also informed that the outbreak of Escherichia coli (E. coli) that had been closed earlier in the year had now needed to be reopened following the identification of another case.
3. Members received a report summarising the findings from an investigation into the 137 patients that had died from nosocomial COVID-19 infections whilst being cared for within the Trust. It was agreed that the report would be presented to the Trust Board for approval, after which it would be published on the Trust's website to allow members of the public to access it.
4. The Committee received an update on the latest results from the Nursing Assessment Performance Framework (NAPF) process and noted that it had been fully recommenced after being stood down during the previous year due to the pandemic.
5. An update was provided to the Committee regarding a Trust wide documentation audit that had been carried out earlier in the year. Members noted that a number of issues had been identified that had previously been raised by the Care Quality Commission (CQC) that would need to be addressed going forward.
6. The Committee was updated on the Trust's adoption of the new Patient Safety Incident Response Framework (PSIRF) and the plan in place to implement it. They approved the priorities identified in the framework to be presented to the Trust Board in November 2021 for formal approval.
7. Members received a final update on the Trust's progress in implementing the recommendations made by Niche Health and Social Care Consulting in 2020. Members noted that an agreement had been made with NHS England that only three

of the recommendations required any further work or reporting and that this had been taking place in conjunction with local Clinical Commission Groups.

8. In addition to the above items the Committee also received updates on a number of standing agenda items, including Clinical Effectiveness, Mortality and Maternity Services.

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

1. Members received an update on the improvement work that had taken place earlier in the year in relation to the Trust's nutrition and hydration provision for vulnerable adults. Members were informed that a series of tests for change had been carried out on two wards at Royal Blackburn Teaching Hospital (RBTH) and that significant improvements had been made in several areas, including mealtime service delivery. It was also noted that some of the tests for change had been rolled out across the wider Trust.
2. The Committee received an update from the Trust's Infection Prevention and Control (IPC) team. It was confirmed that the outbreak of Escherichia coli (E. coli) on the Trust's Neonatal Intensive Care Unit (NICU) was ongoing and that weekly swabs were being carried out to closely monitor the situation. Members also noted that nine areas in the Trust had reported recent outbreaks of COVID-19 and that further ventilation measures were being actively explored.
3. A summary of the main risks and challenges facing the Trust's paediatrics team was presented to the Committee, including longstanding funding issues with its provision of High-dependency Unit care. Members noted that every effort was being made to address these risks with both with the wider system and Specialised Commissioners.
4. The Committee received an update on the work taking place to improve the Trust's flexible working offer to existing and new staff. Members were informed that the Trust had recently been invited to join the NHS Improvement/England Flex for the Future programme and that this would form a key part of its efforts in this area going forward.
5. In addition to the above items the Committee also received updates on a number of standing agenda items, including Patient Safety and Experience, Mortality and Maternity Services.

Dan Byrne, Corporate Governance Officer, 11 January 2022

**TRUST BOARD REPORT**

**Item**

**19**

**19 January 2022**

**Purpose** Information

<b>Title</b>	Audit Committee Information Report
<b>Author</b>	Mr M Pugh, Acting Corporate Governance Team Leader
<b>Executive sponsor</b>	Mr R Smyth, Non-Executive Director, Committee Chair

**Summary:** The report details the agenda items discussed in the Audit Committee meeting held on 11 January 2022.

**Recommendation:** The Board is asked to note the content of the report.

**Report linkages**

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

**Impact**

Legal	No	Financial	No
Equality	No	Confidentiality	No

## **Audit Committee Update**

At the meeting of the Audit Committee held on 11 January 2022, members considered the following matters:

- a) Management Response to Internal Audit Reports – Records Management
- b) Management Response to Internal Audit Reports – Cyber Security
- c) Internal Audit Progress Report
- d) Consultant Job Planning Update
- e) Sustainability Update including the Draft NHS Green Plan
- f) External Audit – Audit Strategy Memorandum
- g) Anti-Fraud Service Progress Report 2021/22
- h) Tender Waivers Report
- i) Corporate Risk Register/Board Assurance Framework Discussion
- j) Standing Financial Instructions Update
- k) Draft 2021/22 Annual Report and Accounts Timetable
- l) Review of Accounting Policies

A more detailed report from this meeting will be provided at the next Board meeting.

Martyn Pugh, Acting Corporate Governance Team Leader, 19 January 2022

## TRUST BOARD REPORT

**Item** 20

**19 January 2022**

**Purpose** Information

<b>Title</b>	Trust Board Part Two Information Report
<b>Author</b>	Mr M Pugh, Acting Corporate Governance Team Leader
<b>Executive sponsor</b>	Professor E Fairhurst, Chairman

**Summary:** The report details the agenda items discussed in closed session of the Board meetings held on 10 November 2021.

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

### Report linkages

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

### Impact

Legal	No	Financial	No
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Equality

No

Confidentiality

No

**Trust Board Part Two Information Report**

1. At the meeting of the Trust Board on 10 November 2021, the following matters were discussed in private:
  - a) Round Table Discussion: ICS Update
  - b) Round Table Discussion: H2 Planning
  - c) Round Table Discussion: PCB and Pathology Collaboration Update
  - d) New Hospitals Programme (NHP) Q2 Board Report
  - e) Draft NHS Green Plan
  - f) NICHE Update Report
  - g) Nosocomial Reporting: Nosocomial COVID-19 Investigation Report
  - h) Nosocomial Reporting: Nosocomial Infections Update
  - i) Pathology Industrial Action
  - j) CQC Transitional Monitoring Approach Update
  - k) Fire Safety Update
  - l) Responsible Officer's Report to Trust Board Regarding Doctors with Restrictions
  - m) Draft Standing Financial Instructions
2. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be presented to part 1 of Board Meetings at the appropriate time.

## TRUST BOARD REPORT

**Item** 21

**19 January 2022**

**Purpose** Information

<b>Title</b>	Remuneration Committee Information Report
<b>Author</b>	Mr M Pugh, Acting Corporate Governance Team Leader
<b>Executive sponsor</b>	Professor E Fairhurst, Chairman

**Summary:** The list of matters discussed at the Remuneration Committee held on 10 November 2021 are presented for Board members' information.

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

### Report linkages

Related strategic aim and corporate objective	<p>Put safety and quality at the heart of everything we do</p> <p>Invest in and develop our workforce</p> <p>Work with key stakeholders to develop effective partnerships</p> <p>Encourage innovation and pathway reform, and deliver best practice</p>
Related to key risks identified on assurance framework	<p>Recruitment and workforce planning fail to deliver the Trust objectives</p> <p>Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.</p> <p>The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.</p> <p>The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements</p>

### Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

## Remuneration Committee Information Report

1. At the meeting of the Remuneration Committee held on 10 November 2021 members considered the following matters:
  - a) Deputy Chief Executive Appointment and Remuneration
  - b) Remuneration of Interim Director of Service Development and Improvement
  - c) Trust Board Voting Arrangements