

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD MEETING (OPEN SESSION)

11 MARCH 2020, 13.00

SEMINAR ROOM 4, ROYAL BLACKBURN HOSPITAL

AGENDA

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

OPENING MATTERS				
TB/2020/025	Chairman's Welcome	Chairman	v	
TB/2020/026	Open Forum To consider questions from the public	Chairman	v	
TB/2020/027	Apologies To note apologies.	Chairman	v	
TB/2020/028	Declaration of Interest To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2020/029	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 15 January 2020.	Chairman	d✓	Approval
TB/2020/030	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2020/031	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2020/032	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2020/033	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d	Information
QUALITY AND SAFETY				
TB/2020/034	Patient/Staff Story To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2020/035	Corporate Risk Register To receive an update on the Corporate Risk Register and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic and operational objectives.	Executive Medical Director	d✓	Assurance/ Approval
TB/2020/036	Board Assurance Framework To receive an update on the Board Assurance Framework and approve revisions based on the Board's insight into performance and foresight of potential and current risks to achieving the strategic objectives.	Executive Medical Director	d✓	Assurance/ Approval
TB/2020/037	Serious Incidents Requiring Investigation Report To receive information in relation to incidents in month or that may come to public attention in month and be assured about the associated learning.	Executive Medical Director	d✓	Information/ Assurance

ACCOUNTABILITY AND PERFORMANCE				
TB/2020/038	<p>Integrated Performance Report</p> <p>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:</p> <ul style="list-style-type: none"> a) Introduction (Acting Chief Executive) b) Safe (Executive Director of Nursing and Executive Medical Director) c) Caring (Executive Director of Nursing) d) Effective (Executive Medical Director) e) Responsive (Director of Operations) f) Well-Led (Executive Director of HR and OD and Executive Director of Finance) 	Executive Directors	d✓	Information/ Assurance
STRATEGY				
TB/2020/039	National NHS Staff Survey Results	Executive Director of HR and OD	d✓	Information
GOVERNANCE				
TB/2020/040	Flu Vaccination Compliance Report 2019/20	Executive Director of HR and OD	d✓	Information/ Assurance
TB/2020/041	<p>Finance and Performance Committee Update Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information/ Assurance/ Approval
TB/2020/042	<p>Quality Committee Update Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information/ Assurance/ Approval
TB/2020/043	<p>Audit Committee Update Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information/ Assurance
TB/2020/044	<p>Trust Charitable Funds Committee Update Report</p> <p>To note the matters considered by the Committee in discharging its duties.</p>	Committee Chair	d✓	Information/ Assurance
TB/2020/045	<p>Trust Board Part Two Information Report</p> <p>To note the matters considered by the Committee in discharging its duties</p>	Chairman	d✓	Information
FOR INFORMATION				
TB/2020/046	<p>Any Other Business</p> <p>To discuss any urgent items of business.</p>	Chairman	v	
TB/2020/047	<p>Open Forum</p> <p>To consider questions from the public.</p>	Chairman	v	

<p>TB/2020/048</p>	<p>Board Performance and Reflection To consider the performance of the Trust Board, including asking:</p> <ul style="list-style-type: none"> a) Has the Board focussed on the appropriate agenda items? Any item(s) missing or not given enough attention? b) Is the Board shaping a healthy culture for the Board and the organisation and holding to account? c) Are the Trust's strategies informed by the soft intelligence from local people's needs, trends and comparative information? d) Does the Board give enough priority to engagement with stakeholders and opinion formers within and beyond the organisation? e) Does the Board take into account the collaboration agenda when setting its strategy? f) To what extent have we made collaboration and system working part of our business as usual? 	<p>Chairman</p>	<p>v</p>	
<p>TB/2020/049</p>	<p>Date and Time of Next Meeting Wednesday 13 May 2020, 1.00pm, Seminar Room 4, Learning Centre, Royal Blackburn Teaching Hospital.</p>	<p>Chairman</p>	<p>v</p>	

TRUST BOARD REPORT

Item **29**

11 March 2020

Purpose Action

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

Summary: The minutes of the previous Trust Board meeting held on 15 January 2020 are presented for approval or amendment as appropriate.

Report linkages

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

Impact

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

Previously considered by: NA

EAST LANCASHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING, 1.00PM, 15 JANUARY 2020
MINUTES

PRESENT

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

IN ATTENDANCE

Mr G Ali	Member of the Public	Observer
Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mrs EL Cooke	Senior Communications Manager	Observer
Mrs N Hudson	Director of Operations	
Miss K Ingham	Corporate Governance Manager/Assistant Company Secretary	Minutes
Mr K Cockerill	Health & Wellbeing Practitioner and Mediation Co-Ordinator	
Mr T McDonald	Director of Operations	
Mrs K Quinn	Operational Director of HR and OD	
Dr D Riley	Strategic Clinical Lead	

APOLOGIES

Mrs M Brown	Executive Director of Finance	
Professor D Harrison	Director of Public Health Medicine, Blackburn with Darwen Borough Council	
Professor M Thomas	Associate Non-Executive Director	Non-voting

TB/2020/001 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed the Directors and members of the public to the meeting. Professor Fairhurst extended a warm welcome to Mr Rehman, newly appointed Associate Non-Executive Director to the meeting.

TB/2020/002 OPEN FORUM

Mr Ali raised a number of concerns regarding the care of children who have nasogastric (NG) tubes fitted, their feeding regimes and the risk assessment processes which are in place at the Trust. Dr Riley offered to meet with Mr Ali in the event that the issues to which he referred were connected to a member of his family and provided an overview of the clinical assessments used in the Trust relating to NG tubes and feeding regimes. He went on to confirm that, where it was appropriate and parents were willing, training was provided to parents, should they wish to undertake feeding of their child.

Professor Fairhurst reminded members of the public that, due to matters of confidentiality, it was not appropriate to ask questions relating to specific individuals in this forum.

Dr Riley reiterated his offer to meet with Mr Ali outside the meeting to discuss his concerns and specific case. Mrs Pearson outlined the communications that have taken place with Mr Ali. Professor Fairhurst commented that this was not the appropriate forum to discuss such matters. She went on to emphasise that the Trust Board also needed to conduct its business in accordance with the agenda provided and drew the matter to a close.

TB/2020/003 APOLOGIES

Apologies were received as recorded above.

TB/2020/004 DECLARATIONS OF INTEREST REPORT

Directors received the report for information.

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

Interests.

TB/2020/005 MINUTES OF THE PREVIOUS MEETING

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

TB/2019/147d: Integrated Performance Report (Responsive) – Mr McDonald informed Directors that the following sentence required revision to include the word ‘not’: “Miss Malik requested clarification on the length of the longest 12 hour breach; Mr McDonald responded that he could not say for certain, but was sure that the longest had not been over 72 hours”.

RESOLVED: **The minutes of the meeting held on 15 November 2019 were approved as a true and accurate record pending the aforementioned correction.**

TB/2020/006 MATTERS ARISING

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

TB/2020/007 ACTION MATRIX

Directors noted the revised format of the action matrix, particularly the information relating to completed actions. All items on the action matrix were reported as complete, had been updated via the action matrix report or were to be presented as agenda items at this meeting or subsequent meetings.

RESOLVED: **The position of the action matrix was noted.**

TB/2020/008 CHAIRMAN’S REPORT

Professor Fairhurst reported that, since the last meeting, she had attended the Volunteers Christmas party which was always a great event to be a part of and highlighted the pleasing news that the number of volunteers within the Trust had increased significantly over the course of the year.

Directors noted that the recruitment process for Non-Executive Board members had been concluded since the previous meeting and that a number of recommendations had been made to NHS Improvement (NHSI). Professor Fairhurst reported that, in addition to the Non-Executive Board members which would be appointed through NHSI, Professor Graham Baldwin had been appointed as a Non-Executive Director. Professor Baldwin is the Vice Chancellor at the University of Central Lancashire (UCLan). This appointment was noted to

be as a result of the memorandum of understanding (MOU) between the Trust and UCLan. Professor Fairhurst went on to report that she had also been involved in a CQC inspection under the 'Well Led' domain since the previous meeting.

Finally, she reported that following the General Election in December 2019 she had attended a meeting for NHS Trust Chairs and Chief Executives with Mr McGee to receive an update from NHSI/E relating to changes which may occur within the NHS in the future.

RESOLVED: Directors received and noted the update provided.

TB/2020/009 CHIEF EXECUTIVE'S REPORT

Mr McGee referred Directors to the previously circulated report and highlighted a number of matters for information. He reported that there were a number of items within the national update section of his report which were aimed at supporting, protecting and growing staff. He went on to highlight the short term solution to the pension taxation impact on the NHS.

Directors noted a number of updates under the Pennine Lancashire section of the report, including the refreshing of the strategic narrative for the ICP and increased emphasis on collaborative working through a memorandum of understanding. In addition, Mr McGee drew Directors attention to the section of the report concerning the campaign to end the stigma around male suicide.

Mr McGee went on to highlight a number of items relating specifically to the Trust, including the national accreditation from the Royal College of Psychiatry's Quality Network for the Trust's Community Children and Adolescents Mental Health Service (CAMHS) and from the British Society for Gynaecological Endoscopy for the Trust's endometriosis service.

Directors noted that the Communications and the Quality and Safety teams won an award at the Chartered Institute of Public Relations North West Pride awards for their 'Share2Care – Human Factors' publication which focuses on patient safety.

Mr McGee commented that there had been recognition of the significant pressures which Trusts were under when they attended the recent NHS update meeting. However, it is crucial that patient safety is maintained at all times. He went on to report that there were various funds which were made available in addition to the standard funds to help to maintain safety.

Mrs Pearson provided an update on the number of wards/services that had been through the Safe, Personal and Effective Care (SPEC) process and sought approval for the following areas to be revalidated as green wards or receive their first green ward status: Acute Medical Unit (AMU) A; AMU B; Ward 15; Marsden Ward; Critical Care; Ward C6; and

Coronary Care. Directors approved the recommendation to revalidate/award all the aforementioned areas green ward status.

Mr Wedgeworth provided a brief update from the ICS Board meeting which he had attended earlier in the day. He stated that a proposal for the development of a single Clinical Commissioning Group (CCG) had been presented and had the backing of NHSI/E. Mr McGee suggested that the move towards a single CCG would be required to go through a robust process.

RESOLVED: Directors received the report and noted its content.

TB/2020/010 PATIENT/STAFF STORY

Mrs Pearson welcomed the member of staff who would be sharing her story with the Board and Mr Karl Cockerill, Health & Wellbeing Practitioner and the Trust's Mediation Co-Ordinator to the meeting. Mr Pearson commented that there had been a number of patient stories presented to the Trust Board, but it was not often that a staff story was presented, so this would offer an alternative perspective of the organisation for the Board.

The member of staff provided an overview of her situation which followed her promotion within the department in which she already worked in. This particular post had been opposed by a number of the existing staff within the department prior to recruitment taking place. The line manager at the time was close to all members of the team involved and, as such, unintentionally made matters worse by trying to "referee" the situation. This eventually led to the staff member becoming very unwell and accessing occupational health services for her own mental health needs. She received counselling whilst on sick leave from the Trust, and whilst that was helpful, it did not help the situation to be resolved and the thought of coming back to the same situation was unthinkable for her.

At that point, the Trust's mediation service was offered to her and the team. She reported that whilst the process was emotionally draining and the laying bare of feelings/issues was difficult to do, it was done in a controlled, fair and understanding way. She confirmed that as a direct result of the mediation undertaken, she and the individuals involved had grown and been able to develop positive working relationships with each other.

Professor Fairhurst thanked the staff member for sharing her very difficult and emotional story with the Board. In response to Mrs Pearson's question, the member of staff commented that she would be pleased to share her experience of the mediation service widely and would welcome the possibility of working with the mediation service again in the future, in a supporting role.

Mr McGee asked Mr Cockerill if the mediation service had seen an increase in activity since its introduction. Mr Cockerill confirmed that the Trust had a positive approach to mediation, thanks in part to the Executive and Senior Management support for it. He went on to cite the development and implementation of the Early Resolution Policy and the development of the Occupational Health and Wellbeing Services as areas where the mediation service had been influential. He went on to report that of the 101 mediation cases which had been undertaken only 2 had failed to reach a satisfactory solution.

Mr Catherall asked Mr McGee what the Trust had learnt from the successful mediations which had taken place, particularly in relation to avoiding tensions rising in the first place. Mr McGee confirmed that the Trust was implementing compassionate leadership across the organisation and working towards being a kind and caring employer, particularly in relation to the Health and Wellbeing agenda. He went on to state that it was important that the Trust learns and quickly addresses issues which may arise in order to reduce the amount of unnecessary formal processes.

Dr Riley thanked the member of staff for sharing her story and suggested that there was a need to develop and hone the way in which managers react to situations and prevent unintentionally making situations more difficult.

**RESOLVED: Directors received the Staff Story and noted its contents.
HR colleagues to develop and hone the way in which managers react to situations and prevent unintentionally making situations more difficult.**

TB/2020/011 CORPORATE RISK REGISTER (CRR)

Dr Riley referred Directors to the previously circulated report and confirmed that there were several items for presentation to the Trust Board. The first two being the high scores of risk ID 7010: *Failure to meet internal and external financial targets in year will adversely impact the continuity of service* and risk ID 8126: *Potential delay in the implementation of Electronic Patient Record (EPR) System*, both scoring 20 on the 5 x 5 risk matrix.

He went on to report that a new risk had been recommended for inclusion on the CRR, this being risk ID 8221: *Lack of recurrent investment and review of Community and Neurodevelopmental Paediatric services resulting in service at risk*. Mrs Hudson commented that initial discussions had been undertaken in relation to the need for a review of the service, although this had not been undertaken and the funding was not being extended.

In response to Ms Malik's question, Mrs Hudson provided an overview of the non-recurrent

funding of the service/staff, and confirmed that there would be an additional financial pressure to the Trust by continuing to provide the service. Mrs Hudson also confirmed that it was not possible for the Trust to cease the provision of this service, and that correct and appropriate funding need to be agreed at the earliest opportunity.

Mrs Anderson informed Directors that a full discussion on this matter had taken place at the last Quality Committee meeting and the issue did not only affect healthcare providers, but also education and social care.

Mr McGee sought confirmation that suitable management of the issue was in place and that the Trust was working towards a resolution. Mr Hodgson confirmed that the matter was being escalated through the appropriate channels and discussions with the Commissioners. It was agreed that the Executive Directors would continue to pursue this matter outside the meeting.

Dr Riley confirmed to Directors that risk ID 7552: *Risk that PACS downtime occurs and brings delay to patient pathways or delays in operating theatre activity* had now been de-escalated from the CRR as a result of the approval to reduce the risk score to 6 at the last Trust Board meeting.

Directors approved the revised CRR.

RESOLVED: Directors approved the proposed revisions to the register. Executive Directors will continue to pursue the matter of recurrent investment and review of Community and Neurodevelopmental Paediatric services outside the meeting.

TB/2020/012 BOARD ASSURANCE FRAMEWORK (BAF)

Dr Riley presented the report to the Board and confirmed that all the risks had been updated by the relevant Directors and reviewed at either the Finance and Performance Committee, Quality Committee or in some instances, both Committees prior to presentation to the Board for approval.

He went on to confirm that a number of updates had been provided, but that there were no proposed changes to the risk scores. Directors noted that the document would be reviewed in detail prior to presentation at the next series of Committee meetings and final presentation to the Trust Board in March 2020.

Mr Smyth observed that the information in BAF risk 4 (finance) and the related information in the CRR were not sufficiently reflective of each other and could be improved by updating the action section of the BAF to better describe the actions being undertaken to manage and

reduce the risk. Members noted that the next review of the BAF for the March Board meeting will concentrate on showing actions and updates more in real time rather than retrospectively.

Directors received, discussed and approved the updated document.

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

The BAF for the March Board meeting will concentrate on showing actions and updates more in real time rather than retrospectively.

TB/2020/013 SERIOUS INCIDENTS REQUIRING INVESTIGATION REPORT

Dr Riley referred Directors to the previously circulated report and confirmed that the top three incident reporting categories since the last meeting were: pressure ulcers, treatment problems and diagnosis failures/problems. He went on to report that the number of falls had decreased and was no longer a feature of the top three incident categories.

Directors noted that a thematic review of pressure ulcers had been undertaken and over the previous 12 month period there had been a total of 214 pressure ulcers reported and investigated. Any themes which had been identified were now being monitored through the monthly Pressure Ulcer Steering Group.

Dr Riley highlighted the number of incidents which had been reported through the Strategic Executive Information System (StEIS) since the last meeting (30) and a further 15 incidents which had not met the criteria for reporting through StEIS, but have met the Trust's internal criteria for investigation.

He went on to report that there had been an increase in the numbers of patients with pressure ulcers damage reported due to the increase in the number of patients whom were being supported with terminal medical conditions. He confirmed that this has been recognised by the European Pressure Ulcer Prevention Advisory Panel and related to the way in which a person's skin changes towards the end of their life.

Mrs Pearson provided a brief overview of the pressure ulcer collaborative which the Trust had been involved in since 2014 and confirmed that there had been a recent change to the categorisation of pressure ulcers.

In response to Mr Smyth's question regarding duty of candour, Dr Riley confirmed that, unfortunately, the instances of delays to completion of duty of candour had been unavoidable and were related to issues such as there being no patient notes available to file

the letter in or a next of kin not being provided for a patient. He agreed to provide an update on duty of candour at the next meeting.

RESOLVED: Directors received the report and noted its content.
An update on duty of candour will be provided at the next Trust Board meeting.

TB/2020/014 INTEGRATED PERFORMANCE REPORT

Mr Hodgson introduced the report to Directors and advised that the format would continue to evolve over the coming months to show more clearly any areas of variation or change. He went on to recognise the huge efforts of staff throughout the festive and winter periods to maintain safe, personal and effective care.

a) Safe

Mrs Pearson reported that there were three areas where nursing and midwifery fill rates fell below the 80% threshold for day shifts during the reporting month of November 2019 and one area where a red flag had been raised in relation to staffing levels. It was noted that no harms were caused to patients as a result of the staffing rates or red flag.

Mrs Pearson referred Directors to the appendices at the end of the report which detailed the staffing rates for the months of September, October and November 2019. She confirmed that the information was also published on a monthly basis on the Trust's website.

In respect of Clostridium Difficile (C-Diff), the Trust identified four cases in the reporting period. Dr Riley confirmed that, whilst work was continuing to meet the trajectory for the year, it was likely that it would be missed, with a year to date total of 49 cases against a year end threshold of 51 cases. Directors noted that there had been no cases of MRSA identified since the last report to the Trust Board.

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

b) Caring

Mrs Pearson reported that whilst there had been a drop in the scores related to the Friends and Family test for Maternity services, the overall satisfaction remains above the threshold. She went on to reconfirm to the Board that revised guidance on the Friends and Family test would be coming into effect in April 2020.

Directors noted that complaints remain under the threshold of 0.40 per 1,000 bed days at

0.23.

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

c) Effective

Dr Riley stated that many of the effective metrics had already been covered in earlier agenda items. He confirmed that the Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) remained within the expected levels; with the SHMI indicator being at its lowest ever point at 1.04. Directors were informed that there were no backlogs of Structured Judgement Reviews (SJR's) or Learning Difficulty Mortality Reviews.

Dr Riley provided an overview of the progress against the Commissioning for Quality and Innovation (CQUIN) schemes and Directors noted that all were performing well, with the exception of CCG7: three high impact interventions to prevent hospital falls (implementation of falls prevention actions). Whilst performance had improved in the second quarter of the year there was opportunity for further improvements to be made. In response to Professor Fairhurst's question, Dr Riley confirmed that the Medicine and Emergency Care Division had an action plan for improvement; however, it was recognised that it was not always possible to undertake the test on all patients due to the frailty of some patients.

Mr Barnes sought clarification regarding the HSMR mortality variation graph and asked whether this was a potential area of concern for the future. Dr Riley explained that whilst there had been a negative variance in the HSMR score, it has been identified as a natural variance not a trend.

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

d) Responsive

Mr McDonald reported that there had been a total of 10 breaches of the 12 hour trolley wait standard in the month of November 2019. Directors were informed that seven of the breaches related to patients awaiting mental health care beds. He went on to report that the number of ambulance handovers over 30 minutes continued to reduce and that delayed transfers of care in November were at the lowest rate that in five years at 2.7% (685 bed days lost). The position has also been maintained in December.

Professor Fairhurst commented that the improvements made and sustained regarding

early/timely discharges of patients would contribute to high levels of positive patient experience and asked that Mr McDonald convey the thanks of the Board to colleagues for their work.

Miss Malik commented that there seemed to have been a good set of circumstances during the reporting period and asked whether there was anything specific which had taken place during the month which could have contributed to the positive outcome. Mr McDonald confirmed that the ICP had held a 'perfect week' during the month of November 2019 and had seen a momentum build during the week with partners across the area. Mrs Hudson informed Directors that the Trust was currently holding another 'perfect week' and a regular programme of system-wide 'perfect weeks' would be planned for the year.

She went on to provide an overview of the current position in relation to elective procedures, confirming that there were 32,766 people on waiting lists in November and plans were in place to reduce this number to 31,500 by March 2020. Directors noted that the Trust had successfully recruited two consultants within the Oral and Maxillo-Facial service; both were expected to be in post by the end of the financial year.

Mrs Hudson reported that additional capacity had been arranged via the use of insourcing for oral surgery, endoscopy and ophthalmology services to reduce the number of patients on the holding lists.

Mrs Hudson went on to confirm that the Trust had not met the requirements of the 62 day cancer standard in October 2019 and it was likely that this would also be the case for the reporting month of November 2019, with the main issue compromising the performance related to delays in diagnostics. She confirmed that the Trust had recently recruited two consultant histopathologists, one starting at the end of January 2020 and the second being scheduled to start with the Trust in April 2020. It was anticipated that these appointments would have a positive effect on diagnostics.

Mr Wedgeworth commented that it must be a worrying time for patients who are awaiting diagnosis for a potential cancer and went on to ask whether there was a 'perfect week' type programme which could be run to improve performance in this area. Mrs Hudson confirmed that whilst performance against the cancer standards was not where it needed to be, patients were being seen quickly. She went on to report that the issues arose if a patient required a diagnostic endoscope, as demand is currently in excess of the available capacity. The majority of the underlying problems relate to the ongoing pension taxation issues, staff sickness and vacancies within the service. The insourcing for endoscopy services will give immediate capacity and is expected to see 550 patients in the eight weeks of the contract

period.

Directors briefly discussed the need to communicate the good work being undertaken at the Trust to the wider staff and public. Mrs Hughes reported that the 'State of the Trust' document which had been discussed at the previous meeting would be developed for April and would include elements of performance. She went on to report that the Trust takes every opportunity to talk about the good work which goes on and agreed that the information about operational performance tended to be fairly sparse and perhaps more could be communicated.

Ms Malik suggested that the electronic communication boards sited around the Trust could be used to communicate the positive performance information to staff and patient. Mrs Hughes agreed to investigate this option and put relevant communication in place.

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

An update will be provide on the work being undertaken to reduce the overall waiting list to 31,500 by the end of March 2020.

An update will be provided on the insourcing in ophthalmology and endoscopy services.

Mrs Hughes will work with the Trust's Communications and Engagement team to develop effective communication for staff and patients in relation to the performance of the Trust

e) Well-Led

Mrs Quinn reported that staff sickness remained above the threshold position, but the increase in the sickness rate remained within the parameters for normal variation. There was a strong indication that the work being undertaken to manage staff sickness was having a positive effect.

Directors noted that the appraisal rates had declined and this may be being affected by the pressure to deliver clinical services at this time of year. Mrs Quinn informed members that the process for appraisals was being revised.

Mrs Quinn went on to report that the final staff survey response rate was 47%; the results of which would be presented to the next Trust Board meeting. In response to Mr McGee's question, Mrs Quinn confirmed that the Trust was expecting the raw data from the staff survey in the coming two weeks, with the Trust level report being provided in mid-February, although it would still be under embargo.

The 2019/20 flu vaccination campaign was noted to have provided vaccinations for 93.3% of the ELHT workforce which was a slight increase on the previous year; however, the campaign was still open.

Mrs Brown provided a summary of the financial position of the Trust and confirmed that at the end of month eight (November 2019), the Trust remained on track to deliver the required year-end financial position. She went on to confirm that this was not without a significant amount of risk, particularly given the increased acuity of the patients being seen and treated by the Trust, pressure to achieve constitutional standards, use of temporary staffing and the ongoing pension issues. Directors noted that the Directors of Operations were undertaking forensic reviews of the Divisional financial positions in order to assist the financial performance. Compliance with the Better Payments Practice Code (BPPC) remained good. Professor Fairhurst asked whether the Directors had the opportunity to comment upon and gain assurance relating to the Trust's performance and the actions being undertaken to improve performance where necessary. Members responded in the affirmative. Professor Fairhurst went on to recommend that Mrs Hughes and colleagues address the question posed earlier in the item about how the Trust communicates all aspects of performance to the population on a regular basis.

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

Mrs Hughes and colleagues address the question posed earlier in the item about how the Trust communicates all aspects of performance to the population on a regular basis.

TB/2020/015 PEOPLE STRATEGY AND DELIVERY PLAN

Mrs Quinn referred Directors to the previously circulated report and confirmed that it was a follow-up report to the paper presented to the Trust Board in July 2019. She provided a summary of the further developments which had been added to the document and the actions which would be taken as part of the work.

Directors received an overview of the priorities within the document, which focused on: recruitment and retention; engagement and communication; leadership, organisational development and talent management; workforce transformation; equality and inclusion; health and wellbeing; and education and training.

Mrs Quinn confirmed that the National People Plan was still being awaited and therefore, the content of the plan might need to be revised to align it to the document when released.

Mr Wedgeworth thanked Mrs Quinn for the update and commented that whilst he recognised that the future workforce will evolve and develop to one which is very different to the current workforce, he found it difficult to envisage how social care, medicine and other areas would come together effectively in the future. In response, Mrs Quinn suggested that workforce transformation was currently a shared philosophy across the ICS, but the organisations within the ICP have developed an aligned plan with an identified set of skills which are needed in the system.

In response to Mr Rehman's comment regarding the absence of flexible working, pay/remuneration in the plan, Mrs Quinn confirmed that, whilst not explicitly referenced in the document, these matters were being considered as part of the agile workforce.

In response to Mr Catherall's question, Mr Moynes confirmed that the top rated issues from the Trust's staff survey results would be collated and communicated to staff.

An update on the progress with the People Strategy and Delivery Plan will be provided to the Trust Board in September 2020.

RESOLVED: Directors received the report and agreed to ratify the strategy. An update on progress will be provided to the Trust Board in September 2020.

TB/2020/016 FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT

Mr Barnes referred Directors to the previously circulated report and commented that the majority of the issues had been covered as part of the agenda for today's meeting. He confirmed that there would be an extraordinary meeting of the Committee in early February to review the financial plan for 2020/21.

RESOLVED: Directors received the report and noted its content.

TB/2020/017 QUALITY COMMITTEE UPDATE REPORT

Miss Malik referred Directors to the previously circulated report and highlighted the discussions which had taken place, particularly those relating to the SIRI, mortality, maternity Floor to Board Reports in Maternity and the update on winter planning.

Mrs Anderson confirmed that she had now taken over as the Chair of the Quality Committee and thanked Ms Malik for chairing the meetings during her time away from the Trust. She went on to confirm that at the meeting of the Committee the previous week there had been a presentation provided on the staff safety work which was being undertaken. They linked back to the discussion earlier in the meeting about the Trust's People Strategy.

RESOLVED: Directors received the report and noted its contents.

TB/2020/018 TRUST CHARITABLE FUNDS COMMITTEE REPORTING

a) Trust Charitable Funds Committee Update Report

Mr Barnes referred Directors to the previously circulated report and provided an overview of the discussions undertaken at the meeting, specifically those in relation to the Mackenzie fund and the links being developed with local businesses.

RESOLVED: Directors received the report and noted its contents.

b) Charity Annual Accounts and Report (*the Board acts as the Corporate Trustee of the Charity 'ELHT&Me' for this item*)

Mr Barnes presented the report to Directors and highlighted the funds in the amount of £2,305,000 held within the ELHT&Me charity at the end of the financial year and confirmed that plans were being developed to deploy the funds across the Trust for the benefit of patients and staff.

The Trust Board, acting in its role as Corporate Trustee for the charity ELHT&Me approved the annual accounts and report for signature and submission to the Charity Commission within the prescribed timeline.

RESOLVED: The Charity Trustee approved the annual accounts and report for the Trust's charity ELHT&Me.

TB/2020/019 REMUNERATION COMMITTEE INFORMATION REPORT AND TERMS OF REFERENCE

The report was presented to the Board for information. Mrs Bosnjak-Szekeres referred Directors to the terms of reference and provided a brief overview of the proposed revisions to the document. Directors approved the revised terms of reference pending the inclusion of the word 'quorum' in the following sentence: "The Board Chairman and two Non-Executive Directors constitute the **quorum**. A quorum must be maintained at all meetings. Each member will attend a minimum of 75% of the meetings throughout the year.'

RESOLVED: Directors received the report and noted its contents.
Directors approved the revised terms of reference pending the aforementioned amendment.

TB/2020/020 TRUST BOARD (CLOSED SESSION) INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2020/021 ANY OTHER BUSINESS

There were no further items presented to the Board.

TB/2020/022 OPEN FORUM

There were no further comments or questions from members of the public.

TB/2020/023 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst sought the views of the Board members in relation to the meeting, particularly in relation to shaping a healthy Board and organisational culture. Directors commented that the reduction in the amount of detail which had been provided verbally relating to each paper had been beneficial, as it allowed more time to discuss and debate matters rather than have information reiterated to them.

Mr Hodgson suggested that the discussions undertaken at the meeting today had demonstrated effective system working on a number of occasions.

Miss Malik suggested that the cover sheets of some of the reports had not been completed properly by report writers/executive sponsors, specifically relating to the impact section and asked that more attention be paid to this matter in the future.

RESOLVED: Directors noted the feedback provided.

Cover sheets to be completed correctly by report writers/executive sponsors, specifically relating to the impact section.

TB/2020/024 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday, 11 March 2020, 13:00, Seminar Room 4, Learning Centre, Royal Blackburn Teaching Hospital.

TRUST BOARD REPORT

Item **31**

11 March 2020

Purpose Information

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

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2020/010: Patient/Staff Story	HR colleagues to develop and hone the way in which managers react to situations and prevent unintentionally making situations more difficult	Executive Director of HR and OD	March 2020	Update: A lessons learned exercise is being undertaken to help develop the creation of a decision tree to support the resolution process.
TB/2020/011: Corporate Risk Register	Executive Directors will continue to pursue the matter of recurrent investment and review of Community and Neurodevelopmental Paediatrics (CNP) services outside the meeting.	Executive Directors	March 2020	Update: CNP services continue to be discussed as part of the ongoing contract negotiations with local commissioners.
TB/2020/012: Board Assurance Framework (BAF)	The BAF for the March Board meeting will concentrate on showing actions and updates more in real time rather than retrospectively.	Executive Directors	March 2020	Complete: The document has been revised in line with the request.
TB/2020/013: Serious Incidents Requiring Investigation Report	An update on duty of candour will be provided at the next Trust Board meeting.	Executive Medical Director	March 2020	Update: An update was provided via email to Trust Board members following the last meeting. A further update is included in the Serious Investigations Requiring Investigation (SIRI) Report to

Item Number	Action	Assigned To	Deadline	Status
				the Board.
TB/2020/14: Integrated Performance Report	<i>Responsive:</i> An update will be provide on the work being undertaken to reduce the overall waiting list to 31,500 by the end of March 2020.	Director of Operations	March 2020	Update: The waiting list has been steadily reducing in recent months with January’s submitted position showing further reductions with a total waiting list of 31,832. We are in line with trajectory and on track to achieve the year-end target of 31,500.
	<i>Responsive:</i> An update will be provided on the insourcing in ophthalmology and endoscopy services.	Director of Operations	March 2020	Update: The Trust has successfully progressed with the insourcing of additional activity to assist with both our waiting list pressures and the demand and capacity issues in Endoscopy which is impacting on our cancer pathways. At the end of January 2020 we commenced using an external provider to undertake additional lists at weekends utilising our estate at Burnley with the original intention to undertake activity to

Item Number	Action	Assigned To	Deadline	Status
	<p><i>Responsive:</i> Mrs Hughes will work with the Trust's Communications and Engagement team to develop effective communication for staff and patients in relation to the operational performance of the Trust.</p>	Executive Director of Communications and Engagement	March 2020	<p>support Oral Surgery, Ophthalmology and Endoscopy. However, upon further modelling the initial Ophthalmology plan was not felt to be clinically viable so this was stepped down. The insourcing activity has enabled us to complete an additional 102 Oral Surgery and 315 endoscopy procedures to date.</p> <p>Update: A further update will be provided at the meeting regarding the additional ways in which operational performance can be communicated to staff and patients.</p>
TB/2020/015: People Strategy and Delivery Plan	An update on the progress of the plan will be provided to the Trust Board in September 2020.	Executive Director of HR and OD	September 2020	Agenda Item: September 2020

Item Number	Action	Assigned To	Deadline	Status
TB/2020/023: Board Performance And Reflection	Cover sheets for Board and Sub-Committee reports to be completed correctly by report writers/executive sponsors, specifically relating to the impact section.	Executive Directors	March 2020	Update: this is an ongoing action and will be kept under review.

TRUST BOARD REPORT

Item

33

11 March 2020

Purpose Information

Title	Chief Executive's Report
Author	Mrs E-L Cooke, Senior Communications Manager
Executive sponsor	Mr K McGee, Chief Executive

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

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

Report linkages

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

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

CEO Report

March 2020

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

One - National Headlines

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

New test has “potential to eliminate” cervical cancer

Hundreds of lives will be spared every year in England thanks to a more sensitive cervical screening test rolled out as part of the NHS [Long Term Plan](#).

NHS experts said that there is “potential” to eliminate cervical cancer completely thanks to the change in primary test within the NHS Cervical Cancer Screening Programme, combined with the effectiveness of the HPV vaccine.

The new and more sensitive test now looks for traces of high-risk Human Papillomavirus (HPV), which causes nearly all cases of cervical cancer. Any tests that are HPV positive are then checked for abnormal changes of the cervix.

Rapid response teams to help people stay well at home

New plans have been outlined for Urgent Community Response teams to be rolled out from April. The expert rapid response teams will be on hand within two hours to help support older people, and those with complex needs to remain well at home.

The teams will give those who need it fast access to a range of qualified professionals who can address both their health and social care needs, including physiotherapy and occupational therapy, medication prescribing and reviews, and help with staying well-fed and -hydrated.

Backed by £14million of investment, seven ‘accelerator’ sites will be the first to deliver the new standards for care, working together to standardise how urgent community services will be measured, and delivered consistently across the country, 365 days a year.

Older people and adults with complex health needs who have a very urgent care need, including a risk of being hospitalised, will be able to access a response from a team of skilled professionals within two hours, to provide the care they need to remain independent.

Greener NHS campaign to tackle climate ‘health emergency’

NHS Chief Sir Simon Stevens has announced the NHS and its staff will step up action to tackle the climate “health emergency” this year, helping prevent illness, reducing pressure on A&Es, and saving tens of thousands of lives. The initiative follows the launch of the [Climate Assembly UK](#), which discussed how the country can best get to ‘net zero’.

Sir Simon Stevens outlined three steps the NHS will take during 2020 to tackle this problem. Firstly, NHS England will establish an expert panel to chart a practical route map to enable the NHS to get to ‘net zero’, becoming the world’s first major health service to do so. Secondly, a proposed new [NHS Standard Contract](#) calling on hospitals to reduce carbon from buildings and estates, whilst switching to less polluting anaesthetic gases, better asthma inhalers, and encouraging more active travel for staff. And thirdly, the launch of a grassroots campaign ‘[For a Greener NHS](#)’ to encourage staff and hospitals to cut their impact on people’s health and the environment.

New workforce race equality data released

The latest assessment of race equality in the NHS shows a significant increase in representation of BME people at board level across the country. It shows the continued drive to reduce gaps in experience of employees from different ethnic groups, in order to support staff and improve patients’ care.

The latest annual [Workforce Race Equality Standard](#) (WRES) report measures the experience and opportunities of white and BME people working in the NHS, using nine key indicators including access to promotion and exposure to discrimination.

First-ever adviser for care home nursing appointed

Professor Deborah Sturdy OBE will provide the Chief Nursing Officer for England, Ruth May, with expert advice from those nurses working to deliver the high-quality clinical care for people living in care homes, helping them to stay healthy, happy and independent for longer.

The new post will ensure that the voices of nurses in care homes are heard at the very top of the nursing profession.

One of the [Long Term Plan](#)'s ambitions is to help more people to age well, which includes offering more support in care homes through making sure they have strong links with local general practices and community services.

NHS Chief warns of 'fake health news' on social media

Speaking at an event on fake news tonight, the chief executive of the NHS will warn about the impact of 'fake news' on people's health.

During the [Oxford Conversation](#), Sir Simon Stevens warned that the proliferation of inaccurate and often deliberately misleading health information available online, often through the booming 'wellness industry', is leading to people taking risks with their health as well as wasting money on too-good-to-be-true remedies.

New Healthwatch report on people using A&E

Healthwatch England has published a new report on the [clinical review of standards](#), which highlights what matters to people using A&E.

Across their research, they found that the message is that time alone does not dictate how people feel about their experience. Other things which may impact their experience includes the quality of clinical care received, quality and frequency of communication and the attitude of staff. The report recommends a staggered approach to the roll-out of any new standards.

Staff morale improves but too many still facing abuse

NHS staff say they are now happier and more likely to recommend their organisation as a place to work than last year. However, too many still experience unacceptable abuse from patients and the public.

The new figures comes as NHS leaders confirmed that from April under NHS England's new Standard Contract rules, NHS services will be able to protect staff by barring from non-emergency care any patient or visitor who inflicts discriminatory or harassing behaviour on staff.

569,000 NHS employees across 300 separate organisations responded to this year's [NHS Staff Survey](#), with the results showing staff morale has improved across the NHS.

Record high for those at risk of Type 2 Diabetes

Around two million people in England are at risk of developing Type 2 diabetes, the highest on record, according to new NHS figures. The scale of the problem is likely to be even greater as the growing obesity crisis is exposing millions more to the condition.

NHS action to combat the problem includes the world-first [Diabetes Prevention Programme](#). It identifies people at high risk of diabetes and supports them in living a healthier lifestyle. To date it has had around half a million referrals and seen patients who have so far finished it lose the combined weight of 43 ambulances.

Two - Pennine Lancashire Headlines

Important updates and information reflecting work being carried out by the integrated health and care partnership for Pennine Lancashire.

Healthier Pennine Lancashire Roadshows

Integrated Care System Strategy

Over the next few months Healthier Lancashire and South Cumbria will be working with the five local health and care partners (Central Lancashire, Fylde Coast, Morecambe Bay, Pennine Lancashire and West Lancashire) to engage with wider stakeholders on the [draft Lancashire and South Cumbria ICS strategy](#), including Health and Overview Scrutiny Committees and Health and Wellbeing Boards.

Working together in new approach to temporary staffing for nurses and midwives

Four local Trusts are working with the ICS Collaborative Services team to develop a standardised approach to setting agency rates for temporary nursing and midwifery staff. The Trusts involved are Blackpool Teaching Hospitals NHS Foundation Trust, East Lancashire Hospitals NHS Trust, Lancashire Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust.

32 agencies attended an event to find out more about the proposals for a new way of working with nursing and midwifery agencies and heard presentations from Trust HR colleagues and clinical leads. This piece of work is supported by the Lancashire Procurement Hub and is working to a national framework.

The group is working together to maintain and improve safe staffing by improving the quality and compliance of temporary staff, while increasing shift fill rates across all Trusts. This will be achieved through the harmonisation of terms and conditions, a shared set of quality requirements, common rate cards, a collaborative procurement of services and single shared credentialing requirement across the organisations.

Local Primary Care Networks launch children's resilience project

Primary care network clinical directors of Burnley East and West, Drs Yas Naheed and James Fleming have teamed up with six primary schools in Burnley and Burnley Youth Theatre to offer Burnley children the chance learn how to manage stress, anxiety and coping skills as well as build confidence and self-esteem.

[The project](#) will see children from the six schools visiting Burnley Youth Theatre over a 9 week period to learn acting and theatrical skills alongside children from throughout Burnley.

Pennine Lancashire Neighbourhood Integration Accelerator

The [Integration Accelerator](#) is an exciting new way of working which provides Primary Care Networks/Neighbourhoods (PCNs) with an opportunity to explore new ways of working within their member practices and wider neighbourhood teams. There will potentially be 13 Integration Accelerator Pathfinders across Pennine Lancashire. PCN Clinical Leadership will be at the forefront of driving changes through innovation and service redesign which will benefit patients.

Each Accelerator site will run for 6 months with the potential to extend to March 2021 pending evaluation. Early adopter sites (Pathfinders) commenced in January 2020 with additional sites going live from April 2020. Hyndburn Central, Pendle East, Pendle West, Ribblesdale, Rossendale East and Rossendale West have signed up to participate in the Integration Accelerator.

Blackburn with Darwen GPs win national cervical cancer screening award

Local [Primary Care GP Federation](#), which represents and supports all GP practices in Blackburn with Darwen has won a national award for their work to improve and increase cervical screening attendance.

Their initiative has been awarded the top prize for 'Equality, Inclusion and Diversity' by national charity Jo's Cervical Cancer Trust in their [annual Cervical Screening Awards](#).

In 2017 the GP Federation and NHS Blackburn with Darwen Clinical Commissioning Group launched a major campaign to protect women against cervical cancer.

Health and social care organisations join forces to Make Every Contact Count

Lancashire and South Cumbria health and care organisations have launched a new campaign 'A small chat can lead to a big change' to help encourage local people to take action to improve their health and wellbeing.

[Making Every Contact Count](#) is an approach to behaviour change that uses many of the day to day interactions we have with other people to encourage changes in behaviour that have a positive effect on people's health and wellbeing.

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 **15 January 2020** the seal was applied to the Project Completion Form between the Trust and the ISSA Foundation for medical devices. The funds provided by the ISSA Foundation are for the purchase of medical devices through the Trust's charity (ELHT&Me). The form was signed by Christine Hughes, Executive Director of Communications and Engagement and Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive.

NHS Staff Survey reveals record levels of staff satisfaction

The 2019 [NHS Staff Survey](#) was completed by a record 46.9 per cent of ELHT employees and shows staff rate the organisation higher than ever in comparison to working environments at England's other acute hospital and community Trusts.

The latest results see [East Lancashire Hospitals score higher](#) than the national average for 9 of the survey's 11 key themes, including health and wellbeing, quality of care, morale, quality of appraisals, safety culture, staff engagement and team working.

East Lancashire Hospital's 3,942 survey responses is a record high with staff rating the Trust significantly above average for 93 of the survey's 104 questions, and not significantly worse in any area.

Mums have 100% confidence and trust in maternity staff

East Lancashire Hospitals NHS Trust (ELHT)'s maternity staff have been praised in the Care Quality Commission (CQC) Maternity Survey 2019. 100% of women who responded to the survey said that they had "confidence and trust" in the staff caring for them during labour and birth.

The Trust's scores for the survey, which asks women about their experience before, during and after birth, have remained consistent with their 2019 scores, their highest ever.

It's testament to the hard work, dedication and passion of our maternity staff that mothers and their families receive great care, and are confident and comfortable with the staff who provide it.

The complete CQC Maternity Survey 2019 report for East Lancashire Hospitals is published on the [CQC website](#).

Guest beds for families of patients at the end of life

The Trust has rolled out a new scheme providing [guest beds for the family members](#) of patients receiving end of life care. The new fold-out beds were purchased by the hospital's charity, ELHT&Me and means family members with a loved one receiving end of life care at will now be able to request a guest bed from staff on the ward, allowing them to stay overnight with them.

The new system will be managed centrally by the Trust's Estates Team, allowing beds to be promptly delivered to the ward that needs them, cleaned properly and stored away to maximise space in patient areas.

Patients PLACE hospitals highly for cleanliness, food and overall environment

Top marks for food, cleanliness, and overall condition of the environment have been awarded to the Trust in the [Patient-Led Assessment of the Care Environment](#) (PLACE) report for 2019.

Compiled from reports by 58 independent inspectors during Autumn 2019, the Trust's rating for cleanliness rose to 97.78% compared with 94.40% the previous year.

ELHT also once again achieved high scores for food (85.07%) and overall condition, appearance and maintenance (92.95%).

New Medical Examiners to Scrutinise Hospital Deaths

Six [experienced East Lancashire doctors](#) are preparing to take on the challenging role of Medical Examiner when a new national system for determining cause of death comes into effect in East Lancashire and Blackburn with Darwen in April.

From 1 April 2020, medical examiners will replace the current system of scrutinising Medical Certificates for Cause of Death which has remained unchanged for 50 years.

The role of the medical examiner will initially be to review patient deaths which occur in the area's five NHS hospitals: Royal Blackburn, Burnley General and Pendle, Clitheroe and Accrington Victoria community hospitals.

The introduction of a national network of independent medical examiners was a recommendation of the [Shipman Enquiry](#) and is part of the Government's commitment to improve patient safety and provide support for bereaved families, as outlined in the NHS Long Term Plan.

New Medical Director Appointment

The Trust has strengthened its executive management team with the appointment of Jawad Husain as its new Executive Medical Director. Mr Husain joins the Trust from his previous post of Medical Director at The Royal Oldham Hospital.

Jawad started his NHS career as a consultant urological surgeon at Wrightington, Wigan and Leigh NHS Foundation Trust in 2002. He trained in the North West and has a sub-speciality interest in management of stone diseases, having established a comprehensive stone service at Wrightington and helping to develop the urological department.

As a practicing surgeon, Jawad has extensive general management experience and takes a keen interest in teaching and training and has been the Surgical Tutor for the Royal College of Surgeons. He has been an examiner for the University of Manchester Medical School and mentor for the medical students, educational and clinical supervisor for urology and surgical trainees, and a panel member for National Selector for core surgical trainees.

Four – Communications and Engagement

A summary of the external communications and engagement activity.

January 2020

Communications and Engagement

Monthly Media Update

Top Stories...

- Patients PLACE hospitals highly for cleanliness, food and overall environment
- East Lancashire Young Person's Mental Health Service Achieves Extra Accreditation
- Staff and patients 'Take 5' for their physical and mental wellbeing
- Local hospital charity provides guest beds for families of patients at the end of life



East Lancashire mums have 100% confidence and trust in maternity staff

Press and Media Relations...

23

Mentions in all media



12

Media enquiries handled



6

Media releases issued this month



87%

of stories were positive or neutral



+13

The monthly media net score (positive minus negative)

Projects the Communications Department has supported...

- Healthier Pennine Lancashire
- Well newsletter
- Staff flu vaccinations
- MEC transformation

Website...

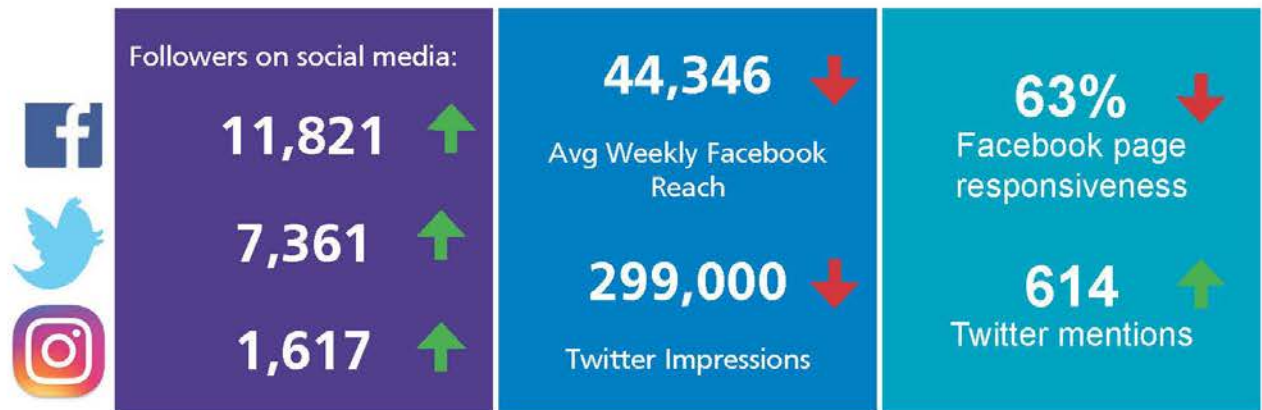


Our website got **121,314** page views by **40,785** people.

The most viewed webpage was – Shuttle Bus Times



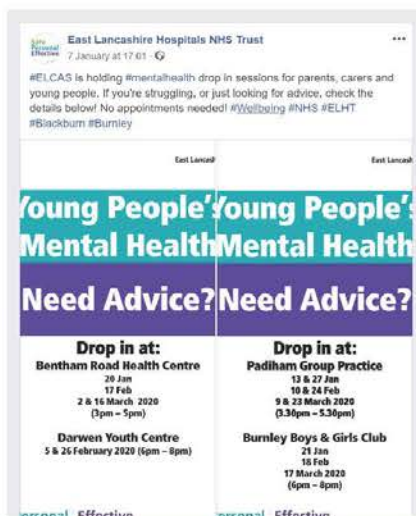
Social media and digital...



The most talked about issues on our social networks..

- ELCAS Drop-in Sessions
- Barnoldswick Clinic
- Hyndburn Chat Compliments
- CQC Maternity Survey

Posts of the month...



Top Tweet earned 6,747 impressions

Thank you to all our amazing staff who are working hard this #Friday night and throughout the #weekend for our patients! Wishing you all the best #fridayfeeling. #NHS #NHSHores #NHSWorkforce #ELHT pic.twitter.com/Y47KORAEzG



👤 1 🗨️ 2 ❤️ 6

View Tweet activity

View all Tweet activity

Facebook review rating:

4.5 out of 5

Routine activity:

Weekly staff bulletin
Team Brief meetings and video
Our Trust Your News
Supporting events with photography
Supporting ELHT&Me

Safe | Personal | Effective

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

Safe | Personal | Effective

Communications and Engagement

Monthly Media Update

Top Stories...

- National Staff Survey results are best ever
- ELHT helps challenge gender stereotypes
- New medical examiners to scrutinise hospital deaths
- Helping people with type 1 diabetes to exercise more
- Coronavirus - what you need to know



Trust appoints new Executive Medical Director

Press and Media Relations...



Projects the Communications Department has supported...

- Healthier Pennine Lancashire
- Well newsletter
- Staff flu vaccinations
- MEC transformation
- New AMU
- Works within the ED and modular buildings for offices
- Surgery Robot events
- SLT awareness month

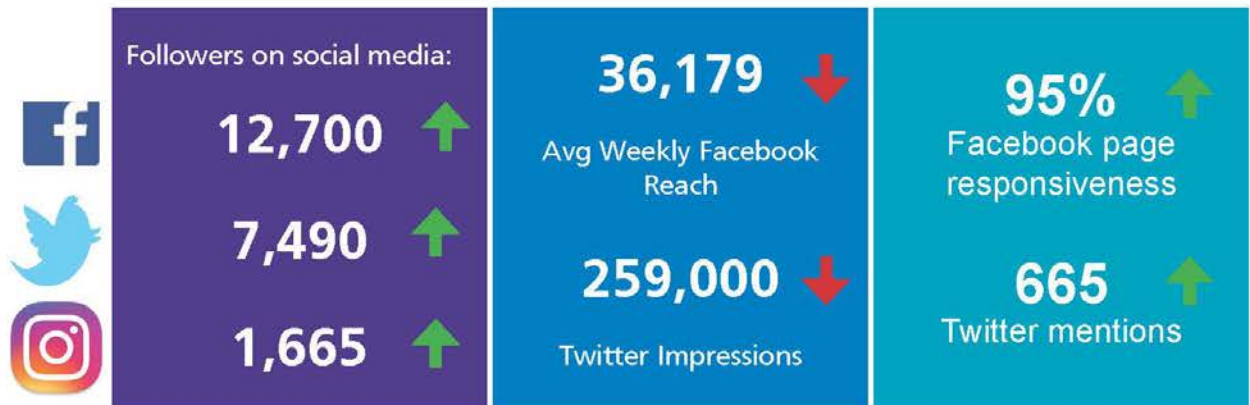
Website...



Our website got **111,354** page views by **39,666** people.

The most viewed webpage was – Shuttle Bus Times

Social media and digital...



The most talked about issues on our social networks..

- Corona Virus
- Staff Survey
- Star Awards
- Mental Health

Posts of the month...



Facebook review rating:
4.5 out of 5

Routine activity:

- Weekly staff bulletin
- Team Brief meetings and video
- Our Trust Your News
- Supporting events with photography
- Supporting ELHT&Me

Safe | Personal | Effective

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

Five - Chief Executive's Meetings

Below are a summary of the meetings the Acting Chief Executive has chaired or attended.

February 2019 Meetings

Date	Meeting
4 February	Senior Management Team / Executive Directors
5 February	Intensive Support Conference
7 February	Meeting: David Fillingham
11 February	Senior Management Team/Executive Directors
11 February	Chairman update
11 February	Exec(ELHT) to Exec(CCGs) development session
12 February	Filming STAR Awards
12 February	Meeting with NHSE/I
13 February	Trust Board Strategy
18 February	Senior Management Team/Executive Directors
18 February	Visit with Chairman to Clitheroe Community Hospital
19 February	ICS System Leaders Executive Extra-Ordinary Workshop
25 February	Operational Delivery Board
25 February	Employee of the Month
25 February	Meeting: ELHT/EL&BwDCCGs Chairs, CEO and AO
25 February	Trust Board Workshop
27 February	Vascular Programme Clinical Update
28 February	Meeting: Anthony Hassall Regional Chief People Officer/Director of Workforce and OD
28 February	Filming Team Brief

March 2020 Meetings

Date	Meeting
4 March	L&SC ICS Board
4 March	PL System Assurance Meeting
5 March	Robot launch RBTH
6 March	L&SC CEO Meeting
6 March	Meeting with MP Antony Higginbotham
6 March	Robot Demo BGTH
10 March	Senior Management Team/Executive Directors
10 March	Chairman update
10 March	Visit by NHSE/I - The NHS as an anchor institution Team
11 March	Trust Board
13 March	ICS Independent Chair Interviews
16 March	North West System Leadership Forum
17 March	Senior Management Team/Executive Directors
17 March	Chairman update
17 March	David Fillingham re Vital Signs
24 March	Senior Management Team/Executive Directors
24 March	Chairman update
25 March	Meeting: Julie Higgins
26 March	L&SC Diagnostic Steering Group
31 March	Freedom to Speak up Guardians - Regional Integration Events, Manchester

TRUST BOARD REPORT

Item **35**

11 March 2020

Purpose Monitoring

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

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 14/02/2020 these risks which were reviewed at the Risk Assurance Meeting (RAM) on the 14/02/2020 by the Divisions and Corporate services for review, scrutiny, assurance.

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

Report linkages

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

Impact

Legal	No	Financial	Yes
Equality	No	Confidentiality	No

Table 1: The Corporate Risk Register (CRR) as of 14/02/2020

ID	Risk Title	Risk Description	Current Score	Top 5 Controls	Actions in place and on track	Date last reviewed	Changes since the last report	Movement
7010	Aggregated Risk - Failure to meet internal and external financial targets in year will adversely impact the continuity of service	Failure to meet the targets will result in the Trust having an unsustainable financial position going forward and the likely imposition of special measures	20	<ol style="list-style-type: none"> 1) Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts; 2) Monthly monitoring of financial performance against financial plans by service managers and senior managers, supported by the Finance Department, with monthly financial performance reports prepared for each meeting of the Operational Delivery Board and Finance and Performance Committee; 3) Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits; 4) Arrangements to monitor and improve delivery of the Waste Reduction Programme; and 5) Daily monitoring of the Trust's cash position to ensure the Trust is able to continue to meet its financial liabilities. 	All actions complete (No actions in progress)	05/02/2020	05/02/2020 Update - no change to risk score is considered necessary at M9 of the 2019/20 financial year.	
8126	Aggregated Risk - Potential delay in the implementation of Electronic Patient Record (EPR) System	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.	20	<ol style="list-style-type: none"> 1) Stable PAS system (albeit 25+ years old) 2) ICE system 3) EMIS system 4) Improved infrastructure (including storage) to maintain and manage existing systems. 5) Register of non-core systems capturing patient information in place. 	1 action on-going	14/02/2020	Update 14/02/2020 – Continued work underway and presenting to board/external parties to find a solution on the best way forward.	

7762	Risks associated with providing HDU (High Dependency Unit) care in DGH with no funding for HDU provision	ELHT provides HDU (High Dependency Unit) care as does most District General Hospitals with the tertiary centres providing formal HDU In recent years with increasing demand and limited tertiary capacity the provision for HDU care is increasing. We have received no funding to manage this provision and yet provide an estimated 1404 HDU days per year (70 % being Level 2 HDU). This presents a series of risks	20	<ol style="list-style-type: none"> 1) Safer staffing is reviewed for nursing on a daily basis at Matron and Trust Director of nursing level. Staffing is managed according to acuity and therefore managed in a safe manner. 2) Medical staffing actions have been taken to mitigate risk of medical cover to HDU activity in winter months -specific winter planning takes place. 3) HDU competencies and training completed and co-ordinated in the Directorate to ensure suitable skills. 4) Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level. 5) Medical staffing support monitored and winter planning actions put in place to support increased HDU activity. 	2 actions on-going	05/02/2020	<p>Update 12/02/2020- Awaiting decision within ICS. To raise in contracting meeting as to how to progress commissioning of HDU.</p>	
8061	Aggregated Risk - Management of Holding List	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.	16	<ol style="list-style-type: none"> (1) There is a process in place to ensure all follow up patients are assigned a RAG rating at time of putting them on the holding list. This process is for outpatients predominantly. A process forward is currently being developed. (2) There is an automated daily report to provide oversight of the holding lists by speciality. (3) Underlying demand and capacity gaps must be quantified and plans put in place to support these specialities in improving the current position and reduce the reliance on holding lists in the future. (4) Report being provided weekly to the Executive Team. (5) Holding List performance is discussed as part of the weekly performance meetings. 	All actions complete (No actions in progress)	07/02/2020	<p>Update 14/02/2020- All actions are being captured through the Outpatient Improvement Group and the Weekly Op's meeting which are Both chaired by the Dir of Op's. In February the holding list has seen a reduction on previous months. Notably Ophthalmology has seen a reduction of approximately 1000 patients in the past 2 months. This is due to an agency locum working within the trust until the end of March. This has generated additional capacity to book patients on the holding list. There are a number of actions taking place across all Directorates which are outlined in their individual recovery plans. Outpatient redesign and particularly managing follow ups differently is a focus for all Directorates with everyone</p>	

							having at least one outpatient project taking place. There is also a pilot starting soon to reduce the number of patients classed as uncoded which will increase our visibility of those urgent patients.	
8221	Lack of recurrent investment and review of CNP services resulting in service at risk	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.	16	<ol style="list-style-type: none"> 1) Review meetings with our commissioner monthly. 2) Escalated through CNP spec board and DMB also SMWRG With DGM and Lead for Children and Young People Pennine CCG. 3) Risk assessment completed. 	1 actions on-going	12/02/2020	Update 12/02/2020- The action regarding splitting the risk which is outstanding from RAM meeting in December is still outstanding. To meet with Q and S to split the risk into specific areas.	
7067	Aggregated Risk - Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and quality	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.	15	<ol style="list-style-type: none"> 1) Daily system mental health teleconference, attended by ELHT Clinical Site Managers. 2) Discussion and review at four times daily clinical flow meeting 3) Expanded mental health liaison team service based in emergency department. 4) Treat as one group established to oversee the response to physical and mental health needs of patients. This group is chaired by the director of nursing and includes representatives from ELHT and LSCFT, LCC, BWDBC, CCG, Police. 5) Mental Health Shared Care Policy including out of hours escalation process for MH patients. 	1 action on-going	14/02/2020	Update 03/02/2020 - agreed to keep at 15 - will be looking to de-escalate this risk in 2020 when CQC registration has been completed and also plans in place for new unit to be secured adjacent to emergency care in Blackburn.	
1810	Aggregated Risk - Failure to adequately manage the Emergency Capacity and Flow system.	Lack of capacity across the Trust can lead to extreme pressure resulting in a delayed delivery of the optimal standard of care across departments. At times of extreme pressure this increase in the numbers of patients	15	<ol style="list-style-type: none"> 1) Further in-reach to department to help to decrease admission 2) Workforce redesign aligned to demands in ED 3) Review of processes across Acute / Emergency medicine in line with Coronial process and incidents. 4) Work with CCG on attendance avoidance 5) Phase 6 build commenced - completion Nov 2020 	2 actions on-going	07/10/2020	Update 07/02/2020 - Work continues and will do for at least another month. Extension work to help alleviate the corridor care currently going on in ED.	

		within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow						
5791	Aggregated Risk - Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care and finance.	Use of agency staff is costly in terms of finance and levels of care provided to patients	15	<ol style="list-style-type: none"> 1) Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. 2) The use of the Safe Care Tool within Allocate to support decisions regarding acuity an dependency 3) E rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes; 4) Dashboard review of good rostering compliance 5) Monitor red flags, IR1s, complaints and other patient experience data 	4 actions on-going	05/02/2020	<p>Update 14/02/2020- Proactive recruitment continues, locally, nationally and internationally. 38 new global learners have started and 30 have NMC registration, 8 are waiting to take their OSCE exams and a further 27 are expected to be recruited. There has been a 100 percent pass rate in OSCE tests.</p>	
5790	Aggregated risk - Failure to adequately recruit to substantive medical posts may adversely impact on patient care and finance.	Gaps in medical rotas require the use of locums to meet service needs at a premium cost to the Trust.	15	<ol style="list-style-type: none"> 1)Consultants current do cross cover at times of need 2)Divisional Director sign off for locum usage 3)Ongoing advertisement and recruitment programme for medical vacancies 4)Consultant cross cover where possible 5)Retire and Return Policy that helps support the return of skilled staff 	4 action on-going	21/01/2020	<p>Update 12/02/2020- Review of workforce control process is being undertaken to ensure it is responsive to the needs of the service. Pensions consultation is now closed and the budget is awaited which may impact on the risk. It is unsure at this point as to whether the funding will have a positive or negative impact.</p>	
7008	Failure to comply with the 62 day cancer waiting time.	Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.	15	<ol style="list-style-type: none"> 1)CNS engagement with virtual PTL 2)Cancer escalation process modified and re-issued 3)Cancer Hot List issued twice weekly 4)Additional theatre capacity 5)Daily prioritisation of elective and cancer activity by 	5 actions on-going	07/02/2020	<p>Update 12/02/2020- Recovery Plan previously developed aimed for achievement of the standard by February 2020, however, due to new issues presenting across radiology, pathology, endoscopy,</p>	

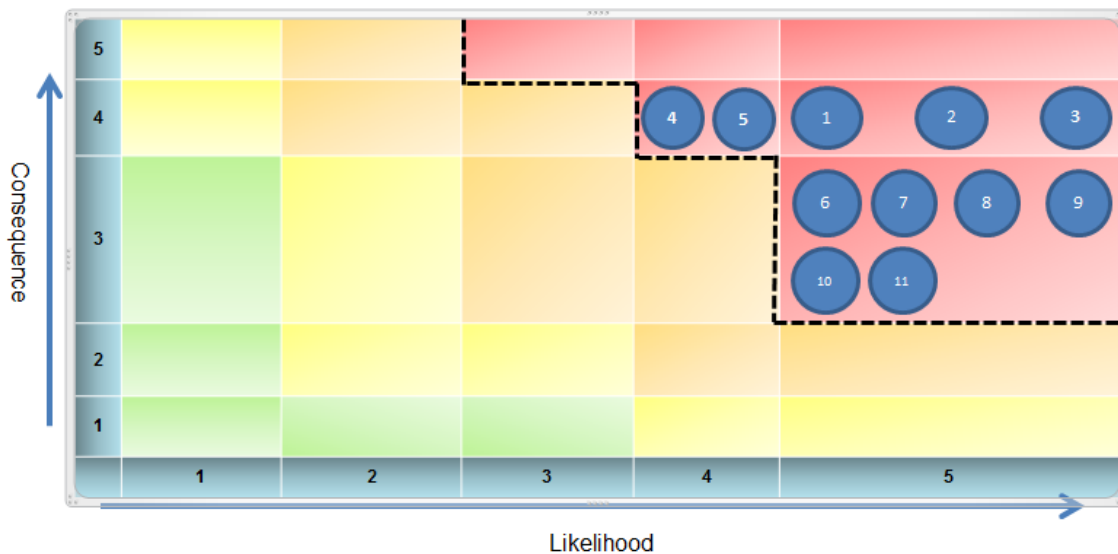
							oncology, surgery, and a number of outpatient services recovery has not been realised. Work continues to closely monitor targets, escalate delays, and analyse breaches to identify learning. A new recovery plan will be considered taking into account new actions and a plan to bring the performance back within target.	
8184	Inability to meet the set Numerators in the falls CQUIN	The trust has not met the requirements in quarter one for the set numerators of the national falls CQUIN. The numerators are not necessarily embedded practice within the organisation, in the detail that is required to meet the criteria for achievement within the CQUIN. Success requires 80% achievement in a sample of 100 patients randomly selected in all three numerators. This is worth around £1,000,000 worth of CQUIN money.	15	<ol style="list-style-type: none"> 1) Email sent to all ward managers to remind them that patients over 65 require lying and standing BP. 2) Task and finish group set up with key stakeholders to influence practice. 3) Targeted support to wards via falls specialist nurse which are non-compliant with the set numerators. 4) CQUIN standards communicated out to staff via message of the day 5) Standards identified in the CQUIN added to the ward managers monthly falls audit. This is now embedded as business as usual. 	1 action on-going	05/02/2020	<p>Update 05/02/2020 - Improvements have been made in the lying and standing blood pressure checks but CQUIN results not achieved this quarter. Reminder stickers on all assessments areas to improve visibility and checks.</p>	

Changes to the report since the last report in January:

1. A new column has now been added to give an update directly from the risk handler on what has changed since the last report; this is to provide more assurance on the management of the risk.

Table 2: CRR Risk Heat map

2. Risks in Blue all score over (15)



Risks recommended for inclusion on the (CRR) since the last Quality Committee in January.

No	Risk	Title	Score at escalation	Added to Corporate Risk Register?
1	8257	Loss of Blood Transfusion Service	15	Pending approval
2	8273	Critical Care Resident Medical Doctor to Patient Ratios are Insufficient	15	Pending approval
3	8259	Failure to meet infection control audit standards, financial implications and Care Act requirements at Rainhall	15	Pending approval

These risks will be escalated to the executive briefing on the 18/02/2020.

- a) **8257** – This risk was escalated to RAM on the 14/02/2020 but it was agreed to escalate to the executive committee for approval onto the corporate register. The

risk is having sufficient blood supply during an evacuation/emergency, options were discussed during the RAM but appropriate escalation was needed to executives.

- b) **8273** - This risk was escalated to RAM on the 14/02/2020 but it was agreed to escalate to the executive committee for approval onto the corporate register. Current guidelines for doctor to patient ratio have changed from 1 doctor to 12 patients to 1 doctor to 8 patients. This risk details the concern of not meeting the standards on junior doctor health and well-being, sickness absence, retention, recruitment and patient safety.
- c) **8259**- This risk was escalated to RAM on the 14/02/2020 but it was agreed to escalate to the executive committee for approval onto the corporate register. The risk was raised due to issues at this clinic, such as infection prevention risks and Health & safety risks. The risk will be brought to execs for escalation 25/02/2020.

Corporate Risk Register

- 3. This has been updated with the latest information following the RAM meeting on the 14th February. Outstanding actions have been chased with the relevant handler and controls have been reviewed. There are 11 risks on the CRR.

Conclusion

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

TRUST BOARD REPORT

11 March 2020

Item **36**

Purpose Assurance
Approval

Title	Board Assurance Framework (BAF) Review
Authors	Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary Miss K Ingham, Corporate Governance Manager/ Assistant Company Secretary

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 January 2020 Trust Board meeting.

The Finance and Performance Committee and Quality Committee received the BAF at their meetings on 24 and 26 February 2020 respectively. As per discussions at the last Board and at the Committee meetings, the BAF has been revised to show actions more in real time rather than retrospectively. The cover report has been reviewed to show the changes in the number of key controls, sources of assurance and any gaps. The cover report sets out all the updates with completion dates. All new items added are indicated in green on the attached spreadsheet and any out of date information has been removed.

Recommendation: Members are asked to discuss the content and agree the Committees' recommendations to the Trust Board and comment on the new format of the report.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Finance & Performance Committee (24th February), Quality Committee (26th February).

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 real 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.

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.

5. It is proposed that the risk score remains at **16** (likelihood **4** x consequence **4**),
6. Key controls have been updated and 1 new control has been added.
7. Internal sources of assurance have been reviewed and 5 new sources have been added, 1 of which has been moved from the 'actions' section of Risk 5.
8. 2 new sources of external sources of assurance have been added.
9. The 'gaps in control' section has been updated and 1 new item has been added.
10. Actions have been updated and the dates for completion clearly set out:
 - a) Operational planning for 2020/21 now underway and will be completed in April 2020. This will set the transformation and improvement plan for 2020/21 from which resources to support delivery can be aligned. Due for completion at end of April 2020.

- b) Establishment of an Improvement Practice Development Plan for 2020/21 currently underway. Due for completion at the end of March 2020.
- c) There will be a re-focus on delivery and impact via the Executive Visibility Board which will improve assurance to Trust Board sub-committees. Due for completion by end of April 2020.
- d) Continued alignment of improvement approach for the Trust. Due for completion by the end of Q1 2020/21 (June 2020).

Risk 2: Recruitment and workforce planning fail to deliver the Trust objectives

- 11. It is proposed that the **risk score remains at 20** (likelihood **5 x** consequence **4**).
- 12. The key controls section has been updated and 1 new control has been added.
- 13. Gaps in assurance have been revised and 9 internal sources of assurance have been added, 7 of which have been moved from the 'actions' column.
- 14. Actions and updates have been updated to include the following:
 - a) In addition 2 nurses have been recruited from St Vincent and are expected to commence in the Trust in March 2020. 2 out of 38 nursing posts via the Global Learners Programme are due to be filled by end of March 2020.
 - b) Equality and Inclusion Strategy developed and will be presented to the Operational Delivery Board (ODB) on 31 March 2020. Due date end of March 2020.
 - c) Development of Inclusion Strategy for presentation to ODB on 31 March 2020. Due date end of March 2020.
 - d) Recruitment and selection for a cohort of Nursing Associates is currently taking place. Plans for training to commence in March 2020. Due for completion end of March 2020.
 - e) Establishment of a Care Academy for Pennine Lancashire to secure a talent pipeline locally to be commenced March 2020. Due date end of March 2020.
 - f) Annual Festival of Inclusion planned for May 2020. Due date end of May 2020.
 - g) Recruitment and Retention Strategy is being developed for presentation to the ODB in June 2020. Due date end of June 2020.
 - h) An Integrated Care Partnership (ICP) workforce strategy has been developed and we are in the process of re-focusing the workforce transformation group. We are working with ICP partners to undertake systematic and integrated workforce transformation linked to the early adopters in PCN areas. An Integrated Care System (ICS) wide mobility agreement to assist with the movement of staff across

the region. A Recruitment and Retention Strategy is being developed to underpin a system wide approach to recruitment. Due for completion June 2020.

- i) 160 Health Care Assistant (HCA) applicants being processed following recent campaign and are currently in pre-employment stages with envisaged start dates in Q1/Q2 2020/21. New HCA recruits in pre-employment check stage, due to start in Q1/Q2 2020/21.
- j) Work is also being undertaken to develop a cohort of Apprentice Nurses who will commence in post in September 2020. Due for completion September 2020.

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.

- 15. The **risk score remains 12** (likelihood 3 x consequence 4).
- 16. Key controls have been updated and 1 new control has been added.
- 17. The 'internal sources of assurance' section has been updated and 2 new sources of assurance have been added.
- 18. Internal/external sources of assurance have been updated and 5 new sources have been added, 2 of which have been moved from the 'actions' section.
- 19. The 'gaps in control' section has been updated and 1 new item has been added.
- 20. Actions and updates have been updated to include the following:
 - a) Following publication of 2020/21 Operational Planning Guidance one year plan needs to be developed at a system wide level. Due for completion 29 April 2020 when the plan will be submitted to the ICS.

Risk 4: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework

- 21. The **risk score remains at 20** (likelihood 5 x consequence 4).
- 22. The key controls section has been updated and 2 new controls have been added.
- 23. The internal sources of assurance have been updated and 5 new sources have been added, 2 of which have been moved from the 'Actions' section.
- 24. External sources have been updated with 1 new item which has been moved from the 'actions' section.
- 25. The 'gaps in assurance' section has been updated and 1 item has been added.
- 26. The list of actions planned have been updated with the following items:

- a) Contract negotiations with CCG. Deadline for signing due 27 March 2020.
- b) Risks in relation to the impact of the changes to CQUIN to the end of 2019/20 are being managed and reported to the Quality Committee in the next reporting cycle. Due date 29 April 2020.
- c) Revised Accountability Framework to be agreed. Due date end of April 2020.
- d) Financial Improvement Target (FIT) negotiations with ICS and NHSI/E are ongoing. The deadline for providers to agree their FITs is 29 April 2020.
- e) Quality Improvement (QI) established Resources Committee to improve the business case process with CCGs - planned for Q1 2020/21. Due date June 2020.

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

27. The **risk score** remains at **16** (likelihood **4** x consequences **4**).
28. Key controls have been updated and 1 new item has been added.
29. Internal sources of assurance have been revised and 9 new items have been added, 5 of which have been moved from the 'actions' section.
30. Gaps in control have been revised and 1 new item has been added.
31. The actions have been updated to include the following items:
 - a) Nursing Assessment and Performance Framework (NAPF) assessments are continuing. 14 Silver Accreditations of wards approved by the Trust Board, with a further 2 to be presented to the Trust Board in March for approval. Due date 11 March 2020.
 - b) Endoscopy:
 - Utilised insourcing
 - Undertaking demand and capacity to understand pressure and workforce requirements
 - Action plan completed with trajectories for improvement. Work ongoing around improvement.
 - Monitored through Senior Management Team (SMT) and ODB. Next reporting due 31 March 2020.
 - c) Refocused efforts across clinical teams and system partners to reduce long length of Stay (LoS) patients and Delayed Transfers of Care (DTCOC). Monitored at the Senior Management Team meetings, ODB and the Effective Flow Board. Next report due 31 March 2020.

- d) Referral to Treatment (RTT) and Holding Lists – Key Performance Indicators (KPI) dashboard for elective activity was developed and rolled out for all directorates and is reviewed at weekly operational meetings. Updates are provided via the Finance & Performance and Quality Committees. Due for reporting 25 March 2020 and 29 April 2020.
- e) PLACE assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee. Due for completion Q1 2020/21.
- f) Redesign of the Acute Mental Health Pathway - New pathways in place and discussions are ongoing about mental health pod - an A&E Delivery Board workshop focused on mental health arranged for 01 April 2020. Due for completion 01 April 2020.
- g) Histopathology - Gynaecology reporting is being supported by University Hospitals Morecambe Bay (UHMB) since November 2019. Continued use of outsourcing and recruitment plan actioned to attract additional consultants (locum in post January 2020, substantive Consultant expected in post by end of April 2020). Due to be resolved by end of April 2020.
- h) Cancer and 18 weeks - Additional activity being provided by an insourcing company, across oral surgery, general surgery, endoscopy for 8 weeks - commenced 25 January 2020. Insourcing due to end of March 2020. Report due at Quality Committee on 29 April 2020.
- i) Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2020/21. Due for completion end of June 2020.
- j) Expected opening of new Acute Medical Unit in winter 2020/21 - Due for completion December 2020

Angela Bosnjak-Szekeres, Director of Corporate Governance and Kea Ingham, Corporate Governance Manager.

Reference Number: BAF/01
Responsible Director(s): Director of Finance and Medical Director
Aligned to Strategic Objectives: 1, 2, 3 and 4.
Strategic Risk: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
Consequences of the Risk Materialising: 1. Ability to deliver against the constitutional standards and organisational delivery would be adversely affected 2. Inability to provide financial assurance to the Board 3. Reduced ability to integrate primary and secondary care 4. Reduced ability to have the right workforce planning 5. Reduced ability to achieve access and operational standards 6. Reduced ability to improve quality standards

Key Controls <i>What controls/ systems, we have in place to assist in securing delivery of our objective.</i>	Potential Sources of Assurance <i>Where we can gain evidence that our controls/systems on which we are place reliance, are effective</i>	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19		2019/20	
						Q4	Q1	Q2	Q3
<p>We have developed the 2019/20 plan for the Trust in conjunction with the Pennine Lancashire ICP partners to achieve a single plan for the ICP. This focusses on delivering our quadruple aim of balancing quality with delivery/performance, finances and impact of change on people (patients, staff or the public).</p> <p>Participation in the five year planning process as an ICP in autumn 2019 and Operational Planning round in 2020/21 will act as the basis for agreement of transformation and improvement priorities for 2020/21. This will bring CCG, ICP and Trust priorities together. From this the Trust plan for 2020/21 will be agreed.</p> <p>The Trust has invested in an Improvement Practice team who will work with transformation and quality improvement teams across Pennine Lancashire and the Trust to lead, facilitate and deliver improvement in line with the agreed priorities from the planning round. The programme also aligns the improvement methodologies utilised across the Trust and wider-ICP to ensure consistency of approach.</p> <p>The ELHT programme is monitored through the Improvement Practice Office who report to the Operational Delivery Board, Finance and Performance Committee, Quality Committee and the Executives through the Executive leadership wall.</p> <p>The Quality Improvement programme is monitored through Divisional Clinical Effectiveness committees. A QI register details the projects by Division and Harm (if applicable). Contained within the Quality Improvement programme is the Harm Free Care programme which includes Falls, Deteriorating Patient, Medication errors, Pressure Ulcers, Infection Prevention.</p> <p>Divisional improvement is monitored through the Divisional Governance structures.</p>	<p>Internal Assurances The Trust planning process has been designed to enable the identification of a single set of improvement and transformation priorities for the Trust in conjunction with ICP Partners. The priorities identified are aligned to the Trust's Clinical Strategy, the ICP priorities as outlined in the Pennine Plan, to key ICS priorities and to the NHS Long-Term Plan.</p> <p>The Trust has adopted and is implementing (and building capacity to undertake) improvement (incorporating quality improvement, transformation/service development and improvement) utilising a consistent improvement approach based on Lean. The Trust has invested in external expert advice and support via the NHS Improvement Vital Signs Programme to ensure improvement is delivered to a high standard.</p> <p>The Trust has invested in dedicated improvement capacity through the development of the Improvement Practice Team/Office and seeks, through the planning round, to align capacity across the organisation to the delivery of a single plan.</p> <p>Through alignment of priorities to the Improvement Practice Office there will be oversight of all improvement work.</p> <p>Operational and Executive oversight will be provided via: <ul style="list-style-type: none"> Executive Visibility Wall – reviewed by the Executive Team every two weeks Senior Management Team Meeting - weekly Operational Delivery Board - monthly </p> <p>Board assurance will be provided via reporting to: <ul style="list-style-type: none"> Finance and Performance Quality Committee Trust Board (information papers and minutes) </p> <p>The revised clinical divisional structure includes the community services and intermediate care division to ensure adequate leadership and capacity to support transformation and partnership working with the wider system.</p> <p>Work is currently ongoing to align the improvement approach of the Quality Improvement and Improvement Practice Office.</p> <p>Board receives regular Waste Reduction Programme (WRP) and transformation updates via the Integrated Performance Report. (MOVED FROM ACTIONS IN RISK 5)</p> <p>External Assurances System-wide reporting of improvement and transformation priorities in through the Healthier Pennine Lancashire Integrated Care Partnership.</p> <p>Work is on-going to align improvement approaches and deliver associated training to upskill across the ICP.</p> <p>There has been good participation by system partners in several system-agreed improvement events.</p> <p>There is ongoing alignment of improvement resources across the ICP including commissioning portfolios.</p> <p>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 Coordination Group, consisting of senior responsible officers and delivery leads, has been established to oversee delivery.</p>	16	10	16	4x4	20	20	16	16

Gaps in Control <i>Where we are failing to put controls/ systems in place. Where we are failing in making them effective.</i>	Gaps in Assurance <i>Where we are failing to gain evidence that our controls/ systems, on which we place reliance, are effective.</i>	Actions Planned / Update <i>Dates, notes on slippage or controls/assurance failing.</i>
<p>Capacity and resilience building in relation to improvement is in early phase</p> <p>Dependency on stakeholders to deliver key pieces of transformation</p> <p>Financial constraints</p> <p>Transformation priorities not yet fully aligned to appraisal and objective setting</p> <p>Capacity and time to release staff to attend training related to improvement in order to build improvement capability across the organisation.</p> <p>Linking between clinical effectiveness/quality improvement and the Improvement Office needs to be further developed</p>	<p>Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.</p> <p>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.</p> <p>Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.</p>	<p>Operational planning for 2020/21 now underway and will be completed in April 2020. This will set the transformation and improvement plan for 2020/21 from which resources to support delivery can be aligned. DUE FOR COMPLETION AT END OF APRIL 2020.</p> <p>Establishment of an Improvement Practice Development Plan for 2020/21 currently underway. DUE FOR COMPLETION AT END OF MARCH 2020.</p> <p>There will be a re-focus on delivery and impact via the Executive Visibility Board which will improve assurance to Trust Board sub-committees. DUE FOR COMPLETION BY END OF APRIL 2020.</p> <p>Continued alignment of improvement approach for the Trust. DUE FOR COMPLETION BY THE END OF Q1 2020/21.</p>

Reference Number: BAF/02									
Responsible Director(s): Director of HR and OD									
Aligned to Strategic Objectives: 2, 3 and 4.									
Strategic Risk: Recruitment and workforce planning fail to deliver the Trust objectives									
Consequences of the Risk Materialising:									
<ol style="list-style-type: none"> Gaps on rotas impacting adversely on ability to deliver safe, personal and effective care Negative impact on financial position through high use of agency staff Inability to staff escalation areas Inability to create an integrated workforce Unable to recruit a representative workforce Inability to release staff for training and appraisal 									
Key Controls <i>What controls/systems, we have in place to assist in securing delivery of our objective.</i>	Potential Sources of Assurance <i>Where we can gain evidence that our controls/systems on which we are place reliance, are effective</i>	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19	2019/20		
						Q4	Q1	Q2	Q3
<p>Workforce Transformation strategy in place and associated Divisional and Trust-wide plans monitored through the Workforce Solutions Group.</p> <p>Divisional Workforce Plans aligned to Business & Financial Plans through the planning process.</p> <p>Divisional Performance Meetings and Operational Delivery Board monitor on-going performance, actions and risks.</p> <p>Regular reports to Finance & Performance Committee on delivering the People Strategy.</p> <p>Trust Workforce Controls group in place to review all vacancies and support the Workforce Transformation strategy.</p> <p>One Workforce Planning Methodology across Pennine Lancashire</p> <p>Workforce planning at ICS level, e.g. Apprenticeships, recruitment and retention initiatives, collaborative medical banks and talent management.</p> <p>Pennine Lancashire Workforce Transformation Group.</p> <p>People Strategy aligned to deliver National ICS, ICP and Trust workforce objectives and is cognisant of the NHS Interim People Plan.</p> <p>Workforce Solutions Group meeting to target areas of concern.</p>	<p>Internal Assurances</p> <p>On-going monitoring of vacancies and bank/agency usage at Trust Operational Delivery Board (ODB) via Trust performance report. Performance measures, time limited focus groups with action plans, board and committee reports, regulatory and inspection agencies, stakeholders, internal audit.</p> <p>WRES action plan 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 Operational Delivery Board.</p> <p>Joint Medical and Non-Medical Agency Group in place. Dashboard giving overview of bank/agency usage presented to the Executive team meeting monthly. Additional scrutiny from a nursing perspective.</p> <p>Integrated Performance Report, Performance Assurance Framework, Workforce Dashboard reporting key performance indicators within division on a monthly basis, Details of these reported on a quarterly basis to the Finance & Performance committee.</p> <p>Lean Programme (Vital Signs) overall linking into workforce transformation. <i>Vital Signs improvement programme is underway to improve employee experience from recruitment through to them leaving the organisation. Improvement priorities are now being identified as part of the delivery of the People Strategy, working to embed in culture work. (MOVED FROM ACTIONS).</i></p> <p>Implementation of Allocate rostering/ publication dates for rosters.</p> <p>Completion rates of the annual staff survey and low rates of turnover, uptake of flu vaccine across the workforce.</p> <p><i>Workforce dashboard developed and showing on Power BI (Business Intelligence System).</i></p> <p>Implementation of new absence management process to support staff attendance and to mitigate need for use of bank and agency.</p> <p>A Senior Medical Staffing Performance Review Group established - responsibility for reviewing all consultant job plans, consultant vacancies etc. adding further rigor on our appropriate use of resource. Workforce Solutions Board now aligned to deliver Trust Business Plan & Clinical Strategy.</p> <p><i>Revised appraisal process linked to talent management and succession planning.</i></p> <p><i>E&D Action Plan updated. (MOVED FROM ACTIONS)</i></p> <p><i>Culture and Leadership Programme 12 month delivery plan ongoing. (MOVED FROM ACTIONS).</i></p> <p><i>The new Equality and Inclusion Group has been established to consider the wider diversity agenda. Four staff networks have been agreed to be established (BME, LGBTQ, Mental Health and Disability) (MOVED FROM ACTIONS).</i></p> <p><i>Shadow Board completed its run, with participants being offered Talent Conversations. (MOVED FROM ACTIONS).</i></p> <p><i>Reverse mentoring scheme commenced and will be a perpetual scheme. (MOVED FROM ACTIONS).</i></p> <p><i>HEE funding secured to develop clear clinical leadership for workforce transformation through the WRAPT process. Training carried out during 2019 and future funding has been agreed for next year. 2 Workforce Repository and Planning Tool (WRAPT) planning projects are underway across the organisation and are supporting several ongoing projects. (MOVED FROM ACTIONS).</i></p> <p>External Assurances</p> <p>Friends and family test (further detail in BAF risk 5)</p> <p>Benchmarking of agency spend is available through the Model Hospital data.</p> <p>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 LWAB (Local Workforce Action Board) - looking at nurse recruitment across the whole system.</p> <p>Joint work taking place across the ICS to consider implications and options to mitigate the impact on pensions. The Trust has agreed a range of measures with ICS colleagues to help address the pensions challenges along with implementation of NHSE's interim solution for financial year 2019/20. Pensions link to Finance and Performance 'Gaps in Assurance'.</p> <p>Broader equality and diversity group and a better understanding of workforce demographics in relation to the over 55 workforce.</p> <p>Establishment of Pennine Lancashire Workforce Group.</p>	16	10	20	5 x 4	20	20	20	20

Gaps in Control <i>Where we are failing to put controls/systems in place. Where we are failing in making them effective.</i>	Gaps in Assurance <i>Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.</i>	Actions Planned / Update <i>Dates, notes on slippage or controls/assurance failing.</i>
<p>National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions. Reduction of CPD monies from HEE (could be off-set by the apprenticeship levy). Varying incentive schemes/packages across provider sector.</p> <p>Implications of Brexit on the workforce - uncertainty/ workforce are yet to be determined.</p> <p>Integrated workforce assurance group</p> <p>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.</p>	<p>Inability to control external factors (Brexit, visas etc).</p> <p>Awaiting national approach for long term solution to pension issue.</p> <p>Regulators stance on safe staffing and substitution of roles in place of registered workforce.</p> <p>Lack of data/intelligence regarding the number of nurses and clinical staff in the 55+ age category and the related risk of 'brain drain' in the coming years. Work has been done by ICS across the system but it does not contain the level of detail needed for each Trust. Efforts need to be made to understand and refine the workforce data in order to address the issues in the Trust.</p>	<p>38 nurses have been sourced via the Global Learners Programme and are due to commence in post, 30 of these nurses have received their NMC PIN number, 8 are in the process of undertaking the required language testing. In addition 2 nurses have been recruited from St Vincent and are expected to commence in the Trust in March 2020. 2 OUT OF 38 NURSING POSTS VIA THE GLOBAL LEARNERS PROGRAMME ARE DUE TO BE FILLED BY END OF MARCH 2020.</p> <p>Equality and Inclusion Strategy developed and will be presented to the ODB on 31 March 2020. DUE DATE END OF MARCH 2020.</p> <p>Development of Inclusion Strategy for presentation to Operational Delivery Board (ODB) on 31 March 2020. DUE DATE END OF MARCH 2020.</p> <p>Recruitment and selection for a cohort of Nursing Associates is currently taking place with a view to them commencing training in March 2020. DUE FOR COMPLETION MARCH 2020.</p> <p>Establishment of a Care Academy for Pennine Lancashire to secure a talent pipeline locally to be commenced March 2020. DUE DATE END OF MARCH 2020.</p> <p>Annual Festival of Inclusion planned for May 2020. DUE DATE END OF MAY 2020.</p> <p>Recruitment and Retention Strategy is being developed for presentation to the ODB in June 2020. DUE DATE END OF JUNE 2020.</p> <p>An ICP workforce strategy has been developed and we are in the process of re-focusing the workforce transformation group. We are working with ICP partners to undertake systematic and integrated workforce transformation linked to the early adopters in PCN areas. An ICS wide mobility agreement to assist with the movement of staff across the region. A Recruitment and Retention Strategy is being developed to underpin a system wide approach to recruitment. DUE FOR COMPLETION JUNE 2020.</p> <p>HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 160 HCA applicants being processed following recent campaign and are currently in pre-employment stages with envisaged start dates in Q1/Q2 2020/21. NEW HCA RECRUITS IN PRE-EMPLOYMENT CHECK STAGE, DUE TO START IN Q1/Q2 2020/21.</p> <p>Work is also being undertaken to develop a cohort of Apprentice Nurses who will commence in post in September 2020. DUE FOR COMPLETION SEPTEMBER 2020.</p>

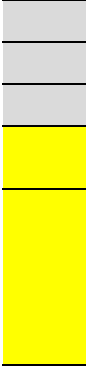
Reference Number: BAF/03
Responsible Director(s): Chief Executive, Director of Finance, Director of Service Development and Medical Director
Aligned to Strategic Objectives: 3 and 4
Strategic Risk: Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for 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.
Consequences of the Risk Materialising: 1. Failure to engage leadership and wider stakeholder groups 2. Failure to secure key services for Pennine Lancashire. 3. Failure to maximise our potential as a provider of key specialist services (Stroke etc.) across the ICS footprint. 4. Delay in the speed of implementing integrated solutions and planning public engagement due to less effective partnerships. 5. Capability and capacity to deliver their component of the partnership working and deliver their own statutory obligations could cause a transfer of risks from partners to the Trust.

Key Controls <i>What controls/systems, we have in place to assist in securing delivery of our objective.</i>	Potential Sources of Assurance <i>Where we can gain evidence that our controls/systems on which we are place reliance, are effective</i>	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score			
						2018/19	2019/20		
						Q4	Q1	Q2	Q3
<p>Pennine Lancashire System Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decisions on key actions.</p> <p>Number of senior clinicians involved with ICS work groups. Professional Leadership Committee (PLC) has ELHT representation.</p> <p>ICS Finance Group and ICP Finance and Investment Group with ELHT senior representation .</p> <p>The ELHT Accountable Officer is the senior responsible officer (SRO) for the Pennine Lancashire Transformation Programme, sits on the System Leaders Forum and on the Integrated Care System for Lancashire and South Cumbria (ICS) Programme Board.</p> <p>The Trust's Strategic Clinical Lead is currently the professional lead for the Pennine Lancashire ICP.</p> <p>Vital Signs Programme ensures the ICP as a system is having a significant participation as part of the transformation programme. Improvement and transformation programmes reviewed by ICP teams during October 2019.</p>	<p>Internal Assurances 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. Regular updates provided to the Audit Committee. Standing agenda item at Executive meetings.</p> <p>Potential gains in strengthened reputation with regulators and across the ICS footprint with regular reporting to the Board via the Finance and Performance Committee on progress, milestones and risks linked to the gateway process.</p> <p>Mitigation in place for creating single teams across the system, e.g. 'one workforce' with timelines for implementation. Progress covered under BAF risk 2.</p> <p>First draft of the ICP Five Year Plan has been submitted to the ICS. Five Year Pipeline to be included within the Trust's refreshed Clinical Strategy in 2020.</p> <p>Community Integrated Board established to discuss models of care. Senior representation from the Trust were at the meeting and positive feedback was received. - MOVED FROM ACTIONS.</p> <p>Call to action by senior clinicians regarding the ownership by medical staff on the financial position of the Trust. An action plan has been agreed including the Trust and local GP's and will be launched by Trust and CCG Accountable Officers.</p> <p>Action plans developed to reduce the number of face to face outpatient appointments in line with the NHS Long Term Plan.</p> <p>Internal/External Assurances The Pennine Lancashire and ICS Cases for Change have been published.</p> <p>Community Integrated Board established to discuss models of care. Senior representation from the Trust was at the meeting and positive feedback was received.</p> <p>Fostering good relationships with GP practices through Primary Care Network development and wider out of hospital working.</p> <p>Pennine Lancashire ICP MoU agreed by stakeholders workplan in place after Tripartite Board session. Revised governance and delivery standards. Programme Boards established with good ELHT representation.</p> <p>ELHT hosting the Providers Programme Director for the ICS Provider Board who reports to the Chief Executive of ELHT. Director of Service Development leading on the construction of the work programme with the Directors of Strategy from all the providers. Component business cases at Pennine Lancashire level forming a draft overarching ICP plan. Plan on a page for the ICP, connecting to the Plan on a page for ELHT completed and shared with the Commissioners. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire ICP Programme. Cultural development programme for system level leadership established with involvement of all senior leaders across the ICP.</p> <p>ICS architecture on clinical services is developing (eg 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. (MOVED FROM ACTIONS). At ICS level all providers met to formulate work programme - 3 categories of services agreed a) services that are fragile now b) services where there is no immediate risk but possible in the not too distant future c) services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed. Prioritisation of diagnostics, pathology and cancer work streams agreed. Developed work programme discussed by the Provider Board at ICS level. and work on developing future configuration continues, no timelines for completion set at this stage. Revised set of governance arrangements in place. (MOVED FROM ACTIONS).</p> <p>Clinical leadership through the Professional Leadership Committee (PLC) at Pennine Lancashire ICP level giving consistent message about the importance of working as a system. Strengthening the relationship with primary care networks' leadership. Associate Medical Director for Service Improvement appointed, increasing our capacity for clinical leadership in relation to service improvements.</p> <p>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.</p> <p>System wide approach to 2020/21 Operational Plan including demand and capacity analysis.</p> <p>Pennine Lancashire ICP Programme Co-Ordination Group is the engine/delivery room for the ICP. The group has been given delegated authority from the Pennine Lancashire Leaders' Forum and the planning process is driven through this group. The Pennine Lancashire system planning reports into the ICP Programme Co-Ordination Group. Executive Director of Service Development is the Co-Chair.</p> <p>Joint accountable officer for CCG's is in post and joint executive team in place. Creation of single teams to deliver the transformation agenda at ICP system level. Priorities of the individual organisations and those of the system aligned/agreed.</p> <p>Underpinning governance of the ICS Provider Board recently reviewed with a view to expedite decision making for improved provider collaboration.</p>	16	12	12	3x4	12	12	12	12

Gaps in Control <i>Where we are failing to put controls/systems in place.</i> <i>Where we are failing in making them effective.</i>	Gaps in Assurance <i>Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.</i>	Actions Planned / Update <i>Dates, notes on slippage or controls/assurance failing.</i>
<p>There is a need for consistent leadership across the system. in order to ensure that we continue prioritising in line with system affordability.</p> <p>Building trust and confidence and agreeing collaborative approaches to service provision .</p> <p>Point being reached relating to ICS workstreams (e.g. Head and Neck services) where dependent on scoring implications there may be an impact on priorities and risks to the Trust.</p> <p>Case for Early Supported Discharge (EDS) for stroke services, this is critical to the work the Trust is doing to develop a Hyper Acute Stroke service. Funding will be available in the new financial year (2020/21). Agreement reached with Lancashire and South Cumbria Care NHS Foundation Trust (LSCFT).</p> <p>Lack of clarity regarding the investment priorities across the ICP have the potential to destabilise acute services.</p>	<p>Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.</p> <p>Lack of unified approach in relation to procurement by Commissioners.</p> <p>Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.</p> <p>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.</p> <p>It is unclear what the impact of the changes in senior leadership in partner organisations will be.</p> <p>Understanding what is happening to providers with regard to financial milestones in the ICS.</p> <p>Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.</p>	<p>Good co-production on developing clinical model across the ICS for CAMHS services was presented to the Commissioners. Clinical model accepted, A timetable has been produced, presented to local commissioners and approved by them (1 year plan). Milestones have been developed and a financial exercise has been undertaken to determine the resources required to implement the new model. The Director of Service Development has led discussions with other providers of CAMHS services, including 16-19 services about potential future configurations and alliance.</p> <p>The plans for the submission of the ICS Five Year Plan were presented to and discussed with the Board in September 2019. The draft plan was submitted on 27 September and was well represented at ELHT and ICP level. The final version of the ICP Five Year plan was submitted. Following publication of 2020/21 Operational Planning Guidance this one year plan needs to be developed at a system wide level. DUE FOR COMPLETION 29 APRIL 2020 WHEN PLAN SUBMITTED TO THE ICS.</p>

Reference Number: BAF/04
Responsible Director(s): Director of Finance
Aligned to Strategic Objectives: 3 and 4.
Strategic Risk: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework
Consequences of the Risk Materialising: 1. Inability to invest and maintain the estate 2. Potential negative impact on safety and quality/increased risk of harm 3. Financial Special Measures 4. Inability to pay suppliers/supply disruption 5. Increased cost of borrowing

Key Controls <i>What controls/systems, we have in place to assist in securing delivery of our objective.</i>	Potential Sources of Assurance <i>Where we can gain evidence that our controls/systems on which we are place reliance, are effective</i>	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score		
						2018/19	2019/20	
						Q4	Q1	Q2
<p>Budgetary controls (income & expenditure) in place including virement authorisation, workforce control and variance analysis.</p> <p>Measures to mitigate financial risk overseen by Finance and Performance Committee.</p> <p>Additional financial controls implemented in September 2019 to address significant financial variances for 2019/20.</p> <p>Financial Assurance Board in operation, which reviews the financial position, making recommendations for improvement.</p> <p>All areas are completing a Financial Recovery Plan to reduce the current overspending position in 2019-20 and to develop efficiency plans for 2020-21. Financial Recovery plans oversight is through the FAB and F&P.</p> <p>A number of additional non-pay controls introduced and stopped spending in a number of areas for the remainder of the financial year. The accountability framework is currently being reviewed to strengthen financial management as well as quality, delivery and workforce with a view to implementation in April 2020.</p>	<p>Internal Assurances Monthly reporting to Finance and Performance reports and the Board to reflect financial position.</p> <p>Financial objective included in individual appraisals. Setting of financial objectives in senior management appraisals. Budget setting Financial Forecasts Briefings on risk Pipeline of schemes to reduce cost.</p> <p>Use of data sources (e.g. Model hospital and PLICS data) to drive improvement and mitigate deterioration. Evidencing the routine use of benchmarking data to drive positive change.</p> <p>Alignment and involvement in all ICS collaborative working opportunities including agency group, pathology etc.</p> <p>Introduction of a number of additional non-pay controls, stops on spending in a number of areas for the remainder of the financial year. Currently reviewing the accountability framework to strengthen financial management as well as quality, delivery and workforce with a view to implementation in April 2020.</p> <p>The monthly Finance Assurance Board (FAB) chaired by the Chief Executive., attended by Executive, Divisional Management Teams and Finance colleagues to review and discuss the financial position, forecast and Waste Reduction Programme (WRP) performance.</p> <p>Financial Recovery Plan agreed at the end of February 2020 for 2020/21 and year end.</p> <p>Regular monthly updates to Board and Finance and Performance Committee. (MOVED FROM ACTIONS).</p> <p>Actions and risk relating to the achievement of 'incentivised funding' (e.g. Provider Sustainability Funding) will be routinely reviewed . (MOVED FROM ACTIONS).</p> <p>External Assurances External audit view on value for money.</p> <p>Model Hospital benchmarking (including cost per Weighted Activity Unit).</p> <p>ICS Led Theatre Productivity analysis.</p> <p>GIRFT Programme</p> <p>Shared Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) group established with the CCGs. (MOVED FROM ACTIONS)</p>	16	12	20	5x4	20	20	20



	Gaps in Control <i>Where we are failing to put controls/systems in place. Where we are failing in making them effective.</i>	Gaps in Assurance <i>Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.</i>	Actions Planned / Update <i>Dates, notes on slippage or controls/assurance failing.</i>
Q3			
20	<p>Additional workforce controls to remain in place. Policies and procedures may require amendments where they are no longer fit for purpose.</p> <p>Controls around transformation schemes and WRP to be monitored by the FAB and the Finance Department with Divisions to be held to account via the FAB.</p> <p>Lack of standardisation in applying rostering controls.</p> <p>Weaknesses in discretionary non-pay spend.</p> <p>Deterioration in the underlying financial position requiring additional transformation schemes in 2019/20. WRP's being delivered non-recurrently.</p> <p>Officers operating outside the scheme of delegation.</p> <p>Inadequate funding assumptions applied by external bodies (pay awards).</p> <p>Hidden costs of additional regulatory requirements - highlighted with NHSI.</p> <p>Cost shunting of public sector partners increasingly managed through ICS and ICP.</p> <p>Failure to meet Provider Sustainability Fund requirements both as a Trust and an ICS.</p> <p>Agency and locum sign off with escalation of cost.</p> <p>Significant external pressures which may intensify internal financial pressure.</p>	<p>Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.</p> <p>Lack of unified approach in relation to procurement by Commissioners.</p> <p>Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.</p> <p>Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.</p> <p>It is unclear what the impact of the changes in senior leadership in partner organisations will be.</p> <p>Understanding what is happening to providers with regard to financial milestones in the ICS.</p> <p>Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.</p> <p>Impact of operational one year guidance and plan to achieve one year Financial Improvement Target (FIT).</p>	<p>Contract negotiations with CCG. DEADLINE FOR SIGNING DUE 27 MARCH 2020.</p> <p>Risks in relation to the impact of the changes to CQUIN to the end of 2019/20 are being managed and reported to the Quality Committee in the next reporting cycle. DUE DATE 29 APRIL 2020.</p> <p>Revised Accountability Framework to be agreed. DUE DATE END OF APRIL 2020.</p> <p>FIT negotiations with ICS/ NHSI/E ongoing. DEADLINE FOR PROVIDERS TO AGREE THEIR FITs is 29 APRIL 2020.</p> <p>Quality Improvement (QI) established Resources Committee to improve the business case process with CCG's - planned for Q1 2020/21. DUE DATE JUNE 2020.</p>

Reference Number: BAF/05
Responsible Director(s): Director of Operations, Director of Nursing and Medical Director
Aligned to Strategic Objectives: 1, 3 and 4.
Strategic Risk: 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.
Consequences of the Risk Materialising: 1. Poor patient experience. 2. Increased regulatory intervention, including the risk of being placed in special measures. 3. Risk to income if four hour standard is not met. 4. Risks to safety. 5. Risk of not being able to deliver seven day services.

Key Controls <i>What controls/systems, we have in place to assist in securing delivery of our objective.</i>	Potential Sources of Assurance <i>Where we can gain evidence that our controls/systems on which we are place reliance, are effective</i>	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score				Gaps in Control <i>Where we are failing to put controls/systems in place. Where we are failing in making them effective.</i>
						2019/20				
						Q4	Q1	Q2	Q3	
Weekly operational performance meeting covering RTT, holding lists and key operational indicators. Separate dedicated weekly cancer performance meetings. Fortnightly deep dive at the Executive team meetings.	Internal Assurances IPR reporting to the ODB and at Board/Committee level.	15	12	16	4x4	12	16	16	16	Restrictions in the supply of medical, nursing, midwifery and other staff groups to meet demand. Reference in BAF risk 2.
Engagement meetings with CQC in place monitoring performance against the CQC standards.	Regular deep dive into the IPR through Finance and Performance Committee including RTT, all cancer standards and the emergency care standards.									Risk of mental health providers not being able to ensure sufficient assessment and treatment capacity.
Quality and safety compliance assessed by each division and assurance through the Divisional Quality and Safety Boards (DQSB) reporting into the Quality Committee Sub-Committees.	ED performance and four hour improvement action plan aligned with the NHSI Rapid Improvement Collaborative and agreed by NHS England.									Restrictions in the primary care system to ensure sufficient capacity.
Divisional assurance boards feeding into the operational sub-committees and the Quality Committee.	Performance monitoring provided through the weekly operational meeting, Scheduled Care Board (Joint Board with CCG)									Insufficient capacity to deliver comprehensive seven day services across all areas.
Nursing Assessment Performance Framework reporting through to the Quality Committee and involvement of NEDs on the SPEC Panels. Board approval for the award of SPEC awards.	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.									Insufficient bed capacity to ensure there are no delays from decision to point of admission.
A&E Delivery Board with Emergency Care Pathway assurance feeding into it.	Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues.									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 which is affecting the Trust's ability to deliver against 18 week RTT and cancer targets.
System-wide Scheduled Care Board with elective pathway assurance feeding into it.	Rolling programme of assessments under the framework planned for all inpatient wards.									Histopathology pressures affecting cancer performance. Outsourcing in place but external firms are unable to deliver within the required timeframes.
Daily nurse staffing review using safe care/allocate Nursing and Midwifery.	Significant reduction in the number of complaints upheld by the Ombudsman. Comprehensive system for addressing complaints. Reduction on overall number of complaints, 50+ and 40+ days continues with regular reporting at operational and Board level.									Endoscopy - increase in referrals combined with workforce vacancies and pension issues are affecting time for patients to receive endoscopies, this is resulting in cancer and elective pathway delays.
Weekly Medical Staffing Review - Nursing and Midwifery staffing review feeding into the annual professional judgement review for all wards.	Quality Committee will oversee the CQC action plan. Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2020/21.									
Weekly operational flow meetings at 08.30, 12.30, 15.30, 18.00 and 19.30	Reduction in use of nursing agency staff continues. The Trust is also part of the ICS-wide agency staffing collaborative.									
Weekly ED / urgent care performance and improvement meeting.	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.									
Appointed Clinical Scheduled Care Lead (Deputy Medical Director) who will work with Clinical Leads to create and monitor improvement plans for the RTT and holding list positions.	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.									
Outpatient Improvement Group established in July. Focused on reducing face to face outpatient appointments to improve the RTT and holding list position.	Quality Walkrounds in all clinical areas.									
Fortnightly phone calls with the NHSI.	The Performance Assurance Framework.									
Improvement dashboard and breach analysis report developed and presented to the Executive team, this will continue on a regular basis.	Recovery plans in relation to the risks around some of the national trajectories addressed through the Emergency Care Pathway Transformation programme, Scheduled Care Programme, Cancer Improvement Action Plan and Outpatients Improvement Group. Regular monitoring by Executive Team and ODB.									
Refreshed the Trust's long length of stay process to provide increased scrutiny at Divisional level. Patients who have a length of stay in excess of 40 days are highlighted to the Divisional Triumvirate who will work to identify any management delays. Any patients with a length of stay in excess of 80 days are highlighted by the Divisional Triumvirate to the Executive Medical Director, Executive Director of Nursing and Director of Operations (the responsible Executive Triumvirate) who will undertake a review.	Weekly monitoring of complaints and reporting to the Patient Experience Committee and End of Life Care Group, focusing on reducing any 50+ day complaints (non currently in the system).									
The Trust has developed the Effective Flow Board to oversee a range of actions to improve patient flow and improve discharges before 1.00pm.	Staffing (nursing/midwifery) report to Quality Committee. NAPF - operational monitoring through the Nursing and Midwifery Leaders' Forum monthly, receiving assurance from the Assistant Director of Nursing and NAPF team and monitoring by matrons at ward level where they carry out mini-NAPFs on a weekly basis to keep up the improvement work and report to Quality Committee (every other meeting).									
Weekly IPR to Exec Team including RTT, Cancer, Holding Lists, DTOC, LOS etc.	Escalation area in the Victoria Wing at BGTH is now in place. ED senior nurse and substantive ED manager appointed to improve productivity and performance and patient experience.									
Established rolling programme of system wide 'perfect weeks' to improve flow and identify continuous improvement opportunities.	Directors of Operation aligned to each division to provide senior operational support and oversight. Perfect week held 04/1/19 - Informed the Winter Plan and a number of actions taken eg - Piloting , Phlebotomy, SNCD earlier in day, therefore results are received earlier for Ward Rounds to enable discharge earlier in the day. Further plan 13 January will focus in particular on same day emergency areas as well as acute assessment units and involve system partners									
	Older People Rapid Assessment (OPRA) Unit opened Emergency Surgery Unit opened on 28 December 2019 and fast flow medical ward (B20) is assisting patient flow and reducing medical outliers. Successful recruitment of 2 Consultant Histopathologists. One (a locum) is in place, the second (a substantive member of staff) will commence in post in April 2020. In addition the Trust had recruited one ENT Consultant, 1 Head and Neck Consultants and 1 Ophthalmology Consultant. Pending pre-employment checks are estimated to commence in post in April 2020. Significant improvement in DTOC position and LLOC since divisional ownership process put in place. Live Strep in place as of Wednesday 11 December 2019. (MOVED FROM ACTIONS). Complaints reviewed weekly by the Executive team. (MOVED FROM ACTIONS). Successfully opened Emergency Surgical Unit (ESU) and fast flow medical ward in December 2019. (MOVED FROM ACTIONS). Building works in ED - 7 additional cubicles now in place and has already had a positive impact on corridor care. (MOVED FROM ACTIONS). Trust's Lifecycle programme 2020/21 reviewed by divisions and signed off in February 2020. (MOVED FROM ACTIONS)									
	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'. Cancer Alliance commissioned a review of internal processes for cancer performance management and patient tracking. Highly commended with strong processes in place.									
	Internal / External Assurances System wide approach to Emergency Care Pathway, as part of monthly A&E Delivery Board supported operationally by the A&E Delivery Group. PLACE assessments - percentage improved in all areas and monitoring continues. Annual PLACE report presented to the Quality Committee for assurance. Nursing and Midwifery Leaders' Forum also monitor. Patient Experience Committee receives minutes of the PLACE Steering Group. NAPF Team also monitors environmental issues linking to PLACE Assessments. PLACE assessments for 2019/20 took place throughout the month of October 2019, with data expected to be published in Q4 of 2019/20. Positive responses to Friends and Family Test and patient surveys with improvement areas identified. Monitoring at ward level, local divisions prepare monthly patient experience action plans that feed into the Patient Experience Committee that reports to the Quality Committee. Monthly monitoring is provided by the Nursing and Midwifery Leaders' Forum. Positive response and results from the 2018 National Staff Survey. Inpatient survey 2018/19 results were presented to the Executive team by Quality Health.									

Gaps in Assurance <i>Where we are failing to gain evidence that our controls/systems, on which we place reliance, are effective.</i>	Actions Planned / Update <i>Dates, notes on slippage or controls/assurance failing.</i>
<p>Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.</p> <p>Lack of unified approach in relation to procurement by Commissioners.</p> <p>Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.</p> <p>Future role of NHSE/NHSI merged teams to be determined.</p> <p>Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.</p> <p>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.</p> <p>It is unclear what the impact of the changes in senior leadership in partner organisations will be.</p> <p>Understanding what is happening to providers with regard to financial milestones in the ICS.</p> <p>Costs associated with the ICP/ICS 5 year plan may have an effect on Trust finances.</p>	<p>Patient Participation Panel members will commence involvement in the Trust's Vital Signs programmes. DUE BY END OF JUNE 2020.</p> <p>Nursing Assessment and Performance Framework (NAPF) assessments are continuing. 14 Silver Accreditation of wards approved by the Trust Board, with a further two to be presented to the Trust Board in March for approval. DUE DATE 11 MARCH 2020.</p> <p>Further inspections planned for a number of wards awaiting third assessment following two green assessments.</p> <p>Work is planned within the NAPF team to develop the process to incorporate non-nursing areas, such as pharmacy and IHSS. Objective is for a 50% reduction in all red wards to be achieved by the end of March 2020. This has been achieved by 14 February 2020 as there is now only one ward area rated as red.</p> <p>Endoscopy:</p> <ul style="list-style-type: none"> • Utilised insourcing • Undertaking demand and capacity to understand pressure and workforce requirements • Action plan completed with trajectories for improvement. Work ongoing around improvement. • Monitored through Senior Management Team (SMT) and ODB. NEXT REPORTING DUE 31 MARCH 2020. <p>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. NEXT REPORT DUE 29 APRIL 2020.</p> <p>Refocused efforts across clinical teams and system partners to reduce long length of Stay (LoS) patients and Delayed Transfers of Care (DTCO). Monitored at the Senior Management Team meetings, ODB and the Effective Flow Board. NEXT REPORT DUE 31 MARCH 2020.</p> <p>RTT and Holding Lists - KPI dashboard for elective activity was developed and rolled out for all directorates and reviewed at weekly operational meetings. Updates are provided via the Finance & Performance and Quality Committees. DUE FOR REPORTING 25 MARCH 2020 and 29 APRIL 2020.</p> <p>PLACE assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee. DUE FOR COMPLETION Q1 2020/21.</p> <p>Redesign of the Acute Mental Health Pathway by LCFT is expected to be associated with improved crisis intervention services in the community. This is planned to allow the closure of the mental health decision units across Lancashire. Whilst the changes are welcomed in principle, ELHT have emphasised the need to see appropriate community services in place to support the changes, and are working closely with LCFT. Plans are also being developed for an enhanced mental health assessment unit co-located to the Emergency Department, staffed by Mental Health liaison teams. New pathways in place and discussions are ongoing about mental health pod - an A&E Delivery Board workshop focused on mental health arranged for 01 April 2020. DUE FOR COMPLETION 01 APRIL 2020.</p> <p>Histopathology - Gynaecology reporting is being supported by University Hospitals Morecambe Bay (UHMB) since November 2019. Continued use of outsourcing and recruitment plan actioned to attract additional consultants (locum in post January 2020, substantive Consultant expected in post by end of April 2020). DUE TO BE RESOLVED BY END OF APRIL 2020.</p> <p>Cancer and 18 weeks - Additional activity being provided by insourcing company, across oral surgery, general surgery, endoscopy for 8 weeks - commenced 25 January 2020. Insourcing due to end of March 2020. REPORT DUE AT QUALITY COMMITTEE 29 APRIL 2020.</p> <p>Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2020/21. DUE FOR COMPLETION END OF JUNE 2020.</p> <p>Expected opening of new Acute Medical Unit in winter 2020/21 - DUE FOR COMPLETION DECEMBER 2020</p>

TRUST BOARD REPORT

Item

37

11 March 2020

Purpose Information Assurance

Title

Serious Incidents Requiring Investigation Report

Author

Mrs J Hardacre, Assistant Director of Safety and Risk

Executive sponsor

Mr J Husain, Executive Medical Director

Summary: This report provides a summary of the Serious incidents Requiring Investigation report, a breakdown of Serious Incidents reported in December 2019 and January 2020 and an overview of the CCGs Quality Dashboard.

Recommendation: Members are asked to receive the report, note the contents and are asked to approve the recommendations.

Report linkages

Related strategic aim and corporate objective

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

Related to key risks identified on assurance framework

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

Impact

Legal	Yes	Financial	No
Equality	No	Confidentiality	Yes

Previously Considered by: Quality Committee (February 2020)

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Executive Summary

1. In December 2019 and January 2020 the Trust reported 46 serious incidents:
 - a) 27 to the Strategic Executive Information System (StEIS)
 - b) 19 to Divisional Serious Incident Review Group (DSIRG).
2. The top 3 incident categories (StEIS and DSIRG) in December 2019 and January 2020 are:
 - a) Pressure Ulcers (15)
 - b) Treatment problem / issue (6)
 - c) Diagnosis Failure / Problem (5)
3. All pressure ulcer investigations are monitored and assurance provided to the Pressure Ulcer Steering group reviewing themes and sharing continuous learning. Diagnosis failure and treatment problem categories are part of the quality improvement priority for Deteriorating Patient.
4. There has been 1 Never Event (wrong site surgery, low harm) which occurred in December 2019, this has been reported externally and an investigation is underway and due at Trust SIRI Panel in February 2020.
5. There have been no breaches of duty of candour for the months December 2019 and January 2020.
6. All rapid reviews were uploaded within the 72 hour target.
7. The Clinical Commissioner Group (CCG) dashboard provides assurance on improvements of investigations. There are currently 58 incidents open on StEIS:
 - a) There is one incident investigation (media interest) which is showing above 100 days overdue, this investigation has been completed by an external investigator to the Trust and the report will be presented at SIRI panel in February 2020.
8. The Trust has agreed to be an early adopted of the new Patient Safety Incident Response Framework (PSIRF) and a summary is provided in Part 4 of the report.

Part 1a: Overview of Serious Incidents (SIs) reported through Strategic Executive Information System (StEIS) from February 2018 to January 2020

9. There has been an increase in the number of Serious Incidents (SIs) reported to the CCG when comparing the figures year on year:
 - a) 99 SIs reported StEIS incidents 2018/19
 - b) 137 SIs reported StEIS incidents 2019/20 (increase of 38%)
10. The increase in reporting shows an open and transparent reporting culture from the Trust. It is important to state that the increase in this year's figures is partly due to the new reporting standards for Pressure Ulcers (since April 2019), a high number of these incidents are de-escalated by the CCG on completion of the investigation as they are deemed unavoidable.

Table 1: No of Serious Incidents De-escalated by CCG

Year	ELHT	Incidents De-escalated	% of Incidents De-escalated
Feb 18 to Jan 19	99	43	43%
Feb 19 to Jan 20	129	40*	31%

* There are still a number of incidents under investigations for this time period which may be deemed unavoidable once completed and de-escalated by CCG

11. The top three categories for incidents reported over the last 12 months account for (86) 62% of all incidents reported:
 - a) Pressure Ulcers (new and old codes) x 50 (36%)
 - b) Diagnosis failure / problem x 19 (14%)
 - c) Treatment problem / issue x 17 (12%)
12. All pressure ulcer investigations are monitored and assurance provided to the Pressure Ulcer Steering group reviewing themes and sharing continuous learning. Diagnosis failure and Treatment problem categories are part of the quality improvement priority for Deteriorating Patient. Quality improvement is focusing on the following areas:
 - a) Sepsis
 - b) Acute Kidney Injury
 - c) Early Warning Scores
 - d) Fluid Balance

13. Monthly Deteriorating Patient Steering Group reports to the Patient Safety and Risk Committee for monitoring and assurance.

Part 1b: Breakdown of serious incidents reported through Strategic Executive Information System (StEIS) reported in December 2019 and January 2020

14. There have been 27 serious incidents requiring investigation which have been reported through StEIS. This is an increase of 58% on the same time period last year when 17 incidents were reported. The main category that has seen an increase in reporting in the last 12 months is Pressure Ulcers and a thematic review was completed and present in Part 4 of Oct/Nov 2019 report.

Table 2: Breakdown of StEIS reported incidents by Category for October and November 2019

Incident Category	No. of Incidents	Sub Categories	Immediate action or Quality Improvement Group working to address issues raised
Treatment Problem/Issue	3	<ul style="list-style-type: none"> Condition deteriorated Delay in treatment Error in / poor administration of treatment 	Thematic review undertaken and monitoring of incidents over 4 months to see if improvements have been achieved
Diagnosis Failure/Problem	2	<ul style="list-style-type: none"> Failure to recognise complication of treatment Wrong, delayed or misdiagnosis of condition 	Thematic review undertaken and monitoring of incidents over 4 months to see if improvements have been achieved
Pressure Ulcers	13	<ul style="list-style-type: none"> Unstageable Category 3 Category 4 	Pressure Ulcer Steering Group
Slips, Trips and Falls	2	<ul style="list-style-type: none"> Fall on level Suspected/un-witnessed fall 	Falls Steering Group
Maternity/Obstetrics	3	<ul style="list-style-type: none"> Stillbirth 	Every baby counts national programme
Theatres	1	<ul style="list-style-type: none"> Wrong site surgery (Never Event) 	Immediate sharing of incident to strengthen the sign out to include the 'specific procedure' using the consent form. Learning to be incorporated into the Theatre Quality Improvement Programme
Medication	1	<ul style="list-style-type: none"> Omitted or delayed doses 	Ward pharmacist to check post-op medications Medication Management Group

Incident Category	No. of Incidents	Sub Categories	Immediate action or Quality Improvement Group working to address issues raised
Ill health	1	<ul style="list-style-type: none"> Deteriorating patient 	AIMS training and development of SOP. Audit to monitor if improvements have been made.
Diabetes related	1	<ul style="list-style-type: none"> Diabetes foot 	Incident has been de-escalated by CCG
Total Incidents	27		

15. The Trust performance against key performance indicators required against the National Serious Incident Framework.
- a) No incidents have breached duty of candour for the December 2019 and January 2020 time period (see table 3).
 - b) All serious incidents were reported within the required 2 working days of the trust being aware of the incident and confirming level of harm.

Table 3: Incidents Requiring Completion of Duty of candour (as of 13th February 2020)

2019	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Reported in month	17	12	15	11	19	17	10	15	12	23	25
Completed in 10 days	13	11	13	11	11	17	10	14	10	23	25
Breached	2	1	2	0	0	0	0	1	2	0	0

Part 2a: Overview of Divisional Serious Incident review group (DSIRG) from February 2018 to January 2020

16. There has been a slight increase in the number of Serious Incidents (SIs) requiring investigation by Divisions when comparing the figures year on year:
- a) 74 reported RCA incidents Feb 2018 to Jan 2019
 - b) 81 reported RCA incidents Feb 2019 to Jan 2020 (increase of 9%)
17. The top three categories for incidents requiring investigation by division over the last 12 months account for 39 (48%) of all incidents reported:
- a) Pressure Ulcers (new and old coding) (17) 21%

- b) Diagnosis failure/problem (11) 14%
- c) Treatment problem / issue (11) 14%

18. These are the same categories as the StEIS reported incidents.

Part 2b: Breakdown of Incidents reported to Divisional Serious Incident Reporting Groups (DSIRG) in December 2019 and January 2020

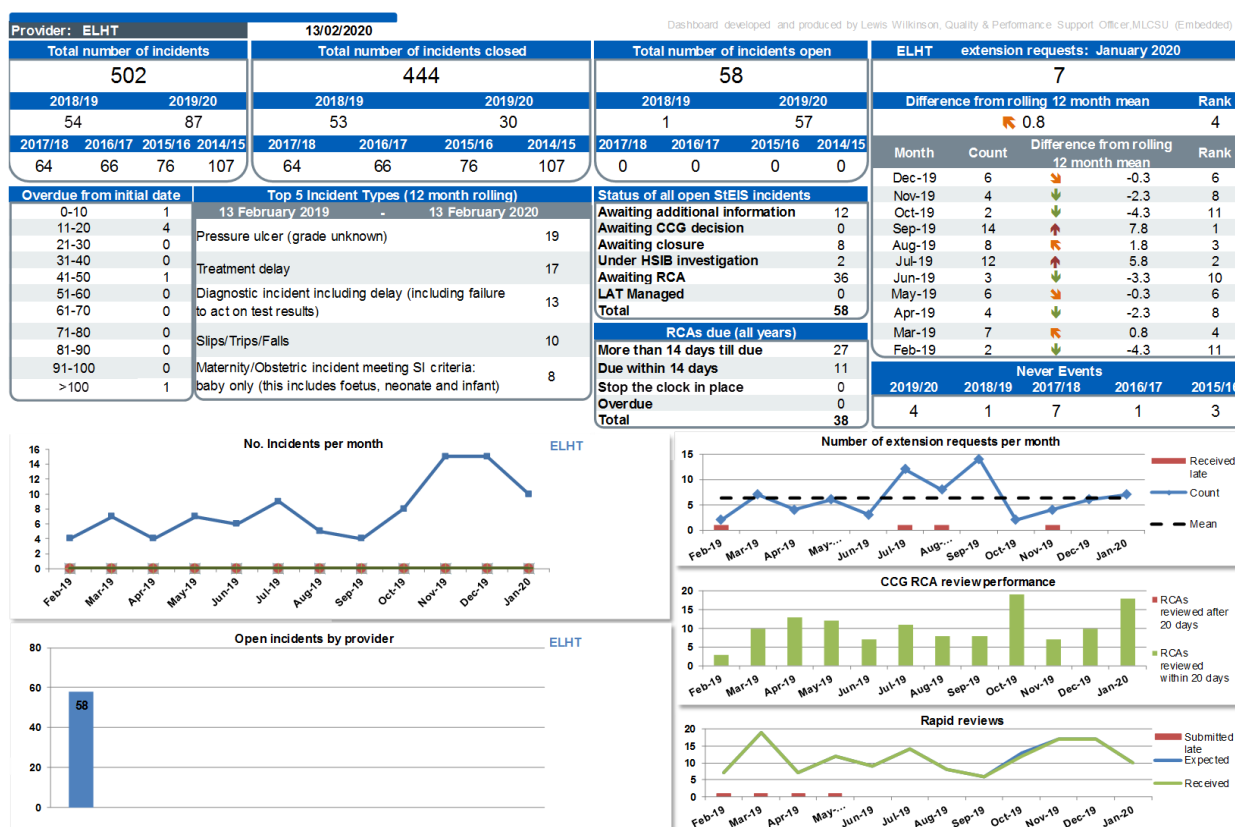
19. There were 19 incidents that did not meet the reporting requirements for StEIS but deemed to be serious enough to require a Trust Level RCA investigation. A breakdown of the types of incidents is provided in table 6.

Table 4: Breakdown of DSIRG reported incidents by Category for December 2019 and January 2020

Incident Category	No. of Incidents	Sub Categories	Immediate action or Quality Improvement Group working to address issues raised
Discharge / transfer problems	5	<ul style="list-style-type: none"> • Discharge planning failure • Lack of communication • Late discharge/transfer • Transfer problems 	Investigations underway to identify any actions for improvement
Treatment problem/ issue	3	<ul style="list-style-type: none"> • Concern around care given • Foreign body left in situ • Condition deteriorated 	Thematic review undertaken and monitoring of incidents over the next 4 months are underway to see if improvements have been made
Diagnosis failure / problem	4	<ul style="list-style-type: none"> • Delay/failure to carry out diagnostic test • Reporting delay 	Thematic review undertaken and monitoring of incidents over the next 4 months are underway to see if improvements have been made
Pressure ulcer	2	<ul style="list-style-type: none"> • Deep tissue injury • Unstageable / device related 	Pressure ulcer steering group monitoring
Enteral Nutrition	1	<ul style="list-style-type: none"> • Feeding regime not followed 	Learning communicated to staff on the importance of quality referrals (communication)
Oral Nutrition & Hydration	1	<ul style="list-style-type: none"> • Nil by mouth > 2 days 	Investigations underway to identify any actions for improvement
Security Issues	1	<ul style="list-style-type: none"> • Lost access fob 	Area put on security lock down at time of incident, new security measures now in

Incident Category	No. of Incidents	Sub Categories	Immediate action or Quality Improvement Group working to address issues raised
			place.
Slips, trips and falls	1	<ul style="list-style-type: none"> Suspected / unwitnessed fall 	Falls Steering Group monitoring
Theatres	1	<ul style="list-style-type: none"> Inadequate preparations/assessment for surgery 	Investigations underway to identify any actions for improvement
Total	19		

Part 3: Overview of the CCG StEIS Dashboard (provided by EL CCG on 13th February 2020)



20. There are currently 58 incidents open on StEIS:
- 1 investigation outstanding from 2018/2019, this is the same report which is overdue by more than 100 days. An external investigator is completing the investigation and the report is due at the SIRI Panel in Feb 2020.
 - There have been 7 extension requests in January.

21. There have been no late submissions of rapid reviews for December 2019 and January 2020.

TRUST BOARD REPORT

Item **38**

11 March 2020

Purpose Information
Action
Monitoring

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

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

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

Report linkages

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

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

Board of Directors, Update

Corporate Report

Executive Overview Summary

Positive News

- There were no never events in January.
- There were no confirmed post 2 day MRSA bacteraemia in January.
- % Harm free care remains above threshold.
- The 83% system trajectory set for A&E performance was met for January.
- The number of ambulance handovers over 30 minutes continues to show improvement.
- Delayed discharges remains at its lowest in 5 years at 2.5% which is below threshold.
- Significant improvement in the vacancy rate which is now below threshold at 4.5%.
- Trust turnover rate continues to show significant reductions.
- Inpatient and community friends and family performance is showing significant improvement and is consistently above threshold.
- The complaints rate remains below threshold.
- Compliance against the Information Governance Toolkit has improved remains on target at 95% compliant.
- Consultant and doctor appraisal rates are showing significant improvement.

Areas of Challenge

- There were four clostridium difficile infections detected during December ('Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)', which is above trajectory for the month. The cumulative position is 60 against the trajectory of 43. The end of year threshold is 51.
- There were 10 steis reportable incidents in January.
- Nursing and midwifery staffing in December 2019 continued to be a challenge, with 5 areas falling below an 80% average fill rate for registered nurses on day shifts.
- VTE risk assessment performance has deteriorated, however remains above threshold.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) remains below the 95% standard at 83.4% but the system trajectory set was met.
- There were 12 breaches of the 12 hour trolley wait standard in January. Five were as a result of waits for mental health beds within LCFT and seven were physical breaches.
- A&E Friends & Family is consistently below threshold.
- The Referral to Treatment (RTT) number of total ongoing pathways is above the

year-end target at 31,832, but has reduced from last month and is in line with the trajectory.

- RTT over 40wks remains high at 188.
- There were 6 breaches of the 28 day standard for operations cancelled on the day.
- The cancer 62 day and 31 day subsequent standards were not met in December.
- There were 3.5 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 2.44% in January. The pressure on diagnostic waits is primarily in endoscopy caused by an increase in referrals and also the prioritisation of cancer patients.
- Sickness rates remain above threshold at 5.4%.
- Compliance against the Appraisal (AFC staff) remains below threshold.
- Temporary costs as % of total pay bill remains above threshold at 9%.
- There are 2 CQUIN schemes at risk in quarter 3. CCG7 - Falls Prevention and CCG1 - Antimicrobial Resistance.
- At month 10, the Trust is reporting an underlying £8.3 million deficit to date in line with the financial plan and a £2.3 million surplus, if the Trust was to meet its control total. However, there remains significant risk to this financial position and list of mitigating actions have been developed in an attempt to bridge the gap of £4.2 million required to meet our Control Total (previously £6.6 million). Before mitigations, the Trust is forecasting a £12.1 million adverse variance to our planned control total, an improvement of £7.3 million from the reported position at month 9.

No Change




- HAS compliance remains above threshold.
- All areas of core skills training are above threshold.
- There were 68 operations cancelled on the day. The trend shows no change.
- The emergency readmission rate has returned to normal variation.

Introduction




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















Key to Scorecard Symbols

Variation

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

Assurance

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

Safe					
	Indicator	Target	Actual	Variation	Assurance
M64	CDIFF - HOHA	2	2		
M64.3	CDIFF - COHA	2	2		
M64.4	Cdiff Cumulative from April (HOHA& COHA)	43	60		
M65	MRSA	0	0		
M124	E-Coli (post 2 days)	5	7		
M155	P. aeruginosa bacteraemia (total post 2 days)	0	2		
M157	Klebsiella species bacteraemia (total post 2 days)	1	0		
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)		7.1		
M69	Serious Incidents (Steis)		10		
M70	CAS Alerts - non compliance	0	0		
C28	Percentage of Harm Free Care	92%	100%		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	98%		
M146	Safer Staffing -Day-Average fill rate - registered nurses/midwives (%)	80.0%	90.6%		
M147	Safer Staffing -Day-Average fill rate - care staff (%)	80.0%	104.4%		
M148	Safer Staffing -Night-Average fill rate - registered nurses/midwives (%)	80.0%	98.9%		
M149	Safer Staffing -Night-Average fill rate - care staff (%)	80.0%	116.5%		
M150	Safer Staffing - Day -Average fill rate - registered nurses/midwives- number of wards <80%	0	5		
M151	Safer Staffing - Night -Average fill rate - registered nurses/midwives- number of wards <80%	0	0		
M152	Safer Staffing - Day -Average fill rate - care staff- number of wards <80%	0	0		
M153	Safer Staffing - Night -Average fill rate - care staff- number of wards <80%	0	0		

Caring					
	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	99%		
C31	NHS England Inpatients response rate from Friends and Family Test		60%		
C40	Maternity Friends and Family - % who would recommend	90%	96%		
C42	A&E Friends and Family - % who would recommend	90%	85%		
C32	NHS England A&E response rate from Friends and Family Test		17%		
C44	Community Friends and Family - % who would recommend	90%	97%		
C15	Complaints – rate per 1000 contacts	0.40	0.24		
M52	Mixed Sex Breaches	0	0		
Effective					
	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.03		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Oct-19)	Within Expected Levels	96.9		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Oct-19)	Within Expected Levels	96.3		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Oct-19)	Within Expected Levels	98.7		
M73	Deaths in Low Risk Conditions (as at Oct-19)	Within Expected Levels	113.5		
M159	Stillbirths	<5	2		
M160	Stillbirths - Improvements in care that impacted on the outcome				
M89	CQUIN schemes at risk		2		

Responsive					
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	82.5%		
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	83.4%		
M62	12 hour trolley waits in A&E	0	12		
M81	HAS Compliance	90.0%	95.0%		
M82	Handovers > 30 mins ALL	0	218		
M82.6P	Handovers > 30 mins ALL (NWS Confirmed Penalty)	0	Not Available		
C1	RTT admitted: percentage within 18 weeks		53.0%		
C3	RTT non- admitted pathways: percentage within 18 weeks		86.0%		
C4.1	RTT waiting times Incomplete pathways Total	<31,500	31,832		
C4.2	RTT waiting times Incomplete pathways -over 40 wks		188		
C37.1	RTT 52 Weeks (Ongoing)	0	0		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	2.44%		
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	81.5%		
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	96.9%		
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	98.4%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	88.9%		
C36	Cancer 62 Day Consultant Upgrade	85.0%	82.8%		
C25.1	Cancer - Patients treated > day 104	0	3.5		
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	6		
M138	No.Cancelled operations on day		68		
M55	Proportion of delayed discharges attributable to the NHS	3.5%	2.5%		
C16	Emergency re-admissions within 30 days		12.7%		
M90	Average LOS elective (excl daycase)		2.7		
M91	Average LOS non-elective		5.2		

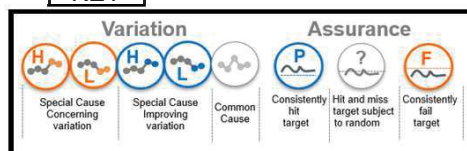
Well Led					
	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	6.7%		
M78	Trust level total sickness rate (Reported 1 Month in arrears)	4.5%	5.4%		
M79	Total Trust vacancy rate	5.0%	4.5%		
M80.3	Appraisal (AFC)	90.0%	83.0%		
M80.35	Appraisal (Consultant)	90.0%	97.0%		
M80.4	Appraisal (Other Medical)	90.0%	97.0%		
M80.2	Safeguarding Children	90.0%	96.0%		
M80.21	Information Governance Toolkit Compliance	95.0%	95.0%		
F8	Temporary costs as % of total paybill	4%	9.0%		
F9	Overtime as % of total paybill	0%	0%		
F1	Adjusted financial performance (deficit) including PSF (£M)	6.7	2.3		
F1.1	Adjusted financial performance (deficit) excluding PSF (£M)	(7.0)	(8.3)		
F2	SRCP Achieved % (green schemes only)	100.0%	56.5%		
F3	Liquidity days	>(14.0)	(5.6)		
F4	Capital spend v plan	85.0%	93.0%		
F16	Finance & Use of Resources (UoR) metric - overall	2	2		
F18	Finance and UoR metric - capital service capacity	3	3		
F17	Finance and UoR metric - liquidity	2	2		
F19	Finance and UoR metric - I&E margin	1	2		
F20	Finance and UoR metric - distance from financial plan	1	2		
F21	Finance and UoR metric - agency spend	3	3		
F12	BPPC Non NHS No of Invoices	95.0%	98.5%		
F13	BPPC Non NHS Value of Invoices	95.0%	98.1%		
F14	BPPC NHS No of Invoices	95.0%	96.4%		
F15	BPPC NHS Value of Invoices	95.0%	98.8%		

NB: Finance Metrics are reported year to date.

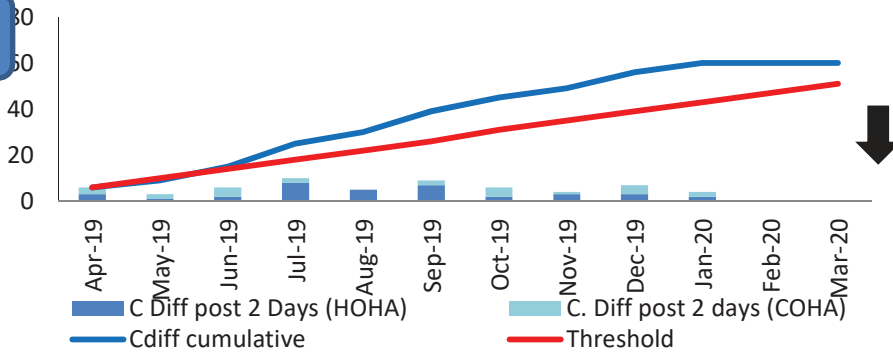
KEY

SPC Control Limits

The data period used to calculate the SPC control limits is Apr 17 - Mar 19.



C Difficile



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

The objective for 2019/20 is no more than 51 cases of 'Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)' .

In 2019/20 there are changes to the reporting algorithm. The number of days to identify hospital onset healthcare associated cases from ≥ 3 to ≥ 2 days following admission and adding a prior healthcare exposure element for community onset cases including day cases.

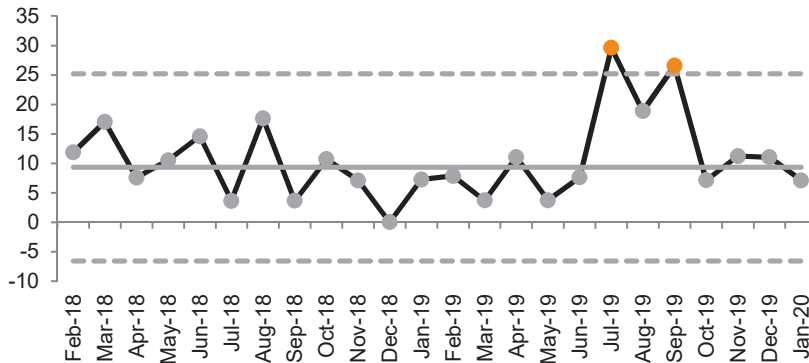
There were 4 Clostridium difficile toxin positive isolates identified in the laboratory in January, post 2 days of admission, 2 of which were 'Hospital onset healthcare associated (HOHA)' and 2 were 'Community onset healthcare associated (COHA)'.

The year to date cumulative figure is 60 against the trust target of 51. The detailed infection control report will be reviewed through the Quality Committee.

The rate of HOHA infection per 100,000 bed days has remained at normal levels following an increase in September.

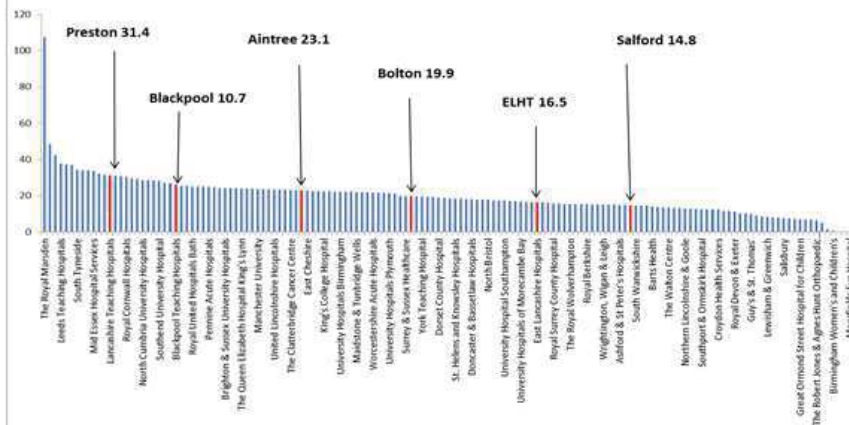
ELHT ranked 58th out of 148 trusts in 2018-19 with 16.5 HOHA & COHA clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 107.4 infections per 100,000 bed days.

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

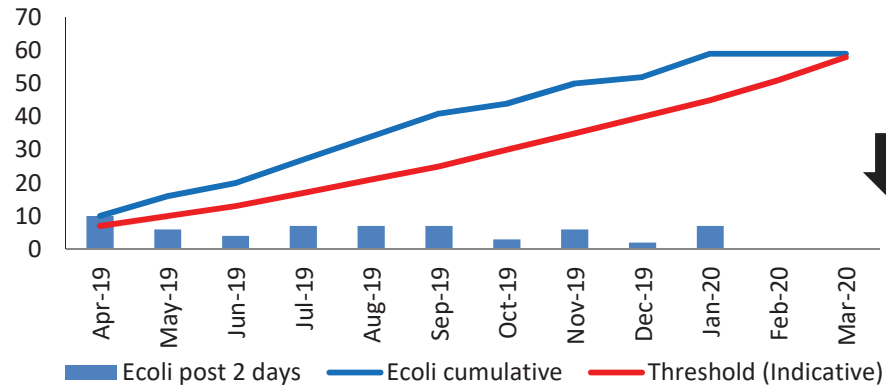


C Difficile benchmarking

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



E. Coli



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

The year end figure for 2018/19 was 66 cases, above the trajectory of 48.

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

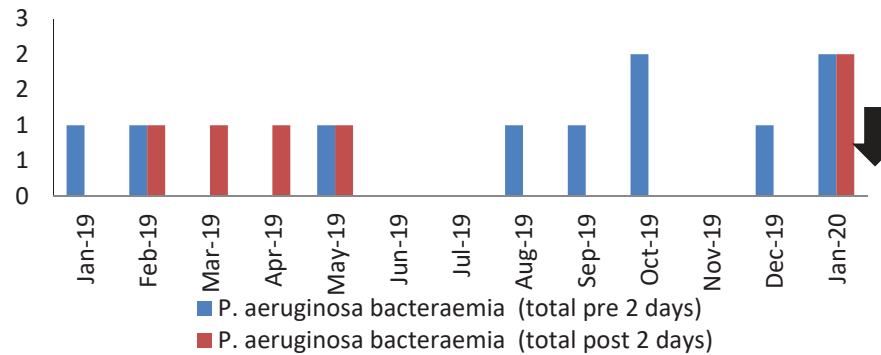
There were 7 E.coli bacteraemia detected in January, which is above the indicative monthly threshold.

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

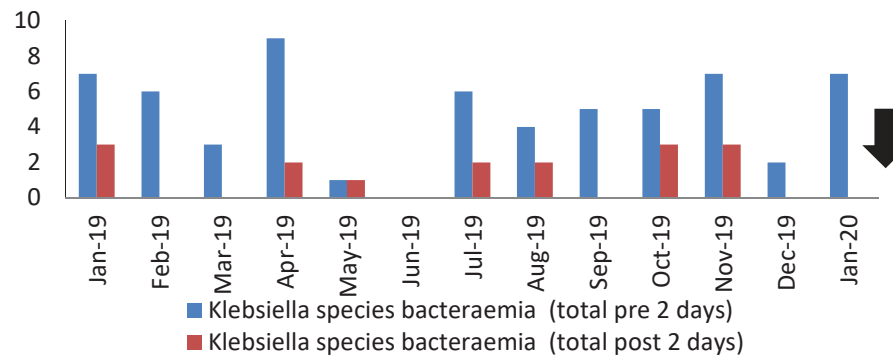
Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

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

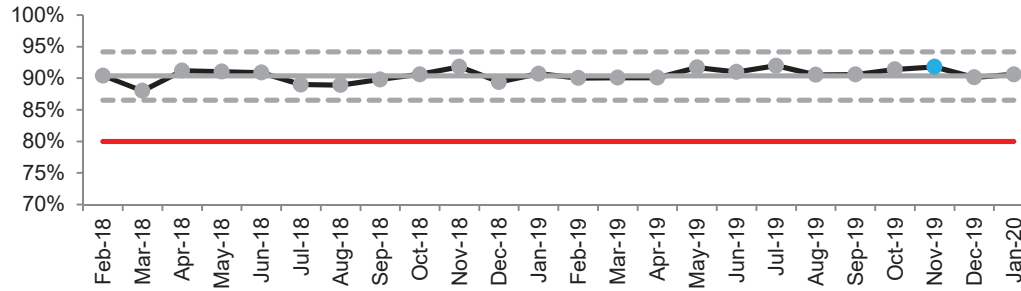
P.aeruginosa



Klebsiella

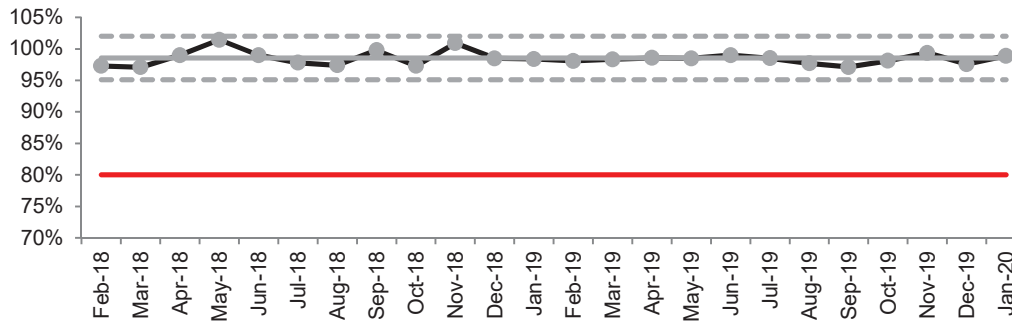


Registered Nurses/
Midwives - Day



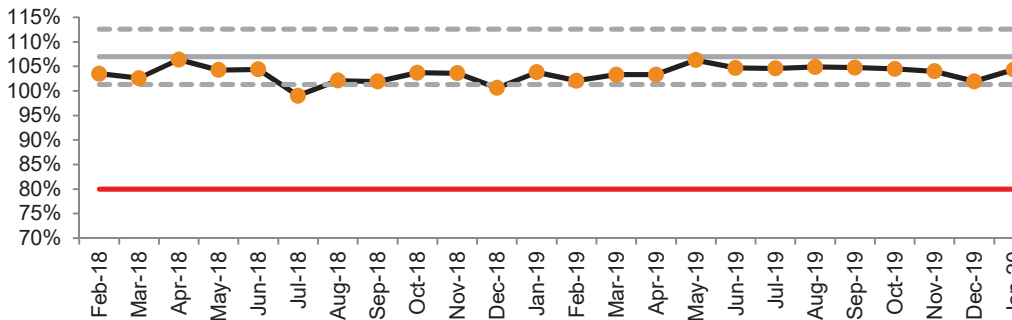
The average fill rate for registered nurses/ midwives during the day is showing normal variation and based on current variation will consistently be above threshold.

Registered Nurses/
Midwives - Night



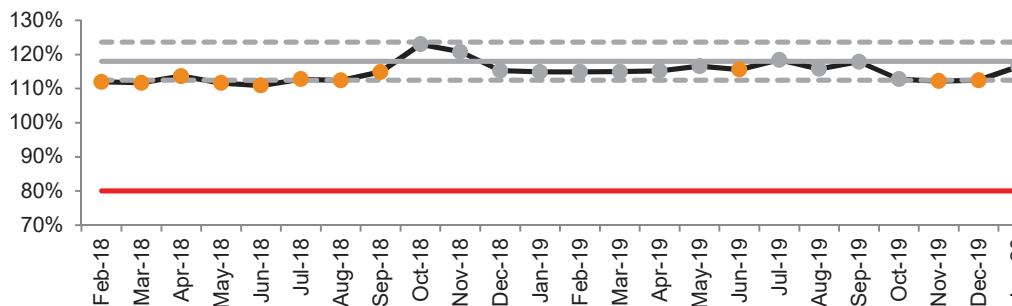
The average fill rate for registered nurses/ midwives at night is showing no significant change and based on current variation will consistently be above threshold.

Care Staff - Day



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

Care Staff - Night



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

Nursing and midwifery staffing in January 2020 continued to be a challenge. The causative factors remain as in previous months, compounded by escalation areas being open, pressures within the emergency department, vacancies, sickness, particularly last minute sickness and the ability to fill all requests through ELHT internal bank or via framework agency. Safe care (acuity data) is utilised when considering safe staffing and the redeployment of staff and safe staffing is monitored throughout the day.

There were 5 areas below the 80% for registered nurses on day shifts, B4, C5, Rakehead, Hartley and Reedyford wards. All were due to lack of co-ordinator presence which is in addition to safe staffing levels.

It should be noted that actual and planned staffing does not denote acuity, dependency, the amount of women in labour or bed occupancy. The divisions consistently risk assess and flex staffing resources to ensure safety is maintained. The divisions have given assurance that no harm has been identified as

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	
Month	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)			registered nurses/ midwives	care staff	registered nurses/ midwives	care staff
Jan-20	90.6%	104.4%	98.9%	116.5%	28,172	8.7	5	0	0	0

Monthly TREND

Number of wards below 80 %

	Day		Night		Sum of 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 (%)			Average fill rate - registered nurses/midwives	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives	Average fill rate - care staff (%)
Jan-19	90.7%	103.8%	98.4%	114.9%	27614	8.53	8	0	0	0
Feb-19	90.0%	102.1%	98.1%	115.0%	25493	8.39	9	0	0	0
Mar-19	90.1%	103.3%	98.3%	115.0%	27129	8.80	8	1	0	0
Apr-19	90.1%	103.3%	98.6%	115.2%	27129	8.58	5	1	0	1
May-19	91.7%	106.3%	98.5%	116.6%	26952	8.95	4	1	0	1
Jun-19	91.0%	104.7%	99.0%	115.6%	26323	8.80	5	1	0	0
Jul-19	92.0%	104.6%	98.5%	118.5%	27020	8.86	2	0	0	1
Aug-19	90.5%	104.9%	97.7%	115.8%	26536	8.99	3	1	0	1
Sep-19	90.6%	104.8%	97.1%	117.9%	26350	8.81	2	2	1	1
Oct-19	91.4%	104.5%	98.1%	112.8%	28074	8.61	1	1	0	1
Nov-19	91.8%	104.0%	99.4%	112.3%	26716	8.83	3	1	0	1
Dec-19	90.1%	101.9%	97.6%	112.5%	27189	8.83	3	1	0	1
Jan-20	90.6%	104.4%	98.9%	116.5%	28172	8.70	5	0	0	0

Red Flag Incidents

There were 3 red flag incidents reported in the red flag category of DATIX (for nursing) in January 2020, ward C18 and 2 on gynaecology ward

- **C18 A** - Unable to reliably carry out intentional rounding. The staff nurse felt that she was unable to get to a newly admitted patient within a satisfactory length of time due to the busyness of the ward. The patient was made comfortable by the health care support worker. The incident occurred on the night shift, the ward was staffed to its normal staffing numbers at the time. No harm was identified.

- **Gynaecology Ward - 05/01 (Sunday)** I registered nurse on night duty due to short notice sickness, unable to cover with RN therefore an extra experienced ward based HCA was booked, this was risk assessed by the site manager and Gynae shift coordinator. There were only 3 inpatients that night. The on call Dr and site manager were on standby to support emergency assessment activity in a timely manner. This was minimal overnight. Ward was safe

12/01 (Sunday) - Ward 15 was down to 1 RN due to short notice with no spare agency/bank staff to allocate from RBTH, site manager risk assessed both areas, just 2 inpatients on the Gynae and Breast care ward. Same contingency for emergency activity put in place. Ward safe overnight.

Due to the fluctuation in Gynae activity, low bed occupancy at weekend can occasionally happen. Due to Consultant leave & major surgery activity was low that week .

Within MEC several other incidents were reported which should have been reported as red flag incidents. It has again been reiterated to staff within the division the importance of highlighting these incidents under the appropriate category with DATIX and Safe Care.

- **C7** – staff raised concerns regarding high acuity which caused some delays with medications and recording of observations. One staff member was unable to take a break. No harm identified.
- **C7** – Staff raised concerns regarding high acuity which caused some delays with medications including analgesia. Staff breaks were also delayed. No harm identified
- **C2** – Staff felt that the ward was unsafe due to high acuity on the ward and one substantive RN working with 2 temporary RN's. This was due to staff sickness and vacancies within the ward. Required No patient harms identified.
- **D3** – Staff raised concerns regarding acuity on the ward and additional healthcare staff were not available to support enhanced care for identified patients. This was due to staff sickness and ward vacancies. Temporary staffing was unable to fill the shift. This caused some delays with care delivery. No patient harms identified.
- **C8** – RN asked to move to another ward to cover RN gap and maintain safety. Staff raised concerns regarding acuity of the ward. Staff reported missed breaks and late finishing their shift. No harm identified

Within MEC, other staffing related incidents reported have been reviewed and no harms identified,

Actions taken to mitigate risk:

- Safe staffing conference at 10 am followed up with meetings through out the day where required to ensure safe staffing, with contingencies agreed for weekends and out of hours, utilising acuity and dependency tool (Safe Care)
- Extra health care assistant shifts are used to support registered nurse gaps if required
- On going recruitment.
- Global learners continue to arrive. 40 have arrived, 30 nurses now have their NMC registration, 8 are waiting to take their OSCE and a further 27 are expected
- A further cohort of 20 trainee nurse associates are being recruited to.
- Aiming to increase student nurse placements by a further 80 places in the coming year

Family Care January 2020

Maternity

Robust management plans remain in place to ensure safe staffing levels are in place at all times. This continues to be evidenced via the maternity safety huddles which take place four times within a 24 hour period. Midwifery deployment will only occur if bank shifts are unfilled and the acuity and activity is risk assessed in line with the safe nursing and midwifery staffing escalation policy (ELHT/C135 v1.1) to achieve safe staffing levels. An emphasis on competency and skillset remains paramount at the safety huddles with effective communication taking place with the individual staff member's prior duty as opposed to attending for duty to then be informed of redeployment. This has not taken place in all cases, however promoted as best practice within the maternity services.

January 2020 has seen an increase in filled bank duties resulting in a monthly usage of 15WTE, reviewing the previous 12 month trend this is significantly higher although equates to cover for sickness/absences and maternity staffing gaps which are awaiting recruitment. Next midwifery interviews are to take place on Tuesday 11th February 2020. The division will continue to monitor this closely.

Red Flag Events

On reviewing Datix, 20 incidents were reported overall as Red Flag events in Family Care Division in January 2020

Of the 20 incidents reported, 12 have been excluded as they were not Red Flag events when analysed further.

Of the remaining 8 incidents reported, 6 of them occurred within Maternity Services and 2 in Gynaecology Services and were reported under the following categories and sub-categories

The incidents were reported under the following category and sub-categories:

Maternity Services -

- 2 Maternity/Obstetrics –missed or delayed care. *No harm - Impact prevented*
- 3 Maternity/Obstetrics –missed or delayed care. *No harm - Impact not prevented*
- 1 Staffing issue - missed breaks. *No harm – Impact prevented*

Gynaecology Services-

- 2 Staffing issue – staff shortage nurses. *No harm - Impact not prevented*

The 12 incidents that have been excluded from the red flag report relate to outpatient services, medical staffing or staff being moved to another site area to maintain patient safety and not following the escalation process when activity was high to access further support that was available at the time.

There was appropriate escalation and implementation of the escalation policy when acuity and activity was high. Safety huddles continuously reviewed the activity and acuity, workload was prioritised and staff moved to the areas with the highest workload. All area leads, shift co-ordinators, Matron on Call, and Night Manager were informed of plans and communication with all disciplines involved in care and service delivery was excellent throughout.

Maternity Midwife to Birth Ratio

Month	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Staffed to full Establishment	01:27	01:27	01:28	01:27	01:29	01:27.5	1.27.5	01:26	1:27.13	1.27.11	1:27:10	1:26.5
Excluding mat leave and vacancies	01:28	01:28	01:29	01:28	Staffed up to mat leave	01:28.7	1.28.6	01:27	1:27.98	1.27.11	1:28:15	1:28
With gaps filled through ELHT Midwife staff bank	01:27	01:27	01:28	01:27	01:28	01:27.7	1.27.3	01:26	1:27	1:26.23	1:26:97	1:25
	Bank Usage 4.8WTE	Bank Usage 6.3WTE	Bank Usage 5.17 WTE	Bank Usage 7.27 WTE	Bank Usage 9 WTE	Bank Usage 7.94 WTE	Bank Usage 10.14wte	Bank Usage 7.77wte	Bank Usage 8.2 wte	Bank Usage 8.5 wte	Bank Usage 9.86wte	Bank Usage 15wte

The staffing figures do not reflect how many women were in labour or acuity of areas.
The midwife to birth ratio should be 1:28 for the period 01/01/2020 - 31/01/2020

SAFE

NICU

The main pressures for NICU presently are the Qualified In specialty (QIS) and Neonates Northwest training and also supporting the BFI assessment. The unit is currently not funded for backfill for these additional pressures and are therefore backfilling the pressures utilising bank shifts. Some long term sickness in the community team has necessitated back fill from NICU resulting in further bank usage. The unit did close on one occasion in view of acuity and staffing levels on the day at capacity in line with escalation.

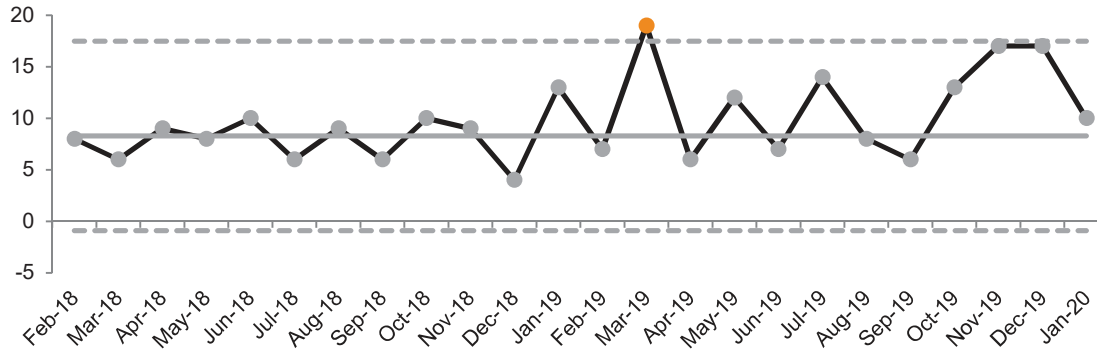
Paediatrics

Paediatrics had an overall shortfall of 949 hrs of care hours due to vacancies and maternity leave. Vacancies are currently at 5.49 WTE and maternity 5.4 WTE

Post have been offered to 4 students due to qualify in September and a further 8 candidates are being interviewed next week consisting of a mix of students and qualified staff. Recruitment is ongoing.

Please see Appendix 1 for UNIFY data and nurse sensitive indicator report

Serious Incidents



There were no never events reported in January.

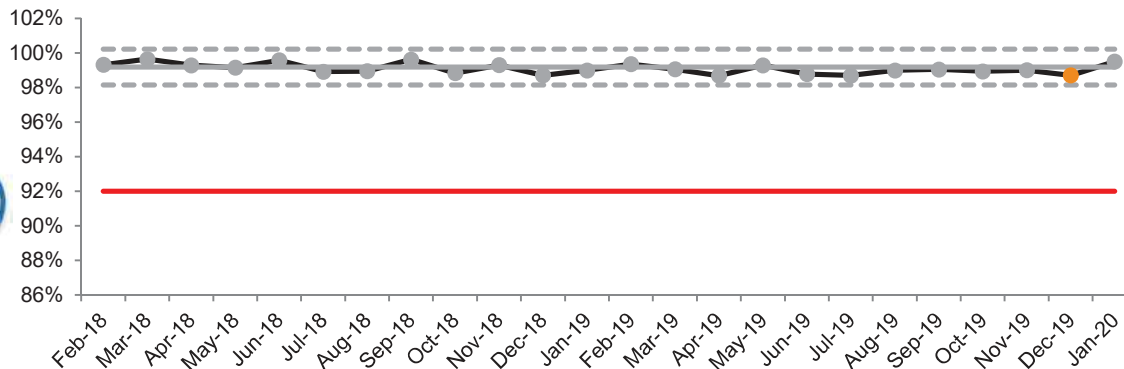
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in January was 10 incidents.

The trend is not showing any significant change.

StEIS Category	No. Incidents
Pressurer Ulcer	4
Slips, Trips and Falls	2
Diagnostic	2
Maternity/Obstetrics (Baby Only)	1
Medication	1

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

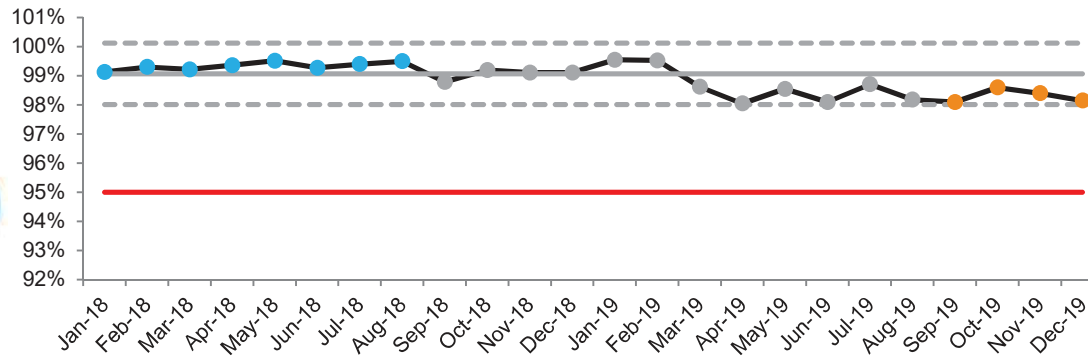
% Harm Free Care from safety



The Trust remains above threshold with the percentage of patients with harm free care at 99.5% for January using the National safety thermometer tool.

The trend is showing normal variation and there is no risk to future achievement of the target.

VTE assessment



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

Pressure Ulcers

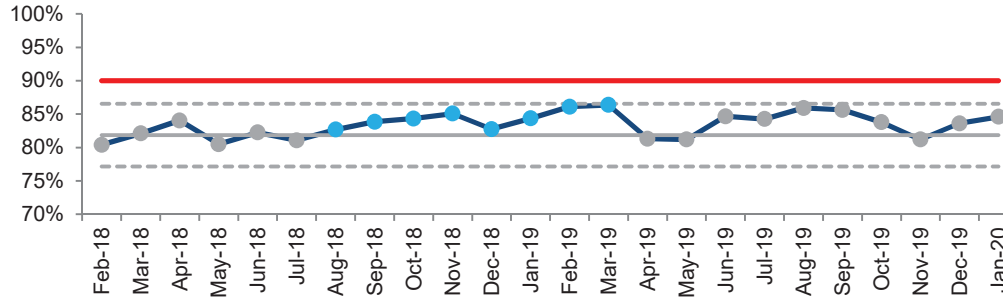
Pressure Ulcer - Cat 2 - Device related - developed/ deteriorated during ELHT care	0
Pressure Ulcer - Cat 2 - Developed / Deteriorated during care of ELHT	4
Pressure Ulcer - Cat 3 - Device related - developed / deteriorated during care of ELHT	0
Pressure Ulcer - Cat 3 - Developed / deteriorated during care of ELHT	0
Pressure Ulcer - Cat 4 - Device related - developed / deteriorated during the care of ELHT	0
Pressure Ulcer - Cat 4 - Developed / deteriorated during the care of ELHT	0
Pressure Ulcer - Deep tissue injury - Device related - developed / deteriorated during the care of ELHT	1
Pressure Ulcer - Deep tissue injury - developed / deteriorated during the care of ELHT	8
Pressure Ulcer - Unstageable - device related - developed / deteriorated under the care of ELHT	0
Pressure Ulcer - Unstageable - developed / deteriorated under the care of ELHT	4

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

These metrics reflect national measurement methodology, which measures the proportion of patients that would recommend the Trust to friends and family. The threshold has been set at 90% since April 2018.

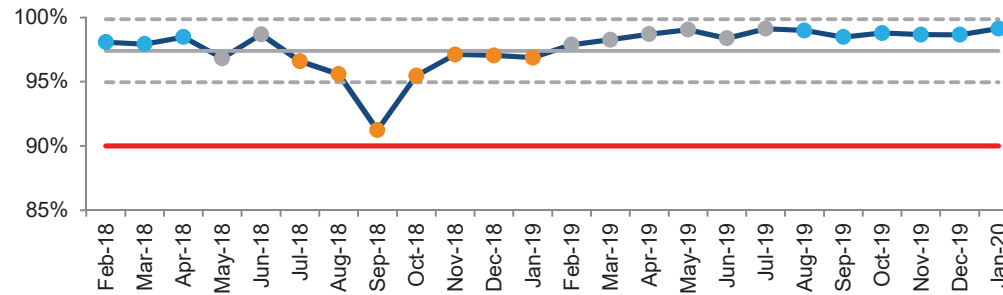
CARING

Friends & Family A&E



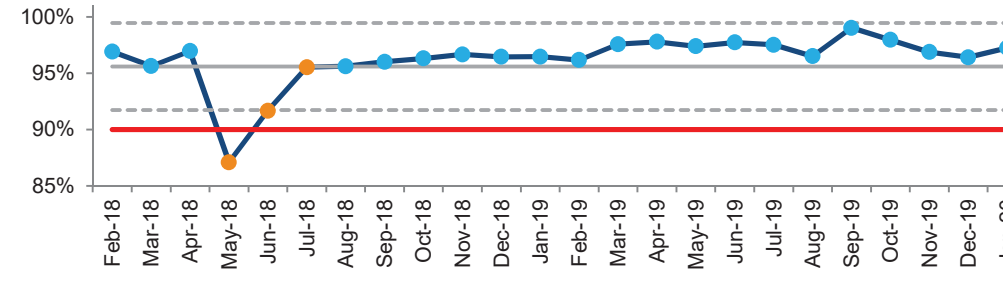
A&E scores show no significant change. Based on current variation this indicator is not capable of hitting the target.

Friends & Family Inpatient



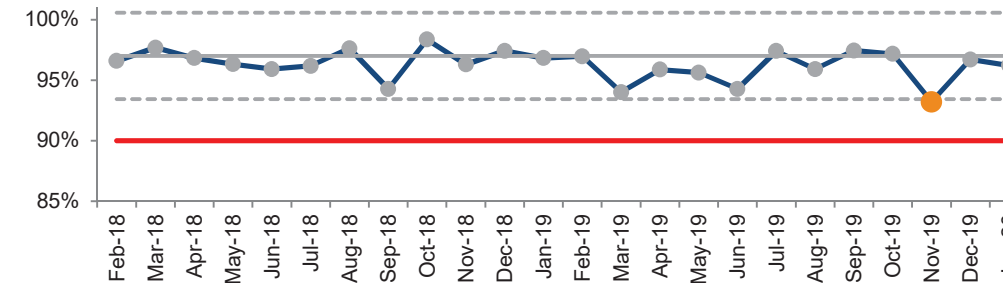
Inpatient scores are showing improvement after a period of significant low scores ending in February 19. Based on current variation this indicator should consistently hit the target.

Friends & Family Community



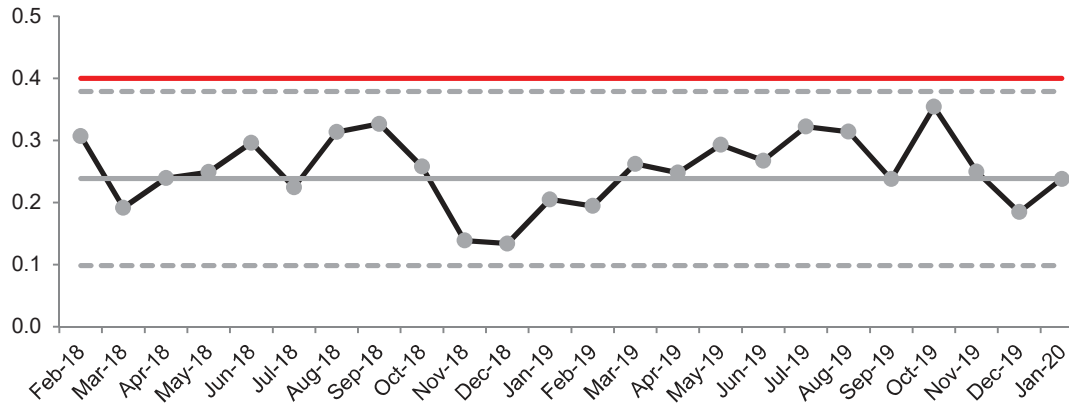
Community scores show significant improvement for the past 18 months. Based on current variation this indicator should consistently hit the target.

Friends & Family Maternity



Maternity scores have returned to normal levels following a dip in November, however remain above target and based on current variation this indicator should consistently hit the target.

Complaints per 1000 contacts



Patient Experience

January 2020 Totals	Dignity	Information	Involvement	Quality	Overall
	Average Score %	Average Score %	Average Score %	Average Score %	Average Score %
Trust	96	92	95	95	94
Medicine and Emergency Care	96	93	95	95	95
Community and Intermediate Care Services	96	91	96	95	95
Surgery	94	92	91	94	93
Family care	98	95	96	95	96
Diagnostic and Clinical	98	90	97	90	93

The Trust opened 28 new formal complaints in January.

ELHT is targeted to achieve a threshold of at or less than 0.4 formal complaints per 1,000 patient contacts – made up of inpatient, outpatient and community contacts. The Trust on average has approximately 116,000 patient contacts per calendar month.

For January the number of complaints received was 0.24 Per 1,000 patient contacts.

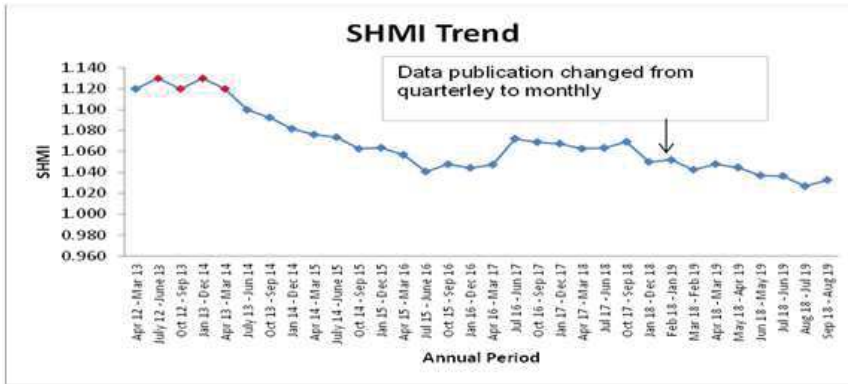
The trend is showing normal variation, however based on current variation will remain below the threshold.

The table demonstrates divisional performance from the range of patient experience surveys in January 2020.

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

The overall Trust performance from the range of patient experience surveys is above the threshold of 90% for all of the 4 competencies.

SHMI Published Trend



The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period September 18 to August 19 has remained within expected levels at 1.03, as published in January 20.

Dr Foster HSMR rolling 12 month

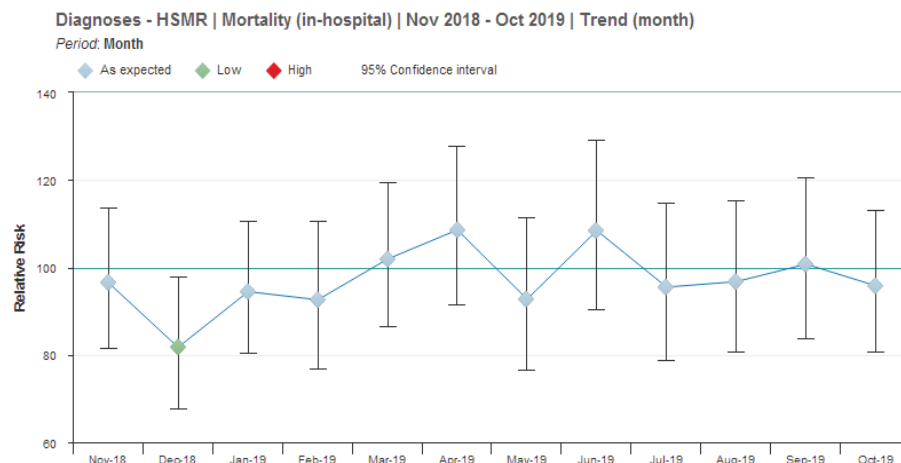
	HSMR Rebased on latest month November 18 – October 19 (Risk model July 19)
TOTAL	96.9 (CI 92.2 – 101.8)
Weekday	96.3 (CI 90.9 – 101.9)
Weekend	98.7 (CI 89.3 – 108.9)
Deaths in Low Risk Diagnosis Groups	113.5 (CI 73.4 – 167.5)

The latest indicative 12 month rolling HSMR (November 18 – October 19) has increased but is still 'as expected' at 96.8 against the monthly rebased risk model.

There is currently one HSMR group and three SHMI groups with significantly high relative risk scores. These are being investigated through the mortality steering group and each have a nominated clinical lead and an associated action plan.

No further learning disability deaths were reviewed through the Learning Disability Mortality Review Panel. All cases reviewed so far have been reported to the LeDeR National Programme. The LDMR Panel continue to meet on a monthly basis as required to review cases.

Dr. Foster HSMR monthly Trend



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.

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.

EFFECTIVE

Stage 1	Month of Death													TOTAL
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	
Deaths requiring SJR (Stage 1)	46	212	249	28	22	29	26	17	11	11	11	14	18	694
Allocated for review	46	212	249	28	22	29	26	17	11	11	11	14	18	694
SJR Complete	46	212	249	27	22	28	25	15	10	10	8	7	1	660
1 - Very Poor Care	1	1	0	0	0	0	0	0	0	0	0	0	0	2
2 - Poor Care	8	19	21	1	5	5	2	4	2	0	2	1	0	70
3 - Adequate Care	14	68	70	7	5	9	7	6	3	3	2	3	0	197
4 - Good Care	20	106	133	17	9	12	12	5	4	7	2	3	1	331
5 - Excellent Care	3	18	25	2	3	2	4	0	1	0	2	0	0	60
Stage 2														
Deaths requiring SJR (Stage 2)	9	20	21	1	5	5	2	4	2	0	2	1	0	72
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	0	0	0	1	1	0	0	1	0	0	9
Allocated for review	6	18	20	1	5	5	1	3	2	0	1	1	0	63
SJR-2 Complete	6	18	20	1	5	5	1	3	2	0	1	1	0	63
1 - Very Poor Care	1	1	1	0	0	0	0	1	0	0	0	0	0	4
2 - Poor Care	3	6	6	1	3	2	0	0	1	0	1	0	0	23
3 - Adequate Care	2	10	13	0	2	3	1	2	0	0	0	1	0	34
4 - Good Care	0	1	0	0	0	0	0	0	1	0	0	0	0	2
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Total
stage 1 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stage 1 requiring completion	0	0	0	1	0	1	1	2	1	1	3	7	17	34
Backlog	0	0	0	1	0	1	1	2	1	1	3	7	17	34
stage 2 requiring allocation	0	0	1	0	0	0	1	1	0	0	1	0	0	4
stage 2 requiring completion	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Backlog	0	0	1	0	0	0	1	1	0	0	1	0	0	4

In 2019/20 the Trust is participating in the following 5 national CQUIN schemes and 2 specialised commissioning schemes:

1. Antimicrobial Resistance –Urinary Tract Infections and Antibiotic Prophylaxis for Elective Colorectal Surgery
2. NHS Staff Health and Wellbeing - Staff Flu Vaccinations
3. Alcohol and Tobacco Brief advice
4. Three High Impact interventions to prevent Hospital Falls
5. Same Day Emergency Care –Pulmonary Embolus/ Tachycardia with Atrial Fibrillation/ Pneumonia
6. Medicines Optimisation and Stewardship
7. Towards Hepatitis C Virus (HVC) Elimination

Quarter 3 data has been submitted. A risk has been highlighted for low performance in the quarter for CCG7 - Falls Prevention and CCG1 - Antimicrobial Resistance.

Clinical Effectiveness Committee will seek assurance that schemes are in progress and on track for delivery with timescales.

EFFECTIVE

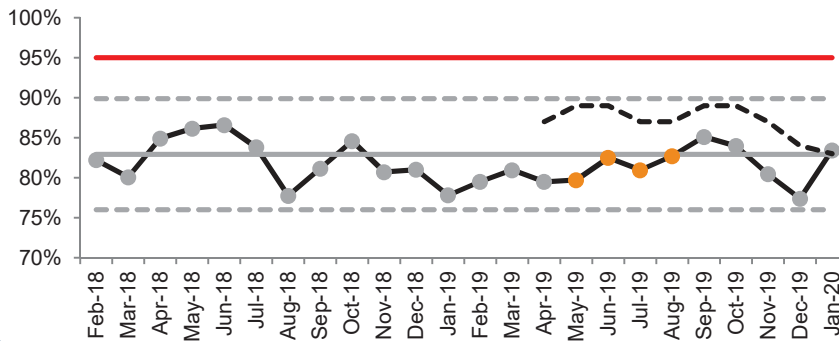
National	Indicators	Payment Requirements	CQUIN Value	Q1	Q2	Q3	Q4
CCG1: Antimicrobial Resistance	Urinary Tract Infections in Older People	60-90%	£1,031k	64%*	80%	76%	
	Antibiotic prophylaxis in elective colorectal surgery			58.82%	68.63%	84%	
CCG2: Staff flu vaccinations	Uptake of Flu Vaccinations	60-80%	£1,031k	N/A	N/A	94.8%	
CCG3: Tobacco and alcohol screening and advice	Screening for tobacco and alcohol use - inpatients	40-80%	£1,031k	99%	100%	100%	
	Advice for tobacco use in inpatient settings	50-90%		100%	100%	100%	
	Advice for alcohol use in inpatient settings	50-90%		100%	100%	100%	
CCG7: Three High Impact interventions to prevent Hospital Falls	Implementation of falls prevention actions	25-80%	£1,031k	25%*	32%	38%	
CCG11: Same Day Emergency Care: Eligible patients to be managed in a same day setting	Pulmonary Embolus	50-75%	£1,031k	100%	100%	100%	
	Tachycardia	50-75%		83%	93.61%	95%	
	Community Acquired Pneumonia (CAP)	50-75%		100%	81.39%	80%	

Specialised Commissioning	Indicators	Payment Requirements	CQUIN Value	Q1	Q2	Q3	Q4
PSS1: Medicines Optimisation and Stewardship	Improving efficiency in the IV chemotherapy pathway	Pass/Fail	3 Trigger x £20k = £60k	Pass	Pass	Pass	
	Accurate completion of prior approval pro-formas						
	Faster adoption rates of prioritised best value medicines						
PSS2: Working Towards Hepatitis C Virus (HVC) Elimination	Increase focus on improving treatment of diagnosed patients and increasing rates of testing and diagnosis.	Pass/Fail	£350k	Pass	Pass	Pass **	

* Q1 results excluded from CQUIN earnings calculation as per letter received from NHSE/I on 8th October 2019

** T3: Pending NHSE response to submission (expected end of February 2020)

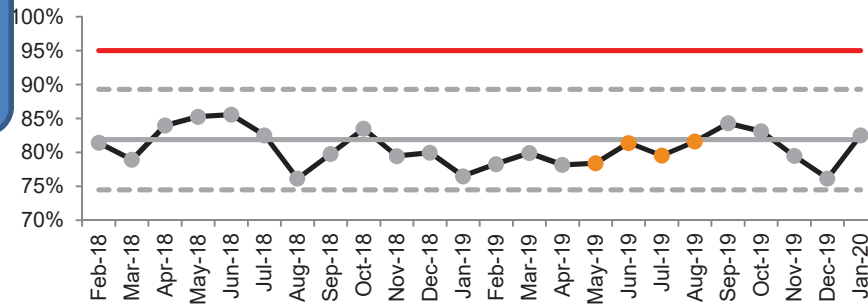
A&E 4 hour standard % performance -



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 83.4% in January, which remains below the 95% threshold, however is above the agreed trajectory.

The trend is showing a return to normal variation following a period of statistical deterioration and based on current variation is not capable of hitting the target.

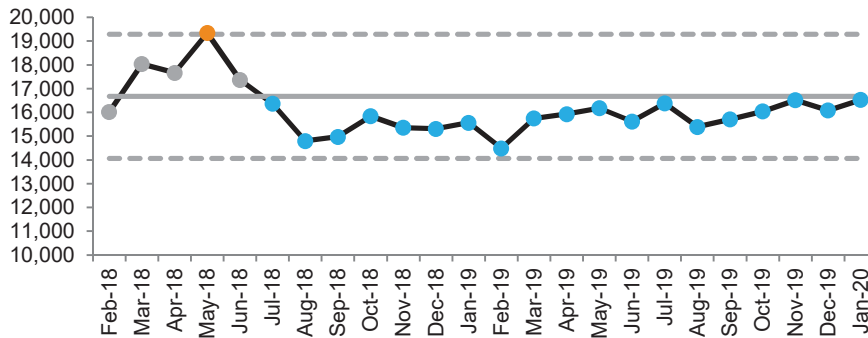
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 82.5% in January (Field testing sites excluded)

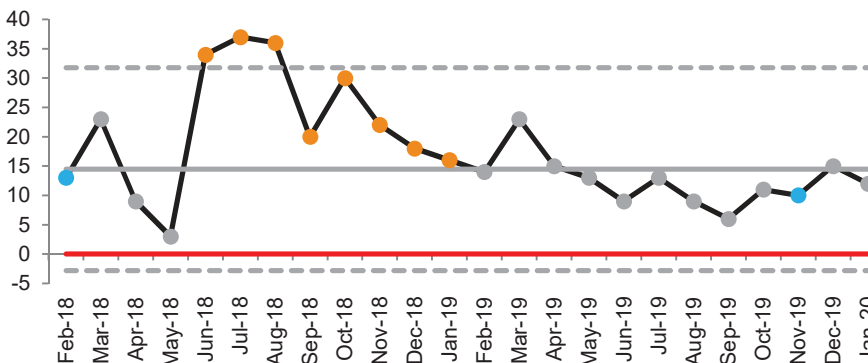
The national performance was 81.7% in January (All types) with 1 of the 118 reporting trusts with type 1 departments achieving the 95% standard.

A&E Attendances - Trust



The number of attendances during January was 16,527 and the trend is showing a significant reduction in attendances since June 18, when the HAC closed.

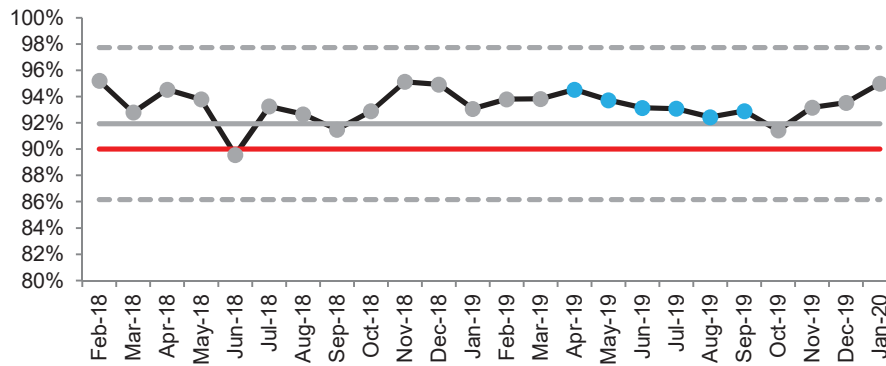
12 Hr Trolley Waits



There were 12 reported breaches of the 12 hour trolley wait standard from decision to admit during January. Five were mental health breaches and seven were physical health breaches. Rapid review timelines are completed in accordance with the NHS England Framework and a root cause analysis will be undertaken.

The trend is showing a significant improvement following a period of significantly higher numbers.

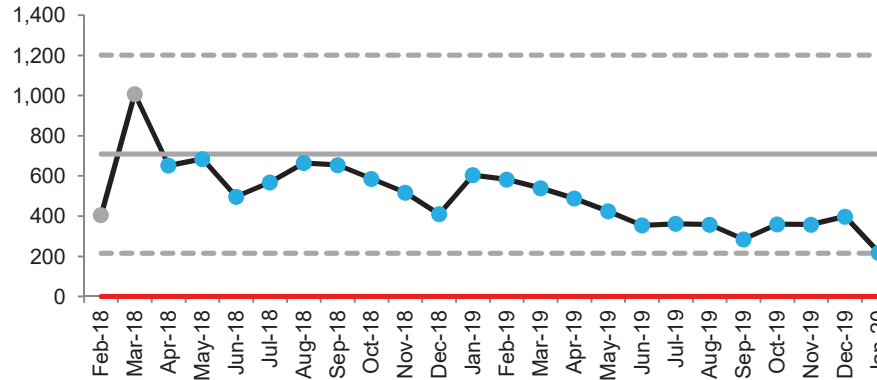
HAS Compliance



The ambulance handover compliance indicator measures the compliance with PIN entry on completion of patient handover. This was achieved at 95.0% in January, which is above the 90% threshold.

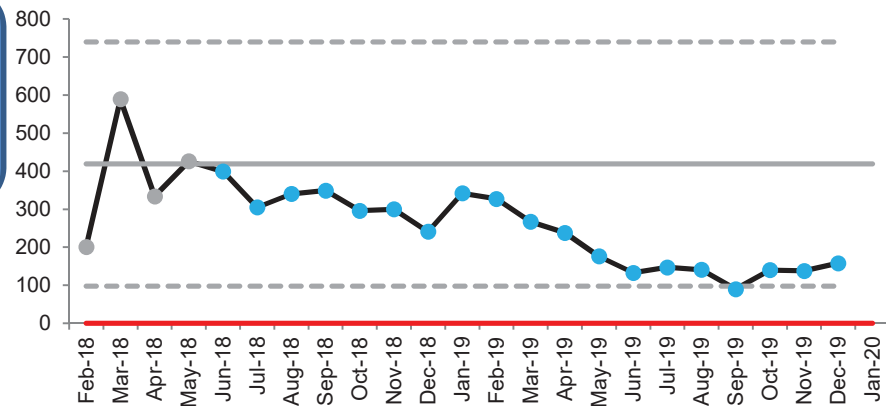
The trend is showing normal variation, following a period of improvement, however based on current variation, the target is still at risk of failure.

Ambulance Handovers - >30Minutes



The number of handovers over 30 minutes is showing significant improvement, with 218 reported for January.

Ambulance Handovers - HAS Confirmed Penalty >30Minutes

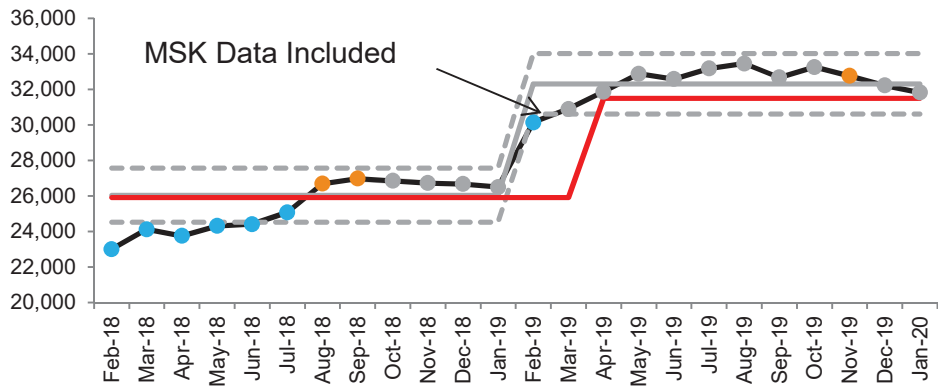


The validated NWS penalty figures are reported as at December as;- 110 missing timestamps, 133 handover breaches (30-60 mins) and 25 handover breaches (>60 mins). (January figures not available)

The trend is showing significant improvement, however based on current variation, the indicator is not capable of hitting the target.

The full action plan is monitored through the Finance & Performance Committee & the A&E Delivery Board.

RTT Total Ongoing

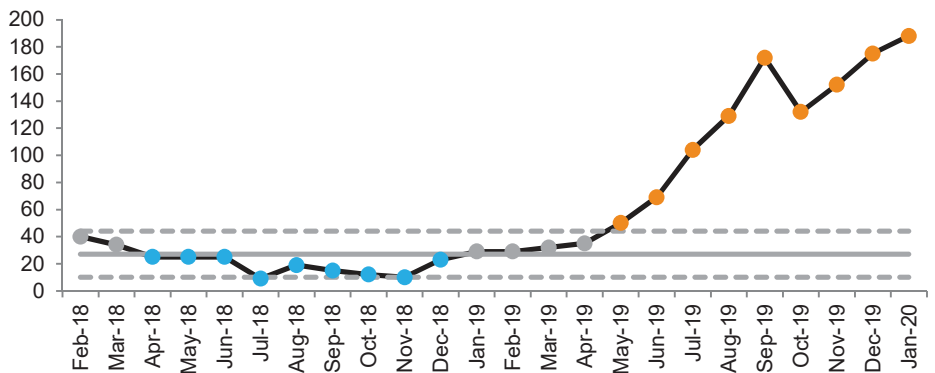


There were 31,832 ongoing RTT pathways at the end of January.

The target has been revised for 2019/20 to reduce the total to less than 31,500 by end of March 2020.

The rebased trend shows a likelihood that this reduction could be achieved, based on current performance.

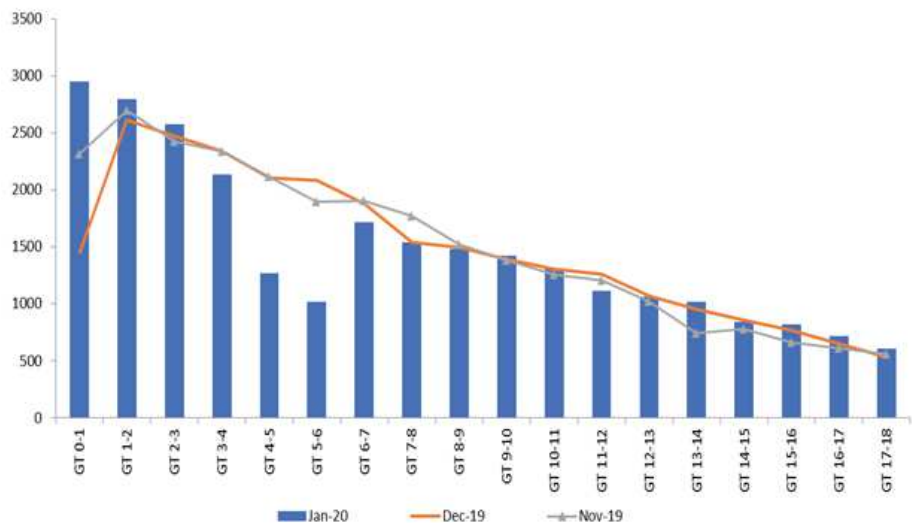
RTT Total Over 40 wks



The number of pathways over 40wks remains high in January with 188 patients waiting over 40 wks at month end.

There were no patients waiting over 52 weeks at the end of January.

RTT Ongoing 0-18 Weeks

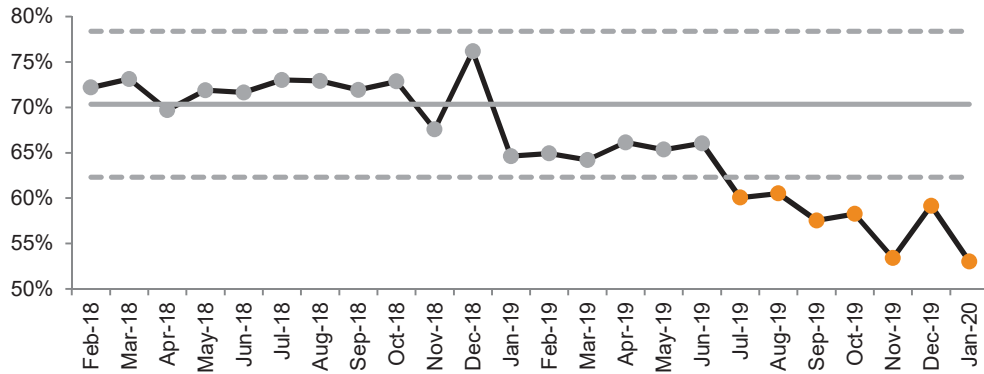


The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

RTT Over 18 weeks

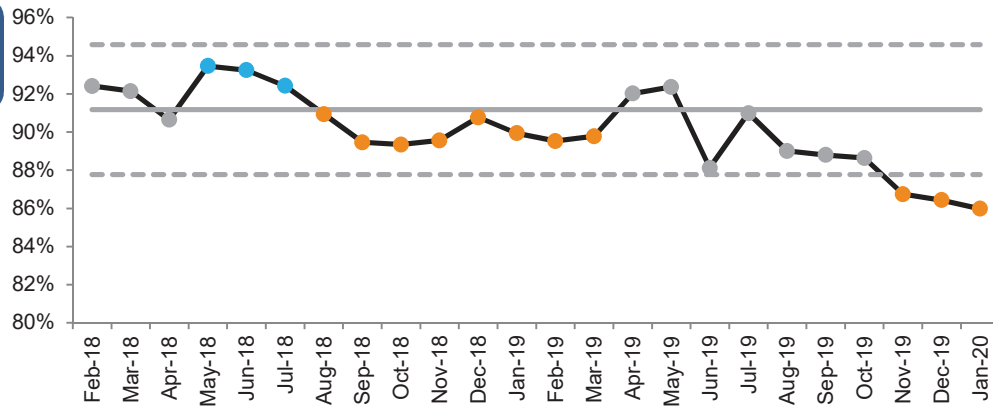


RTT Admitted



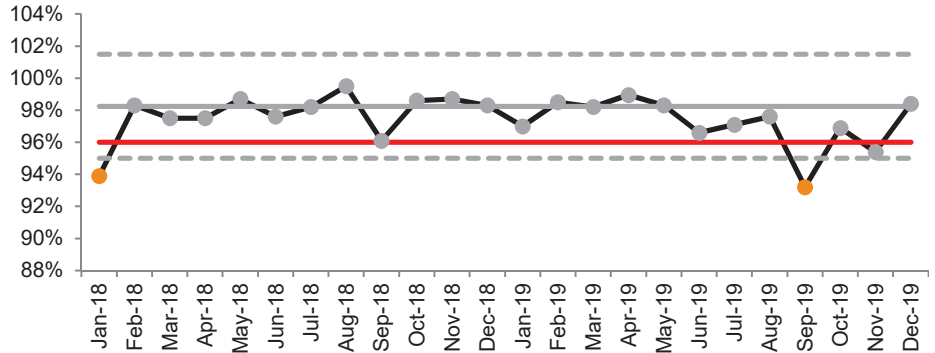
Although no longer a national target, the proportion of admitted and non-admitted patients is included for information.

RTT Non-Admitted



The trend for both RTT admitted and non-admitted are now showing significant deterioration.

Cancer 31 day

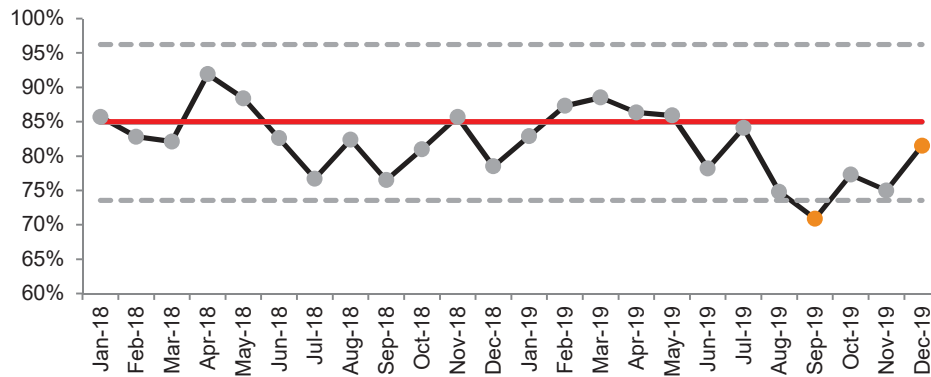


The 31 day standard was achieved in December at 98.4%, above the 96% threshold.

Quarter 3 performance was above target at 96.8%

The trend is showing normal variation and based on current variation may occasionally fall below the standard.

Cancer 62 Day

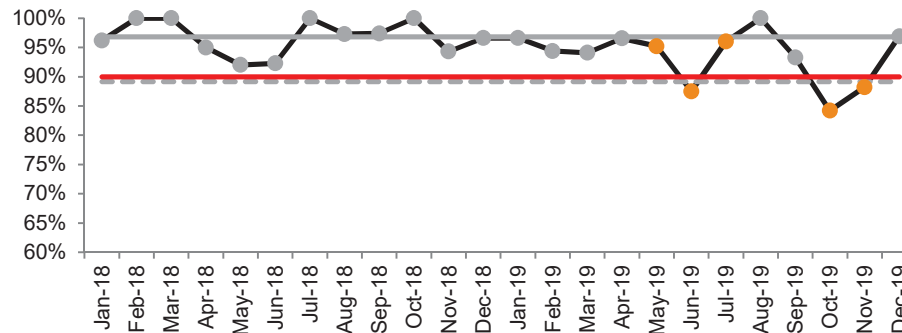


The 62 day cancer standard was not achieved in December at 81.5% below the 85% threshold.

Quarter 3 performance was below threshold at 77.9%

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

Cancer 62 Day Screening

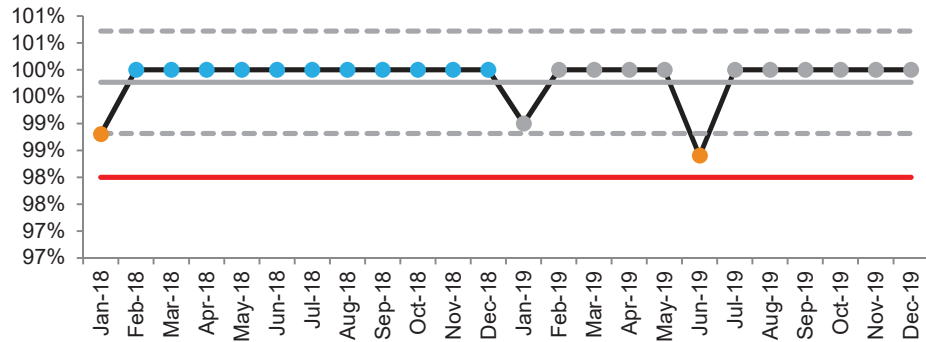


The 62 day screening standard was achieved in December at 96.9%, above the 90% threshold.

Quarter 3 performance was above threshold at 90.6%

The trend has returned to normal variation following a period of significant deterioration.

Cancer - Subsequent treatment within

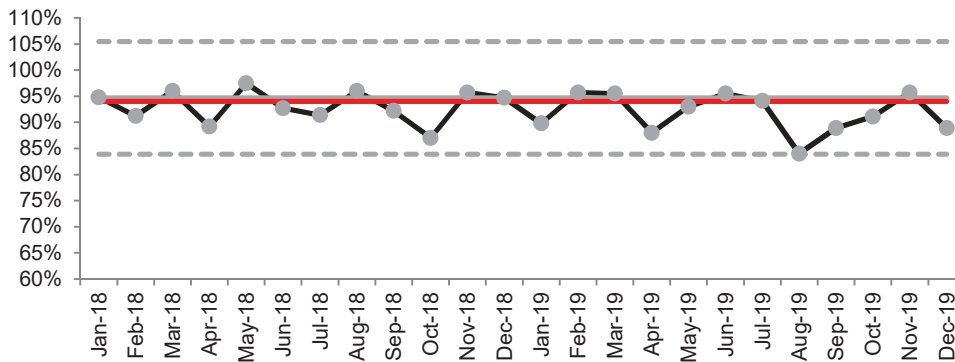


The subsequent treatment - drug standard was met in December at 100.0%.

Quarter 3 performance was also 100%

The trend shows normal variation, following a significant drop in June and based on the current variation, the indicator will consistently achieve the standard.

Cancer - Subsequent treatment within 31 days (Surgery)

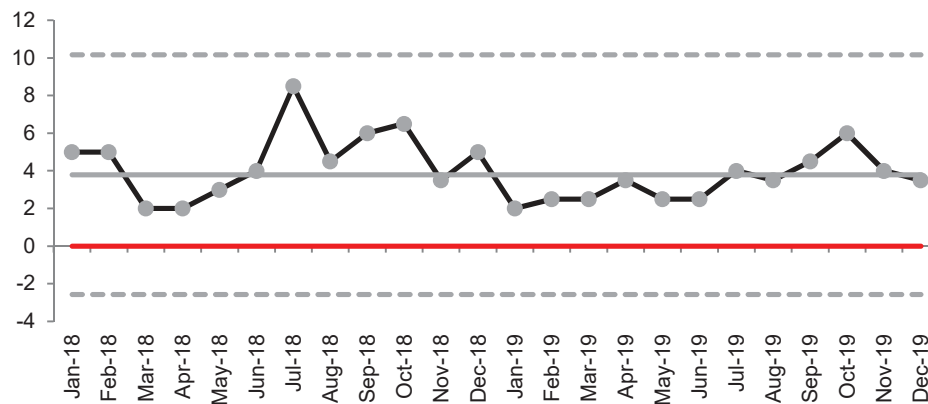


The subsequent treatment - surgery standard was not met in December at 88.9%, below the 94% standard.

Quarter 3 performance was below threshold at 91.9%

The trend shows no significant change and based on the current variation, the indicator is at risk of falling below threshold.

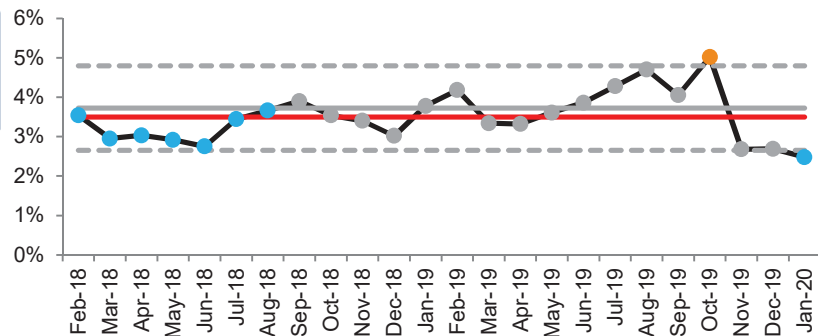
Cancer Patients Treated > Day 104



There were 3.5 breaches allocated to the Trust, treated after day 104 in December and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the Consultants involved in the pathway as required.

The trend is showing no significant change.

Delayed Discharges per 1000 bed days

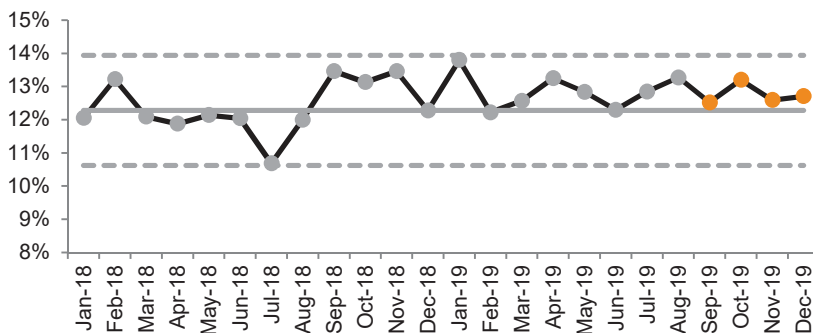


The proportion of delays reported against the delayed transfers of care standard was 2.5% for January, below the 3.5% threshold. This is the lowest it has been in the last 5 years.

The trend is showing significant improvement and based on current variation this indicator may or may not achieve the target.

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

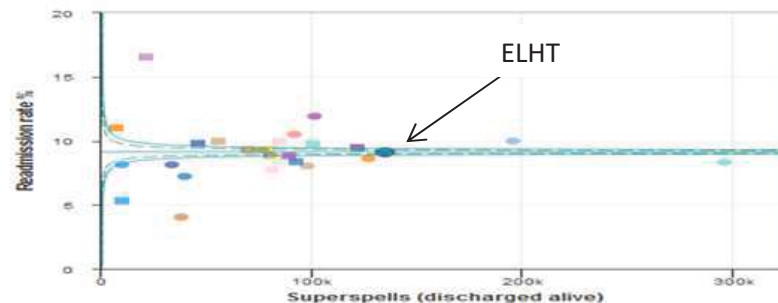
Emergency Readmissions



The emergency readmission rate trend has returned to normal variation.

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

Readmissions within 30 days vs North West - Dr Foster

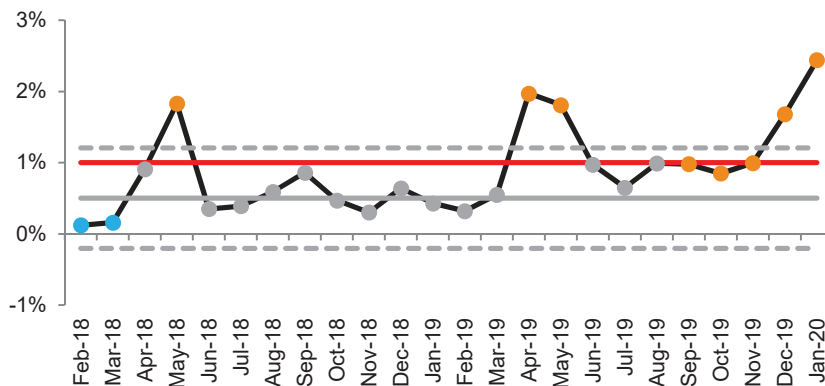


In January 2.44% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

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

Nationally, the performance is still failing the 1% target at 4.2% in December (reported 1 month behind).

Diagnostic Waits



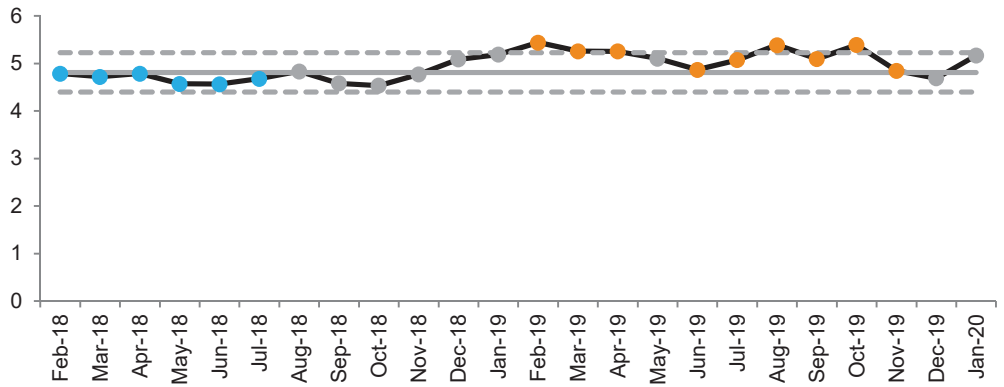
Average length of stay benchmarking

Dr Foster Benchmarking November 18 - October 19

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	63,380	9,761	53,619	3.3	2.6	-0.6
Emergency	62,549	62,549	0	4.2	4.2	0.0
Maternity/ Birth	13,695	13,695	0	2.1	2.3	0.2
Transfer	202	202	0	10.3	25.1	14.8

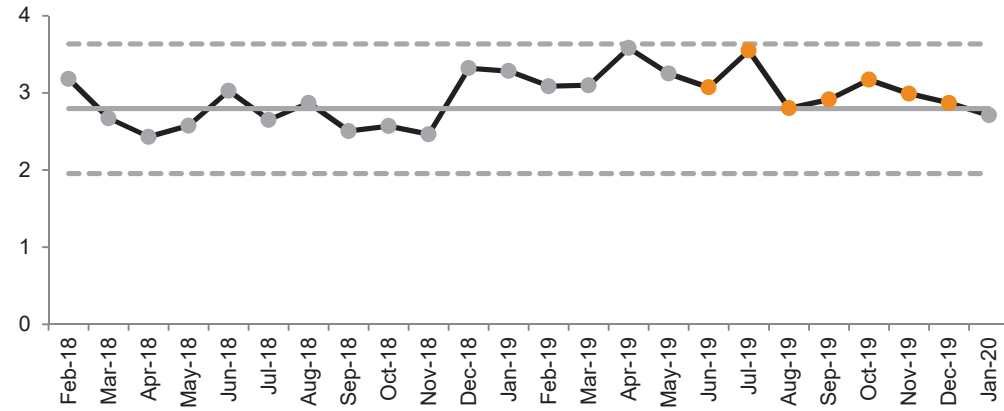
Dr Foster benchmarking shows the Trust length of stay to be as expected for non-elective and below expected for elective when compared to national case mix adjusted.

Average length of stay - non elective



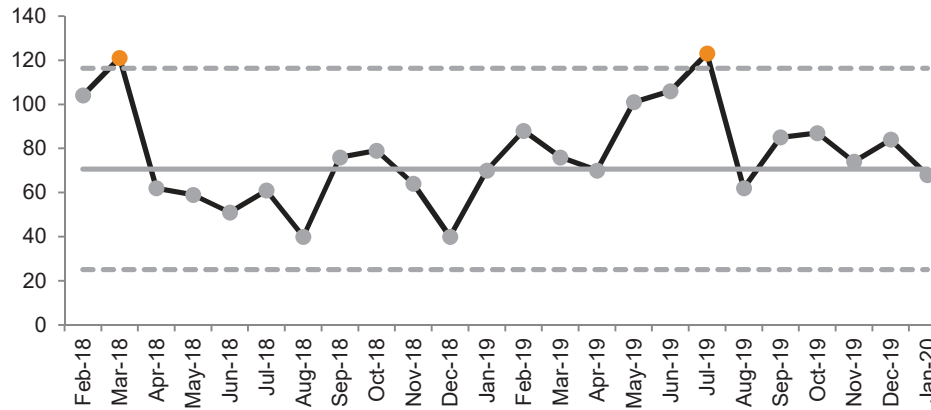
The Trust non elective average length of stay is now showing a return to normal variation following a period of significant increase.

Average length of stay - elective



The Trust elective average length of stay has returned to normal variation following a period of significant increase, December 2018 to December 2019.

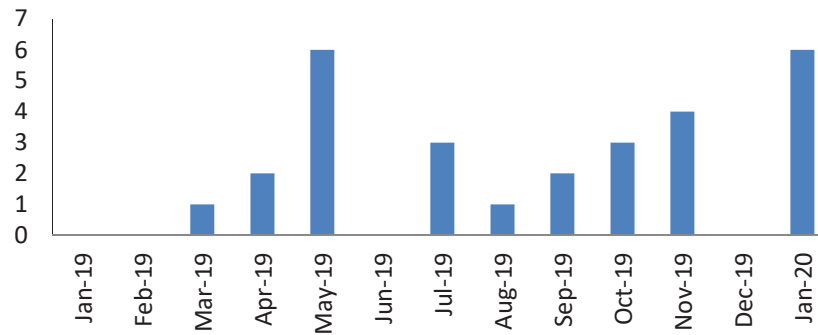
Operations cancelled on day



There were 68 operations cancelled on the day of operation - non clinical reasons, in January.

The trend is showing normal variation.

Operations cancelled on day - breaches of 28 day standard

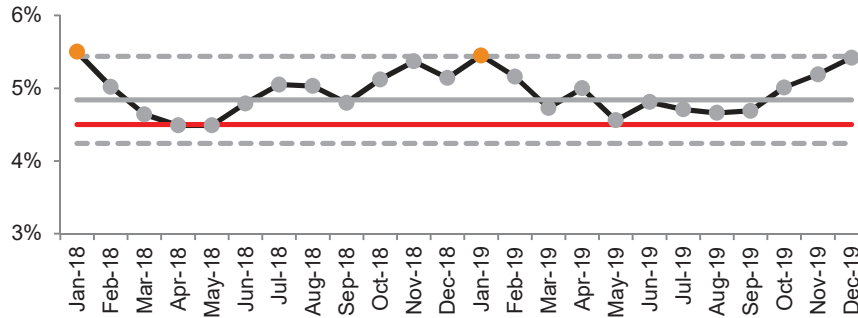


There were 6 'on the day' cancelled operations not rebooked within 28 days in January.

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

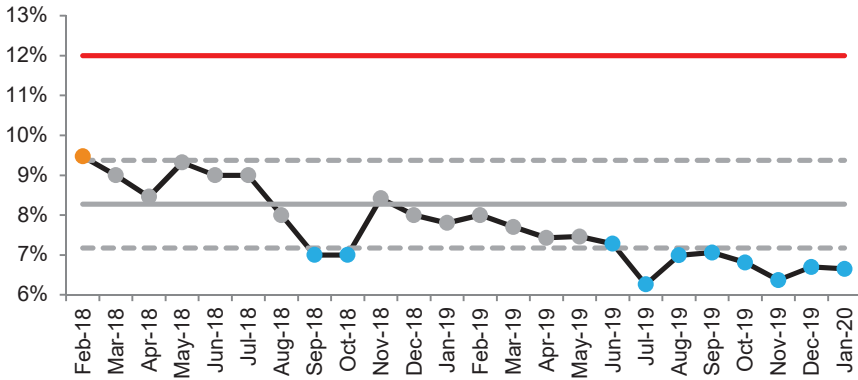
■ Not treated within 28 days of last minute cancellation due to non clinical reasons - actual

Sickness



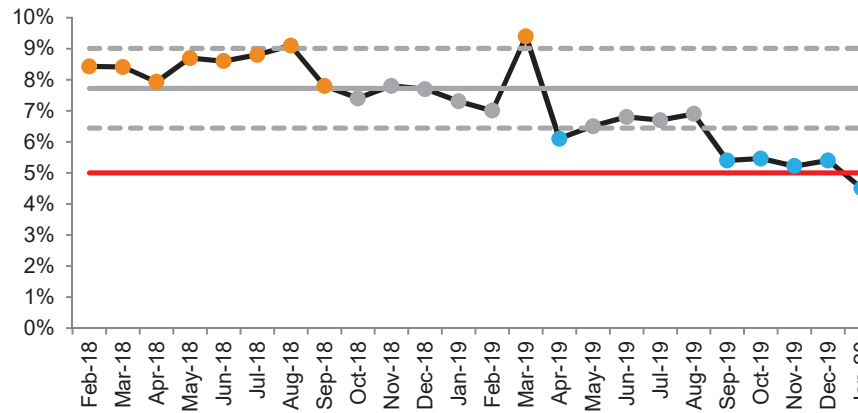
The sickness absence rate is 5.4% for December which is above threshold. The trend is showing normal variation and based on the current level of variation, may occasionally achieve the target.

Turnover Rate



The trust turnover rate continues to show a significant reduction at 6.7% in January which is below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate



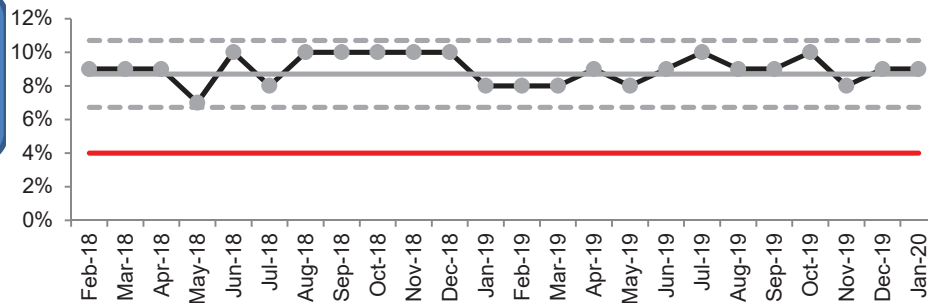
The vacancy rate is 4.5% for January which is below the 5% threshold.

The trend has shown a significant reduction for the last 10 months.

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

WELL LED

Temporary costs and overtime as % total pay bill



In January 2020, £2.7 million was spent on temporary staff, consisting of £0.9 million on agency staff and £1.7 million on bank staff. WTE staff worked (8,525 WTE) was 47 WTE more than is funded substantively (8,478 WTE). Pay costs are £0.5 million more than budgeted establishment in January.

At the end of January 20 there were 370 vacancies

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

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

The trend for consultant appraisals is showing significant improvement, however based on current variation is still at risk of not achieving the target.

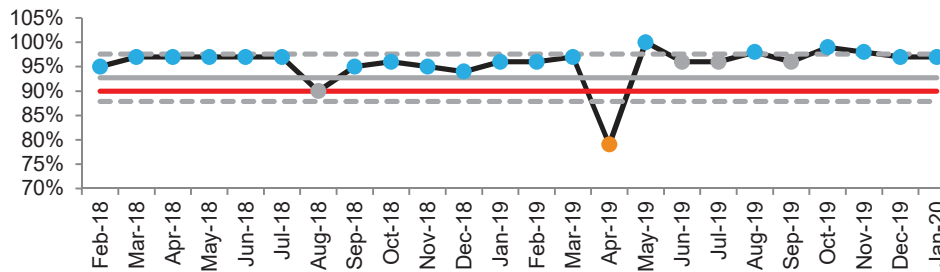
The trend for medical staff appraisal rates is showing improvement, following a drop in April however based on current variation remains at risk of non achievement.

The AFC appraisal rate continues to be reported as a rolling 12 month figure and remains below threshold.

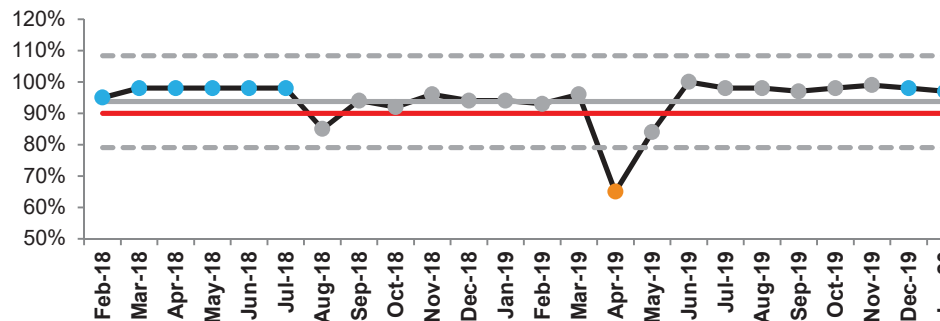
The trend is showing normal variation and based on current variation the indicator is not capable of achieving the target

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

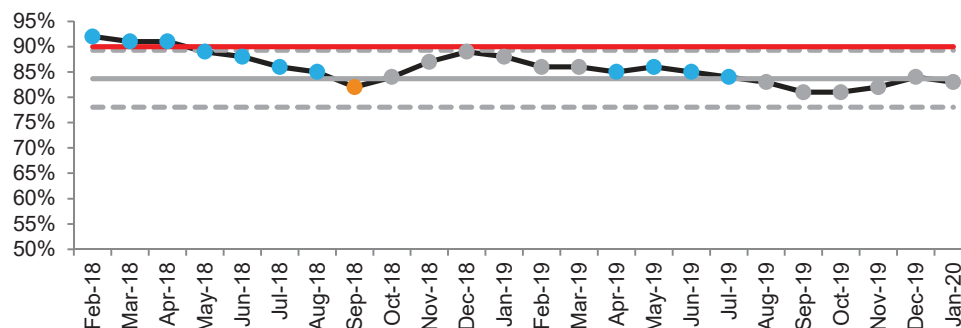
Appraisals, Consultant



Appraisals, Other Medical



Appraisals AFC



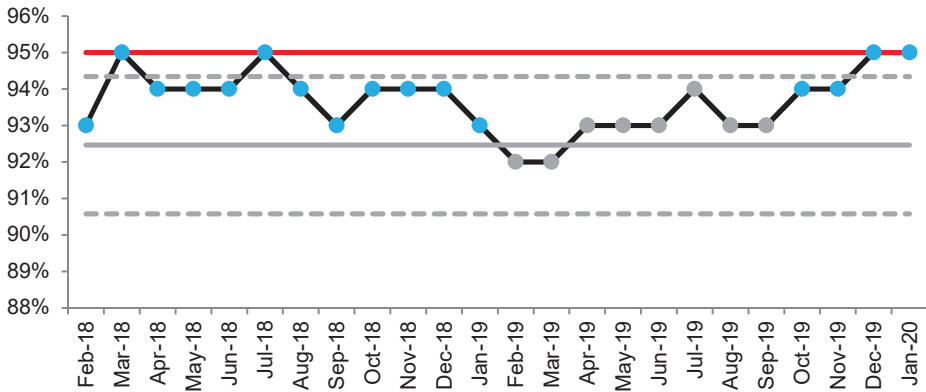
Job Plans

Stage	Consultant	SAS Doctor
Draft	0	0
In discussion with 1st stage manager	181	24
1 st stage sign off by consultant	17	0
1 st stage sign off by manager	30	2
2nd stage sign off	27	0
Signed Off	62	0

There are 317 Consultants and 26 SAS doctors registered with a job plan on Allocate.

The 2019 planning round has been opened since January to be completed by 31 March.

Information Governance Toolkit Compliance



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

WELL LED



Core Skills Training % Compliance

	Target	Compliance at end January
Basic Life Support	90%	92%
Conflict Resolution Training Level 1	90%	98%
Equality, Diversity and Human Rights	90%	98%
Fire Safety	90%	95%
Health, Safety and Welfare Level 1	90%	96%
Infection Prevention	90%	95%
Information Governance	95%	95%
Prevent Healthwrap	90%	97%
Safeguarding Adults	90%	94%
Safeguarding Children	90%	96%
Safer Handling Theory	90%	97%

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

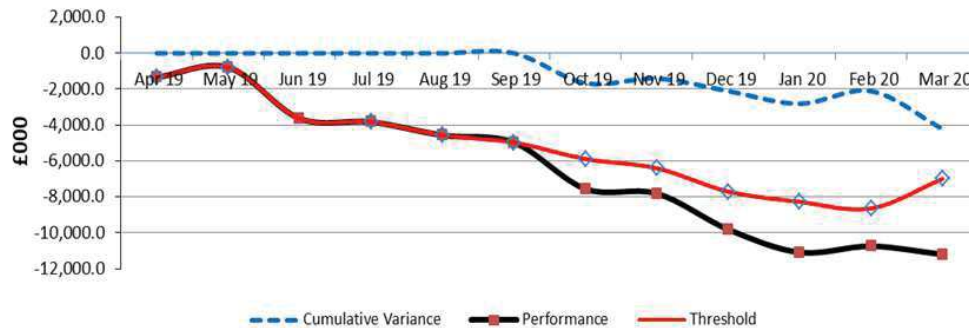
All of the eleven areas are currently at or above threshold for training compliance rates.

Divisional actions plans to address non-compliance are in place and are being monitored through divisional meetings. Furthermore, a range of Trust-wide measures to support staff to be fully compliant are in place. These include facilitated e-Learning sessions, bespoke training for wards and departments, cascade training and the availability of real-time compliance reporting to assist managers monitor compliance.

Finance & Use of Resource metrics

Area	Metric	Actual YTD		Forecast outturn	
		Performance	Score	Performance	Score
Financial sustainability	Capital service capacity	1.5	3	1.5	3
	Liquidity (days)	(5.6)	2	(5.6)	2
Financial efficiency	I&E margin	0.5%	2	0.4%	2
Financial control	Variance from control total rating	(0.1%)	2	(0.9%)	2
	Agency spend	34.0%	3	32.7%	3
Total		2		2	

Adjusted financial performance (deficit)



* - excludes PSF allocation and MRET funding

Efficiency Savings

Division	Identified Schemes					Total £000s	Target £000s	Gap £000s
	Green £000s	Amber £000s	Red £000s	Non Rec £000s	Rec £000s			
Medicine & Emergency Care	1,678	0	0	500	1,178	1,678	1,932	408
Community & Intermediate Care	84	0	0	84	0	84	1,043	959
SAS	1,804	94	193	1,297	793	2,090	4,844	2,707
Family Care	1,499	113	0	1,528	84	1,612	3,040	1,482
DCS	1,113	0	0	0	1,113	1,113	1,113	0
Estates & Facilities	474	0	0	415	59	474	1,356	873
Corporate Services	540	0	0	347	193	540	672	274
Cross divisional	0	0	0	0	0	0	0	0
Targeted Transformation	2,098	0	0	1,135	963	2,098	2,433	363
Total	9,290	207	193	5,306	4,383	9,690	16,433	7,066

Green Schemes		
Annual Non Rec	Annual Rec	Annual Identified
500	1,179	1,678
84	0	84
1,235	569	1,804
1,415	84	1,499
0	1,113	1,113
415	59	474
347	193	540
0	0	0
1,135	963	2,098
5,131	4,160	9,290

The Trust accepted the 2019-20 Control Total to deliver a £7.0 million underlying deficit; By accepting the Control Total the Trust received a £4.4 million payment referred to as the Marginal Rate Emergency Tariff (MRET) and in addition gave the Trust access to £9.2 million non-recurrent PSF. The forecast now assumes achievement of the ICS Control Total and as a result we are now forecasting to receive the full PSF allocation of £9.2 million.

At month 10 the Trust is reporting an underlying £8.3 million deficit to date in line with the financial plan and a £2.3 million surplus, if the Trust was to meet its control total. However there remains significant risk to this financial position and list of mitigating actions have been developed in an attempt to bridge the gap of £4.2 million required to meet our Control Total (previously £6.6 million).

At month 10, the Trust is forecasting a £12.1 million adverse variance to our planned control total before mitigations, an improvement of £7.3 million from the reported position at month 9.

The Waste Reduction Programme (WRP) is £16.4 million. At month 10, £8.1 million (49%) has been actioned to date, of which £3.8 million (47%) is recurrent and £6.8 million is reducing the cost base (cash releasing). Full year achievement of £9.3 million (56%) has been actioned of which £5.1 million (55%) is recurrent and £8.0 million is cash releasing.

The Finance and Use of Resources (UoR) metrics score of '2' for the financial year to date is in line with the planned position, but will worsen if the Trust control total is not met.

Capital spend to date is £14.5 million against a plan to date of £15.6 million (93% of the plan).

The Better Payment Practice Code (BPPC) targets continue to be achieved year to date.

The cash balance at 31st January 2020 of £4.9 million represents a reduction of £3.6 million in month.

TRUSTBOARD REPORT

Item **39**

11 March 2020

Purpose Information
Action

Title	National NHS Staff Survey Results
Author	Mrs L Barnes, Head of Staff Wellbeing, Engagement and Organisational Development
Executive sponsor	Mr K Moynes, Executive Director of Human Resources and Organisational Development

Summary: Board members are asked to note the 2019 National Staff Survey report and the key findings identified. Members are also asked to support the outlined recommendations and next steps.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	Recruitment and workforce planning fail to deliver the Trust objectives The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework. The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	Yes	Financial	Yes
Equality	Yes	Confidentiality	No

Executive summary

1. This report summarises the findings from the 2019 NHS Staff Survey for East Lancashire Hospitals NHS Trust (ELHT). Members are asked to note the current findings and support the recommendations detailed within the report.

Introduction

2. The Trust undertook a full census in 2019 and a total of 8401 staff were eligible to complete the survey. 3942 staff returned a completed questionnaire, giving a response rate of 47% which is above average for Combined Acute and Community Trusts in England, and compares with a response rate of 45% (3655) in the 2018 survey, which is an increase on the previous year's response rate.

Figure 1 below details the return rate by division/directorate and compares with 2018 response rates.

Figure 1: Return rate by division/directorate

Locality	Response rate 2018	Response rate 2019
Trust Head Quarters	75%	68% ↓
Diagnostics & Clinical Support	61%	55% ↓
Estates and Facilities	23%	57% ↑
Family Care	46%	38% ↓
Finance Performance and IM&T	66%	82% ↑
Quality and Safety	72%	78% ↑
Medicine & Emergency Care	32%	32% -
Community & Intermediate Care Services	32%	40% ↑
Human Resources & Organisational Development	89%	87% ↓
Research and Development	81%	74% ↓
Surgical and Anaesthetics Services	48%	47% ↓
Overall	45%	47% ↑

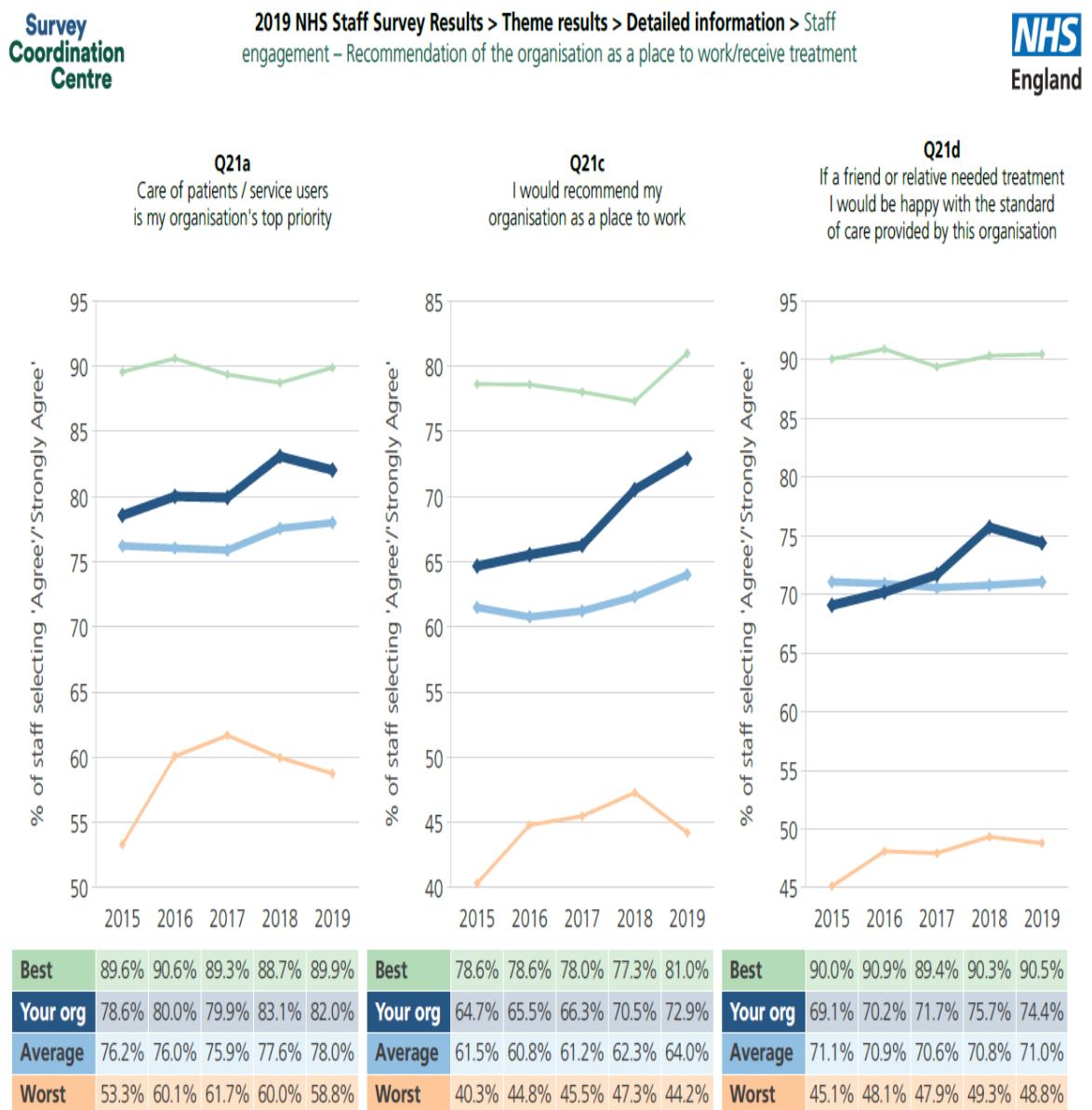
3. The National Staff Survey Benchmark report for East Lancashire Hospitals NHS Trust contains results for themes and questions from the 2019 NHS Staff Survey, and historical results back to 2015 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations (see appendix 1 for the full report and appendix 2 for the summary report). The report is presented in the form of eleven themes to provide a high level overview of the results for an organisation. The themes are as follows:
 - a) Equality diversity and inclusion.
 - b) Health and wellbeing.
 - c) Immediate managers.
 - d) Morale.
 - e) Quality of appraisals.
 - f) Quality of care.
 - g) Safe environment- Bullying and harassment.
 - h) Safe environment- Violence.
 - i) Safety culture.
 - j) Staff engagement.
 - k) Team working
4. The eleven themes are scored consistently on a 0-10pt scale with 10 being the best possible score. As in previous years the question level data is presented in percentage scores.

Overall indicator for staff engagement at East Lancashire Hospitals NHS Trust

5. The staff engagement indicator score is 7.3. Please note: the staff engagement score is still calculated using the same questions as in prior years but has been adjusted to the 0-10 scale with 10 being the best possible score. The Trusts score of 7.3 is in the top 20% when compared with other Combined Acute and Community Trusts (Combined Acute and Community Trust average 7.1). The ELHT score has been maintained from the 2018 Staff Survey score of 7.3. ELHT are ranked as 6th out of 48 Trusts nationally when compared with all Combined Acute and Community Trusts based on this score.
6. The overall indicator of staff engagement is calculated using 9 questions. Three questions focus on advocacy, motivation and involvement.

7. Staff advocacy: Staff belief that care of patients/service users is the organisations top priority (Q21a) Staff recommendation of the Trust as a place to work (Q21c) and if a friend/relative needed treatment I would be happy with the standard of care provided by this organisation (Q21d) scores are significantly better than average when compared with other Combined Acute and Community Trusts. Historic comparisons demonstrate two of the questions have slightly deteriorated (Q21a) and (Q21d) from the previous year. However (Q21c) I would recommend my organisation as a place to work has improved for 5 consecutive years.

Figure 2: Staff advocacy questions



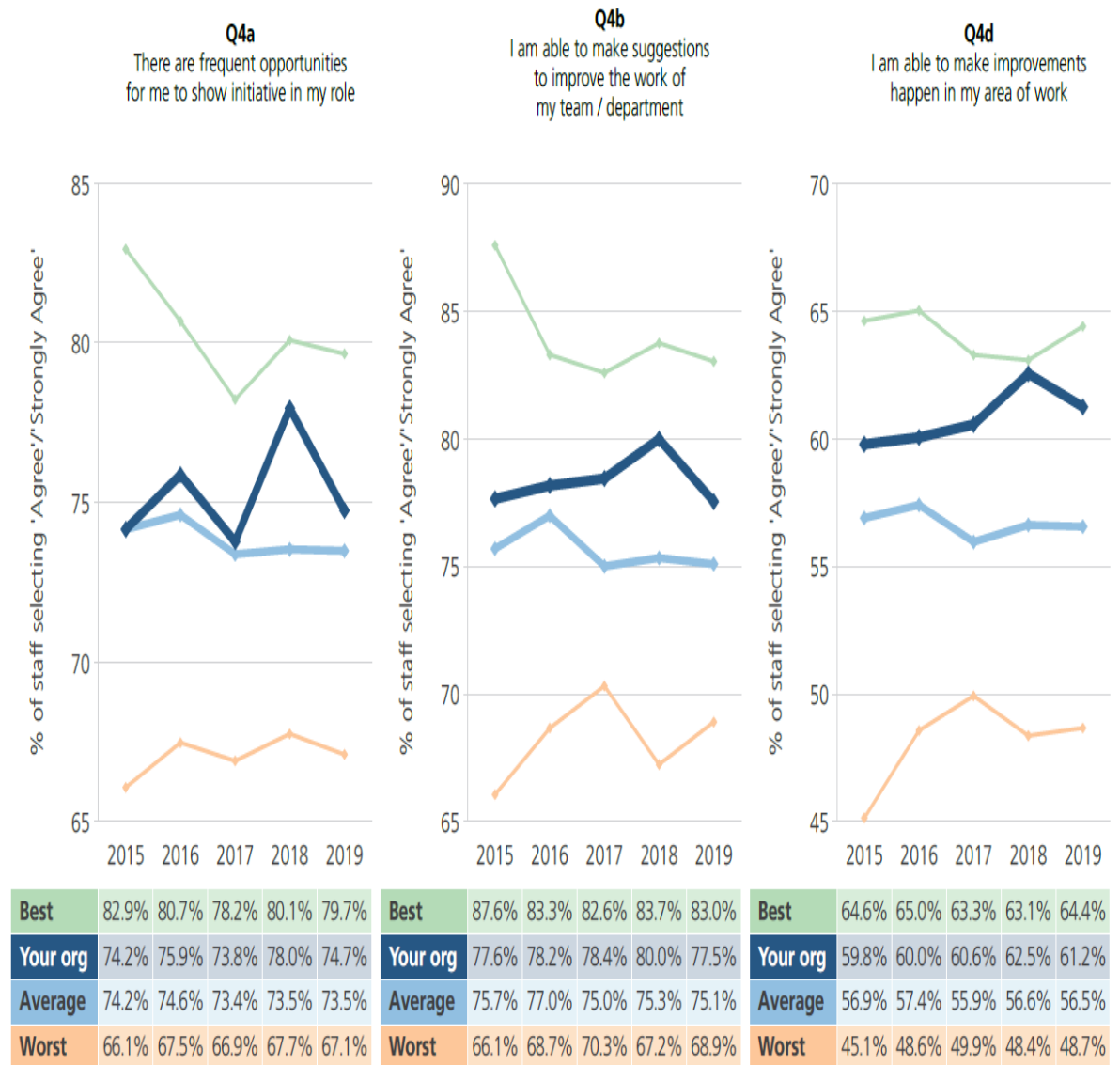
8. Staff motivation: I look forward to going to work (Q2a) I am enthusiastic about my job (Q2b) and Time passes quickly when I am working (Q2c) scores are significantly better than average when compared with other Combined Acute and Community Trusts. Historic comparisons demonstrate all three of the questions have improved from the previous year.

Figure 3: Staff motivation questions



9. Staff involvement: There are frequent opportunities for me to show initiative in my role (Q4a), I am able to make suggestions to improve the work of my team/department (Q4b) and I am able to make improvements happen in my area of work (Q4d) scores are significantly better than average when compared with other Combined Acute and Community Trusts. Historic comparisons demonstrate all three of the questions have deteriorated from the previous year.

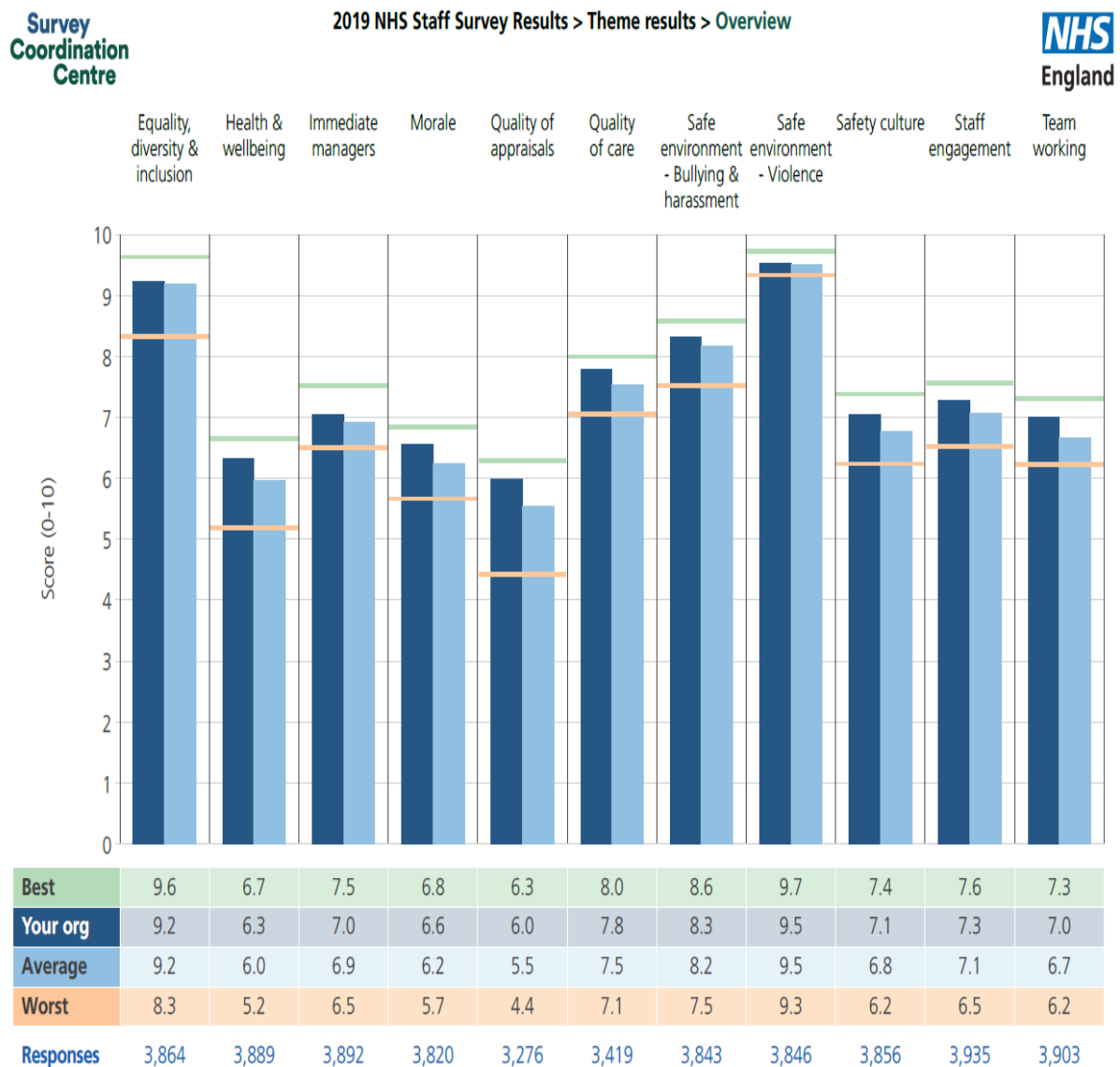
Figure 4: Staff involvement questions



Summary of Themes

10. The ELHT staff satisfaction responses were in the top 20% for 8 of the 11 themes when compared with all Combined Acute and Community Trusts. The 8 themes ELHT scored in the top 20% are: Health and wellbeing, Morale, Quality of appraisals, Quality of care, Safe environment- bullying and harassment, Safety culture, Staff engagement and Team working. The ELHT staff satisfaction responses were better than average in 1 of the 11 themes: Immediate managers and equal to the average in two themes: Equality diversity and inclusion and Safe environment- violence.

Figure 5: theme overview



11. The table below presents the results of significance testing conducted on this year's theme scores and those from last year. It details the organisation's theme scores for both years and the number of responses each of these are based on.
12. The final column contains the outcome of the significance testing: ↑ indicates that the 2019 score is significantly higher than last year's. Whereas: ↓ indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Figure 6: Statistically significant themes

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.1	3502	9.2	3864	↑
Health & wellbeing	6.3	3539	6.3	3889	Not significant
Immediate managers	7.0	3565	7.0	3892	Not significant
Morale	6.5	3460	6.6	3820	Not significant
Quality of appraisals	5.8	3133	6.0	3276	↑
Quality of care	7.7	3194	7.8	3419	Not significant
Safe environment - Bullying & harassment	8.2	3455	8.3	3843	Not significant
Safe environment - Violence	9.5	3431	9.5	3846	Not significant
Safety culture	7.0	3501	7.1	3856	Not significant
Staff engagement	7.3	3634	7.3	3935	Not significant
Team working	7.0	3603	7.0	3903	Not significant

13. The table above demonstrates two themes with statistically significant higher scores when tested using a two-tailed t-test with a 95% level of confidence. The two themes demonstrating the significantly higher scores compared to last year are: Equality diversity and inclusion and Quality of appraisals.
14. It can also be seen from the table that ELHT has improved on our previous years scores in 6 of the 11 themes: Equality diversity and inclusion, Morale, Quality of

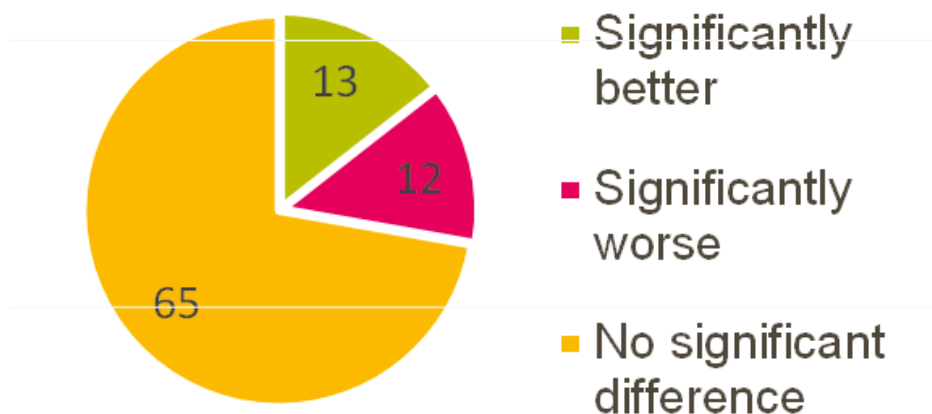
appraisals, Quality of care, Safe environment- Bullying and harassment, and Safety culture.

- ELHT has maintained scores in 5 themes: Health and wellbeing, immediate managers, Safe environment- Violence, Staff engagement and Team working.

Question level comparison

- 90 questions can be compared historically between 2018 and 2019. The chart below demonstrates that 13 questions scored significantly better, 65 questions no significant difference and 12 questions significantly worse when compared with 2018.

Figure 7: Question level historical comparison



Workforce Race Equality Standard (WRES) Indicators

- Four of the WRES indicators are drawn from the national NHS staff survey. Within the last 2 years BME staff have been engaged in meaningful and sustained ways, to start exploring why there are such differences between the treatment and experiences of white and BME staff – and importantly, how the existing gaps can be closed.
- In the spirit of continuous learning and transparency, the Trust have held a WRES group, held Big conversations, 1:1 interviews, training, communications which in turn

has given confidence to BME colleagues to have their say by voicing their concerns in the staff survey.

- a) **WRES Indicator Five** - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. This has improved by 0.7% from the previous year for White staff but deteriorated by 1.2% for BME staff. The score for BME staff is 23.4% and 23.8% for White staff which is better than the average for both staff groups.
- b) **WRES Metric Six** - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. This has improved by 2.2% from the previous year for White staff and improved by 2.4% for BME staff. The score for BME staff is 23.5% and 20.2% for White staff which is better than the average for both groups.
- c) **WRES Metric Seven-** Percentage believing that the Trust provides equal opportunities for career progression or promotion. BME staff remain less likely than white staff to believe that ELHT provides equal opportunities for career progression. However for BME staff this has improved from 67% in 2018 to 73% in 2019. Likewise there has been an improvement for White staff from 88% in 2018 and 90% in 2019. The gap between white and BME staff on this indicator closed from 21% in 2018 to 17% in 2019.
- d) **WRES Metric Eight-** Q17B. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues?

BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers, the percentage of BME staff reporting that in the last 12 months they have personally experienced discrimination at work from staff was 13.7% compared to 4.8% of White staff. However there has been a 2.3% improvement when compared with the previous year for BME staff. Likewise there has been a 1.1% improvement for White staff when compared with the previous year.

External benchmarking

- 19. Based on benchmarking data from the NHS Staff Survey Co-ordination Centre Northumbria Healthcare NHS Foundation Trust achieved the highest overall Staff engagement score of all Combined Acute and Community Trusts with a score of 7.6.

ELHT are ranked as 6th out of 48 Trusts nationally when compared with all Combined Acute and Community Trusts based on this score. (see appendix 3 for ELHTs ranking based on all 11 themes within our benchmarking group)

Recommendations

20. All leaders to champion staff safety from violence from patients and the public and to further progress the mechanisms in place to protect staff from unacceptable behaviour.
21. All senior leaders to champion the benefits of timely feedback, regular 1:1s, appraisals/personal development reviews; and ensure all staff have a quality appraisal and personal development plans which are implemented within the organisation on an annual basis.
22. All teams should develop a set of shared objectives and teams should be encouraged to meet often to discuss the teams' effectiveness.
23. ELHT should design and deliver training and development which enables managers to deliver compassionate and inclusive management practices to ensure staff have opportunities to show their initiative, are able to make suggestions to improve the work of their team and are involved in deciding changes that affect their work.
24. Continued support by the Trust Board / Senior Management to work with the Staff Guardian to embed the culture of speaking out safely. Further promotion of the "if you see something, say something" campaign to raise awareness and assurance to all staff that the Trust encourages and supports staff who raise concerns if they feel safety is at risk. Also further education and communication should be deployed to ensure all staff know how to report unsafe clinical practice and that staff understand how concerns raised by service users are acted upon.
25. Continued focus and effort to increase visibility and communication from senior managers on all sites at East Lancashire Hospitals NHS Trust for example: back to the floor visits; meet the board events and patient safety walkabouts on sites beyond the Royal Blackburn site.
26. Progress ELHTs Trust wide action plan on the Workforce Race and Disability Equality standards to ensure all staff have equal opportunities which supports progress and outcomes towards a more representative and diverse workforce.
27. Divisions to understand their divisional data, particularly divisional strengths and areas for improvement. This will be supported by feedback workshops facilitated by

the Staff Engagement Team and the Picker Institute scheduled to take place on the 18th and 19th March 2020. It is recommended that as many line managers as possible along with the senior management team of all divisions/directorates attend these sessions.

28. Divisions to utilise this year's Big Conversations specifically focusing on staff experience and engagement as a mechanism to discuss the current climate and culture at ELHT. Using a participative approach together with the workforce, divisions will formulate divisional action plans to target areas of improvement and celebrate successes.
29. The development of a corporate action plan with supporting Divisional action plans facilitating a joined up approach to addressing the survey findings. Presentation of these plans to the Employee Engagement Sponsor Group in quarter one of 2020 with ongoing oversight and monitoring during 2020/21.
30. It is recommended that if there are any directorate teams that were identified as hot spots for poor staff experience in the 2018 National Staff Survey and remain hotspots in the 2019 National Staff Survey, further diagnostics, support and interventions are agreed and implemented.
31. It is recommended that the vast majority of 2020 staff surveys are sent via electronic survey rather than paper survey. This has proven to be more successful in Trusts that have consistently maintained high response rates across their organisations and has proven successful in increasing our response rate in 2019.

Conclusion

32. The staff survey results for 2019 are really positive and pleasingly staff engagement and experience continues to improve despite significant challenges and pressures seen across the organisation.
33. Nationally and regionally East Lancashire Hospitals NHS Trust benchmarks very well with other Combined Acute and Community Trusts and is in the top 10 of their benchmarking group nationally for the overall staff engagement score, nevertheless we will strive to make further improvements over the coming year.
34. The improvements demonstrated in the 2019 National Staff Survey along with improvements seen in the quarterly Staff Friends and Family Test are indicators that the long term approach that the organisation committed to is having the desired effect throughout the Trust. However there is still room for improvement and

enhancing communication and engagement continues to remain a key improvement priority in 2020. The culture and leadership programme that the board has committed to will further enhance and enable our commitment to move from good to outstanding with staff engagement at the heart of ELHTs progress.

Next steps

35. Dates have now been circulated to provide sessions to support Divisions in developing a 'bespoke' action plan led by the Staff Engagement Team and The Picker Institute via the Staff Survey Workshops being held on the 18th and 19th March 2020.
36. Staff engagement and experience will be the focus for the 2020 round of 'Big Conversations' commencing in March through to May of this year.
 - a) Once the Divisional Staff engagement action plans have been formulated they will be a standing agenda item on the Divisional performance meetings and also monitored via the Employee Engagement Sponsor Group.
37. The priorities currently being progressed in the delivery phase of the Culture and Leadership programme will be implemented over 2020 to support staff experience and engagement across the organisation and the recently approved ELHT People Strategy will drive our compassionate and inclusive approach.

Lee Barnes, Head of Staff Wellbeing, Engagement and Organisational Development
28.02.2020

East Lancashire Hospitals NHS Trust

2019 NHS Staff Survey

Summary Benchmark Report

East Lancashire Hospitals NHS Trust

2019 NHS Staff Survey



Organisation details

Completed questionnaires **3,942**

2019 response rate **47%**

[See response rate trend for the last 5 years](#)

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Combined Acute and
Community Trusts



2019 benchmarking group details

Organisations in group: **48**

Median response rate: **46%**

No. of completed questionnaires:

127,403

Key features

Question number and text (or the theme) specified at the top of each slide

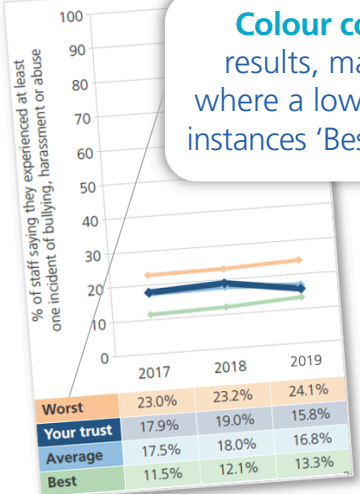
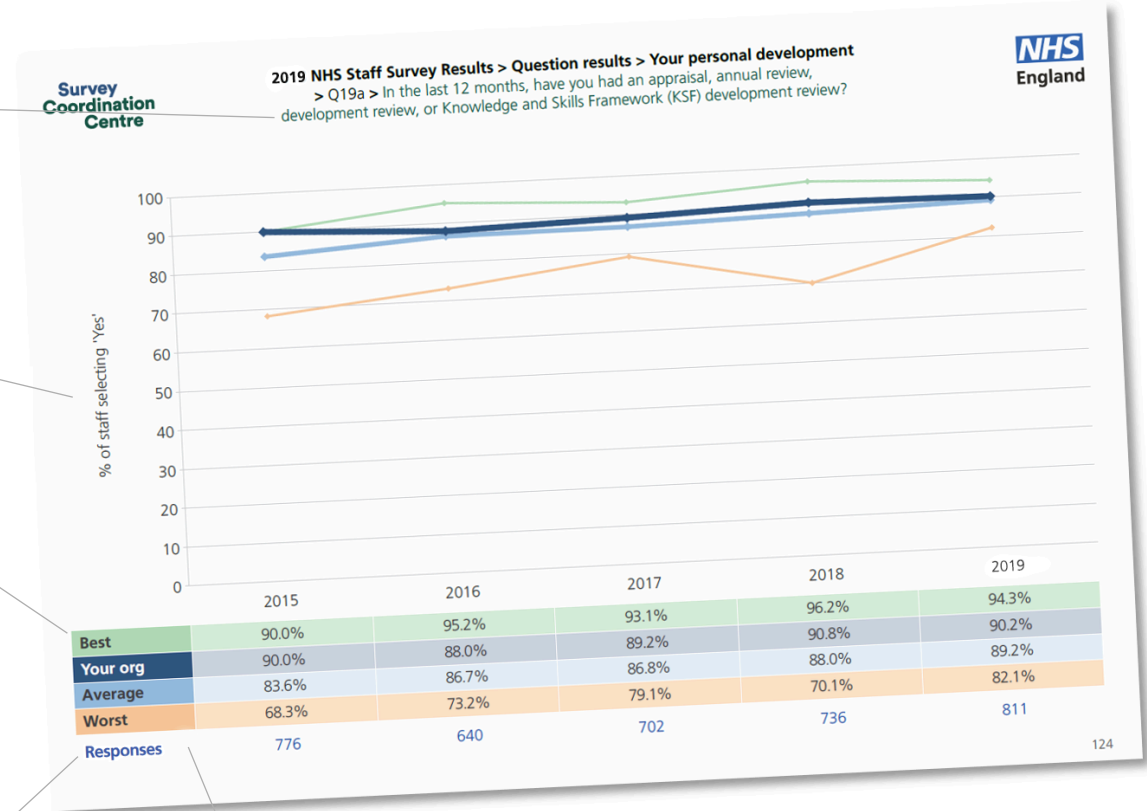
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question

2019 NHS Staff Survey Results > Question results > Your personal development > Q19a > In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

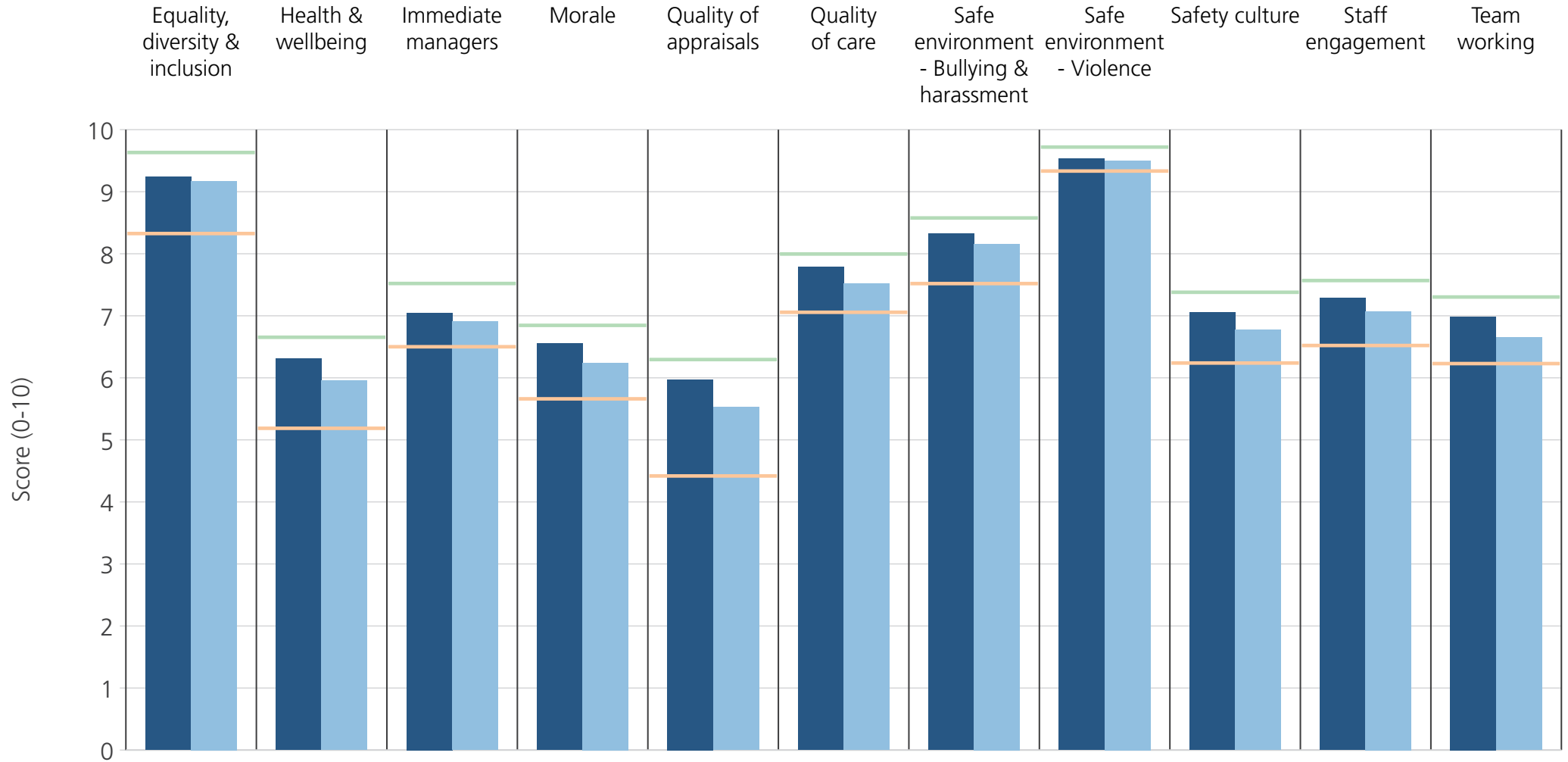


'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**



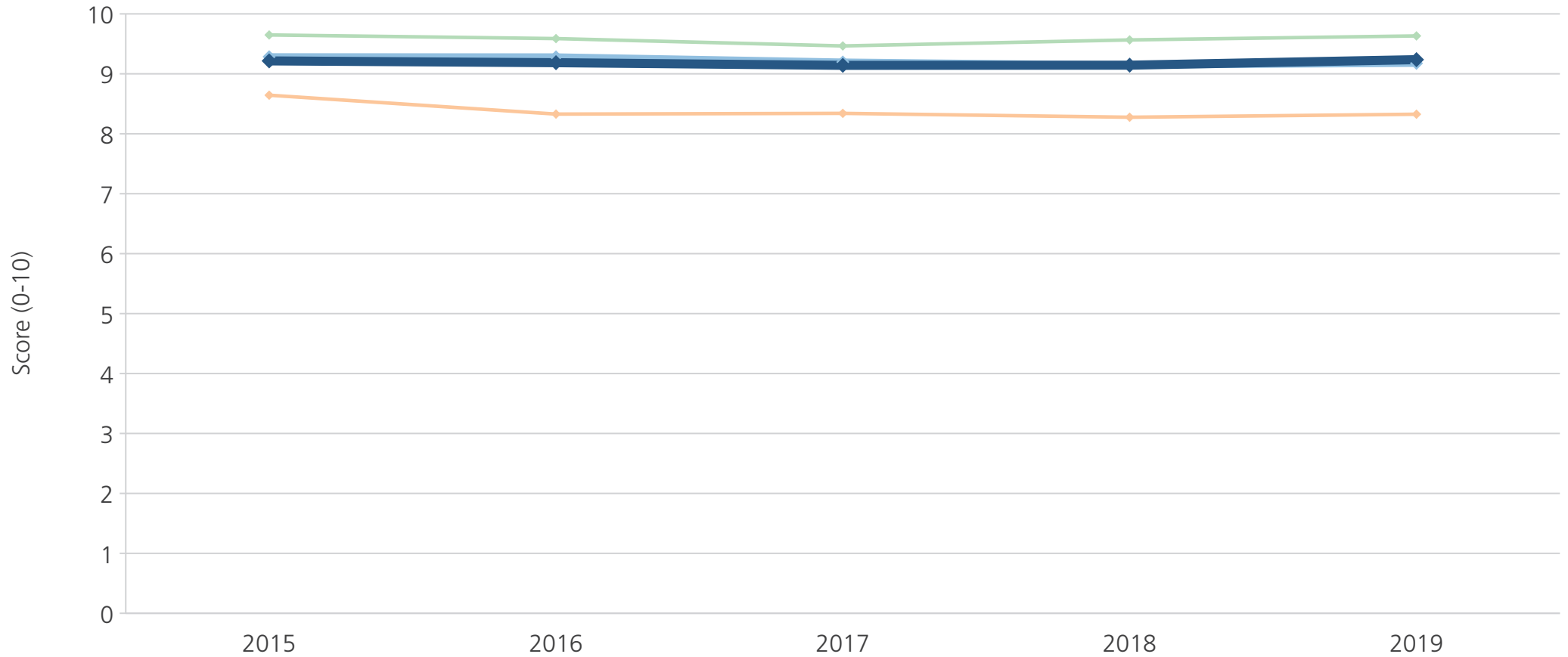
Full details on how the scores are calculated are provided in the **Technical Document**, under the Supporting Documents section of our [results page](#)

Theme results

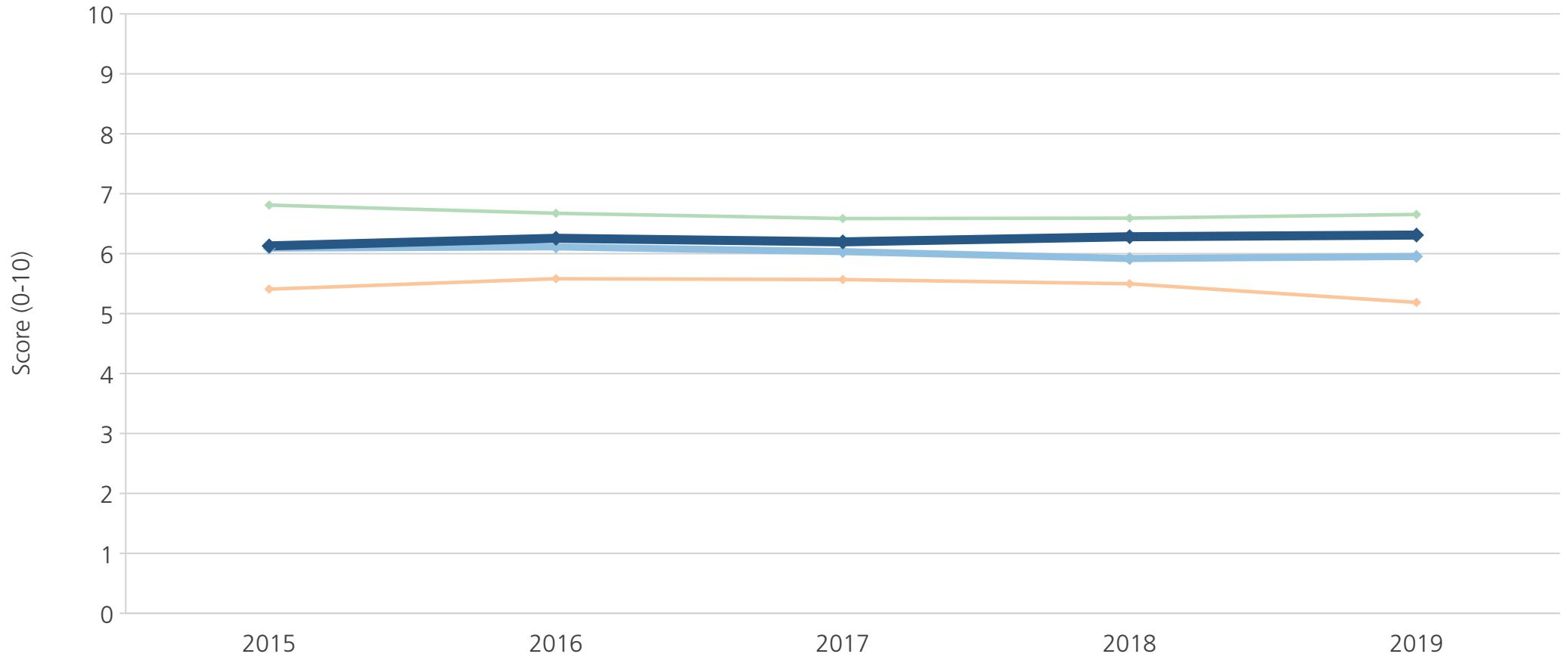


Best	9.6	6.7	7.5	6.8	6.3	8.0	8.6	9.7	7.4	7.6	7.3
Your org	9.2	6.3	7.0	6.6	6.0	7.8	8.3	9.5	7.1	7.3	7.0
Average	9.2	6.0	6.9	6.2	5.5	7.5	8.2	9.5	6.8	7.1	6.7
Worst	8.3	5.2	6.5	5.7	4.4	7.1	7.5	9.3	6.2	6.5	6.2
Responses	3,864	3,889	3,892	3,820	3,276	3,419	3,843	3,846	3,856	3,935	3,903

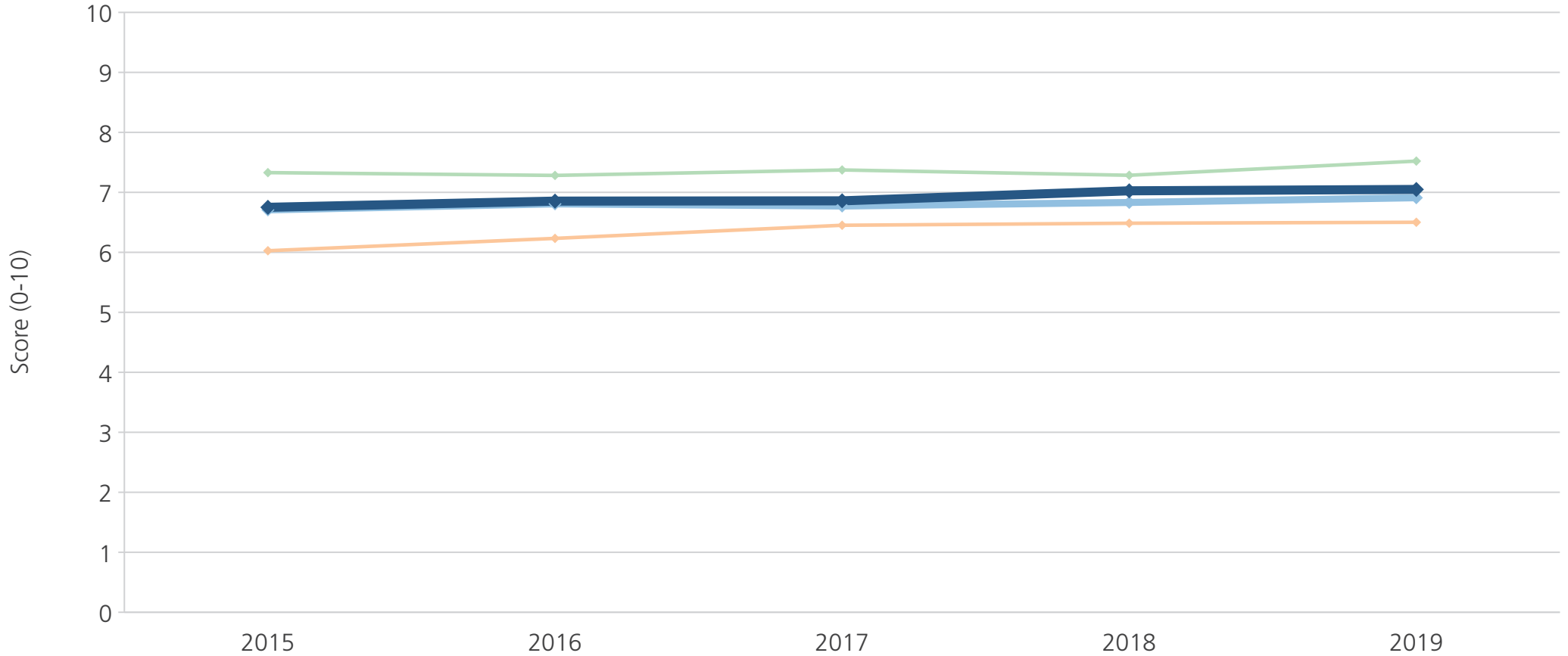
Theme results – Trends



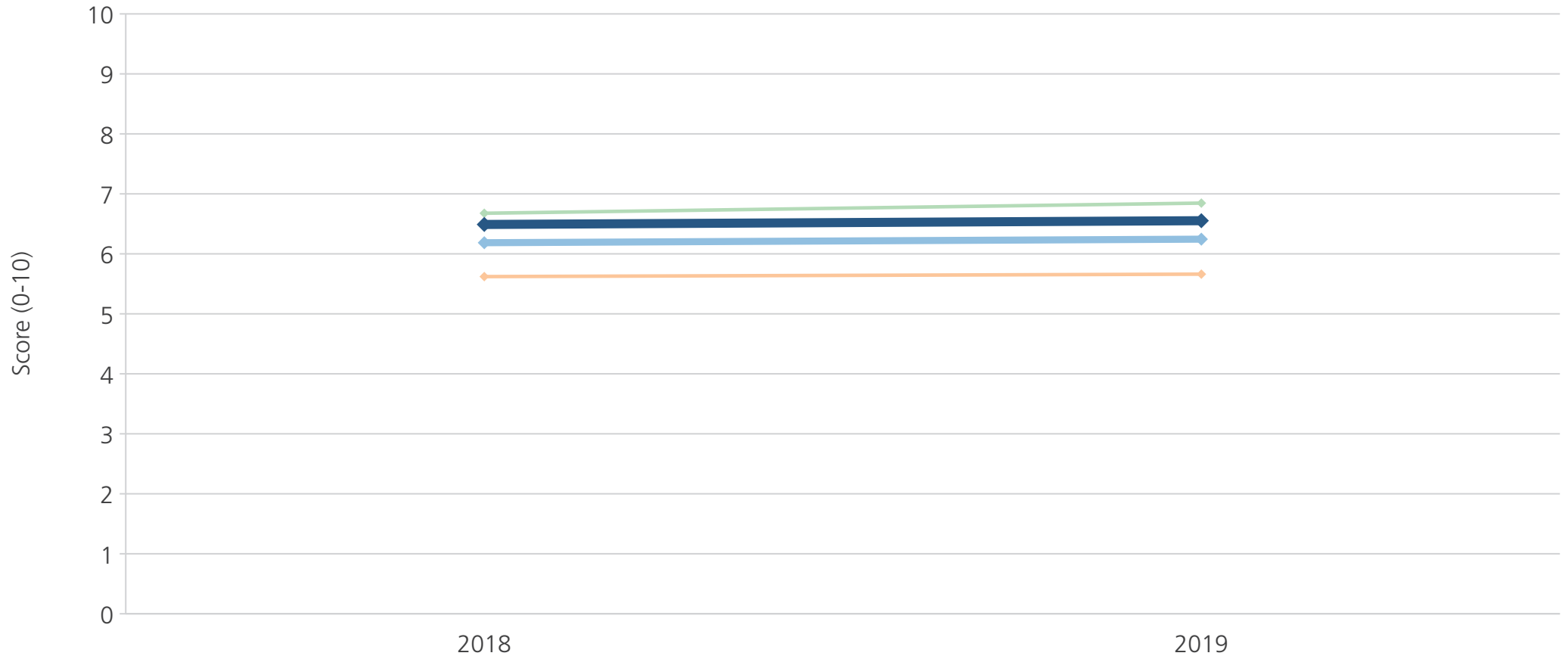
	2015	2016	2017	2018	2019
Best	9.6	9.6	9.5	9.6	9.6
Your org	9.2	9.2	9.1	9.1	9.2
Average	9.3	9.3	9.2	9.1	9.2
Worst	8.6	8.3	8.3	8.3	8.3
Responses	2,693	3,400	3,290	3,502	3,864



Best	6.8	6.7	6.6	6.6	6.7
Your org	6.1	6.3	6.2	6.3	6.3
Average	6.1	6.1	6.0	5.9	6.0
Worst	5.4	5.6	5.6	5.5	5.2
Responses	2,782	3,445	3,319	3,539	3,889



	2015	2016	2017	2018	2019
Best	7.3	7.3	7.4	7.3	7.5
Your org	6.8	6.9	6.9	7.0	7.0
Average	6.7	6.8	6.8	6.8	6.9
Worst	6.0	6.2	6.5	6.5	6.5
Responses	2,775	3,449	3,315	3,565	3,892

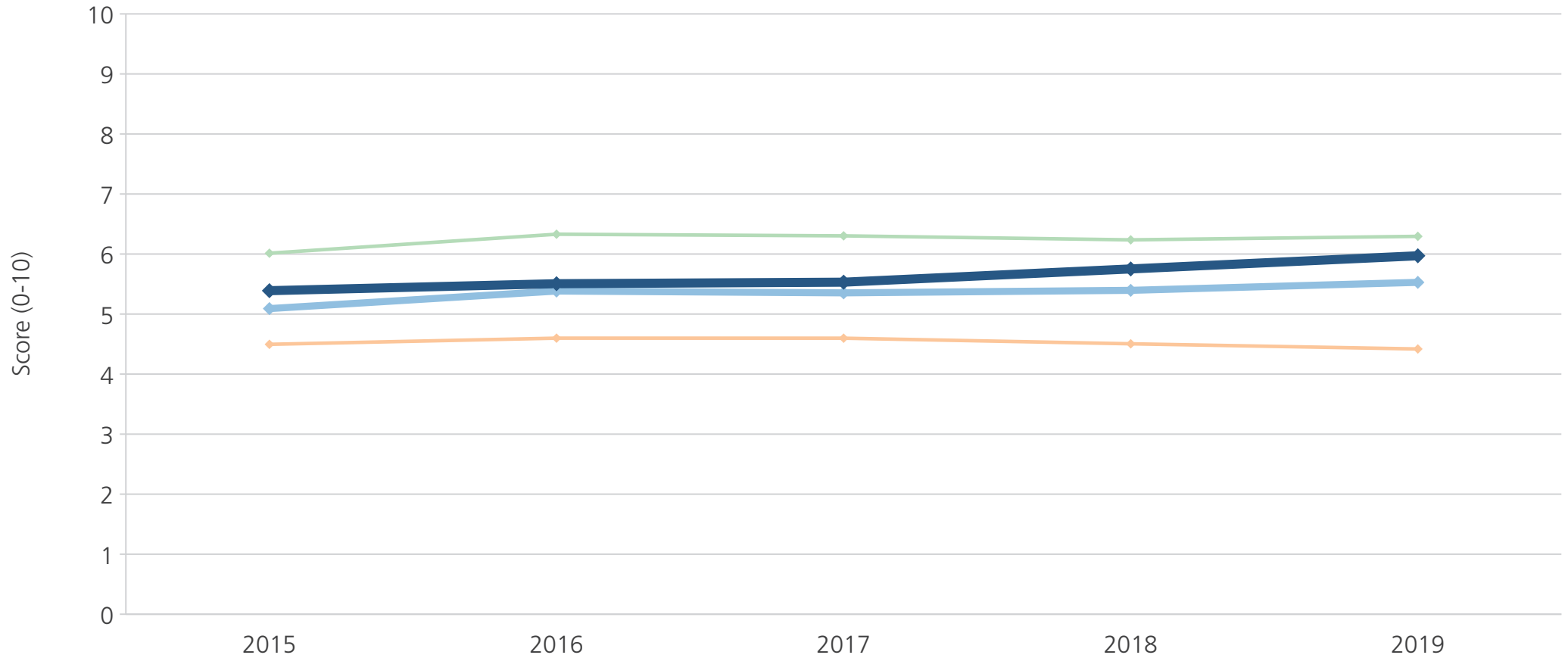


Best	6.7	6.8
Your org	6.5	6.6
Average	6.2	6.2
Worst	5.6	5.7

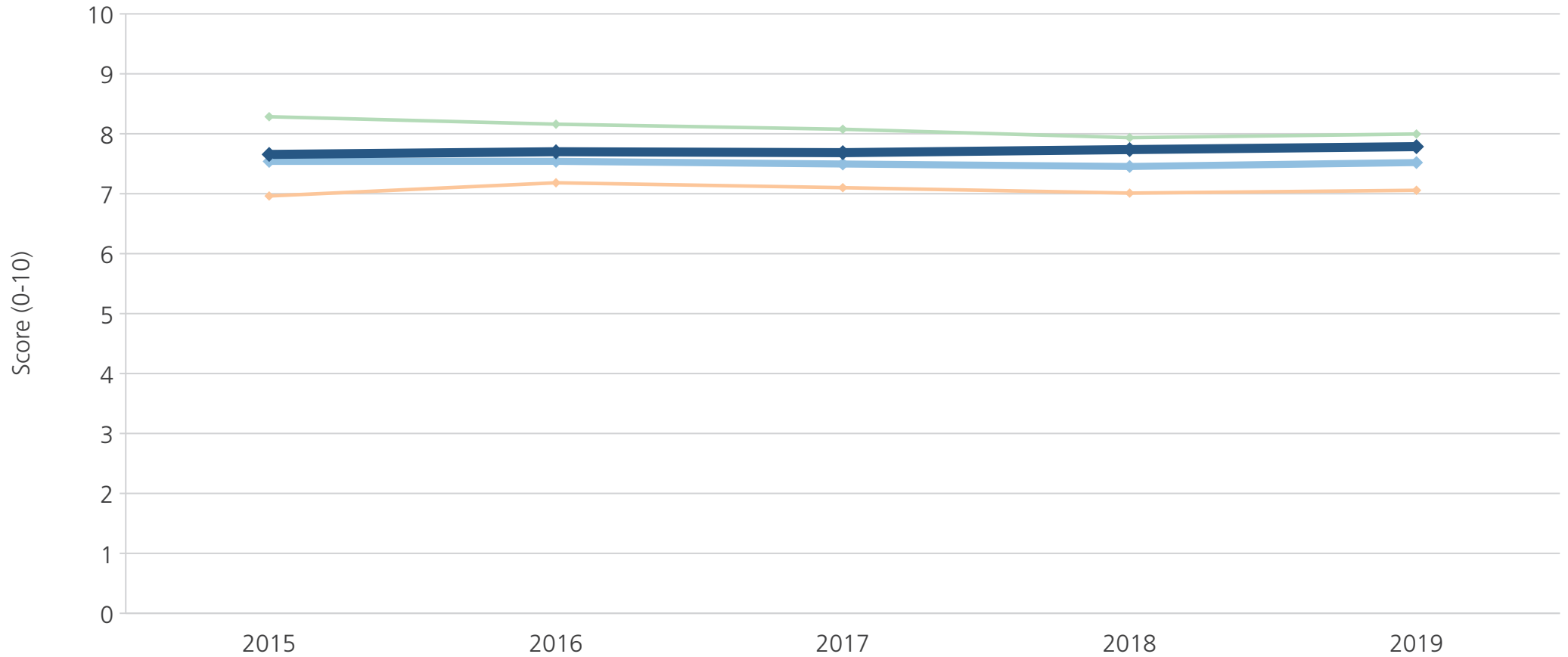
Responses

3,460

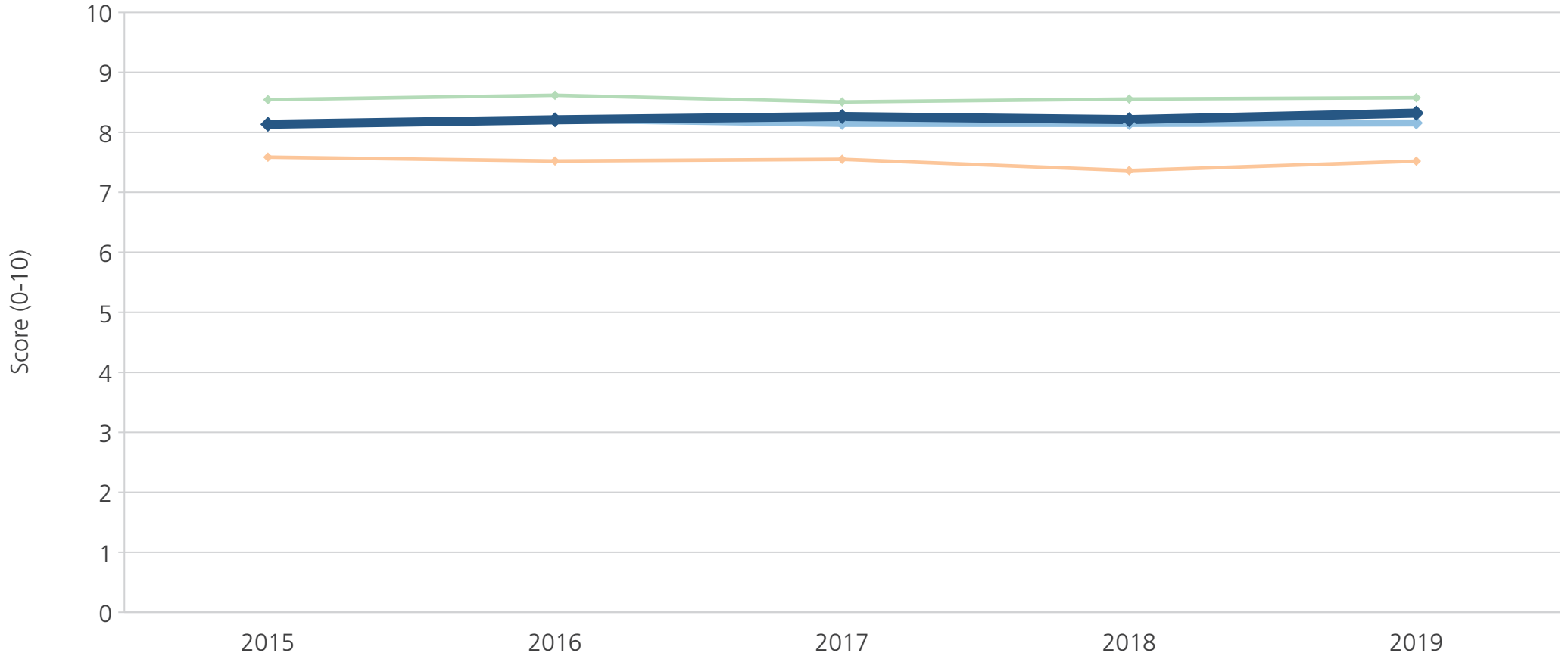
3,820



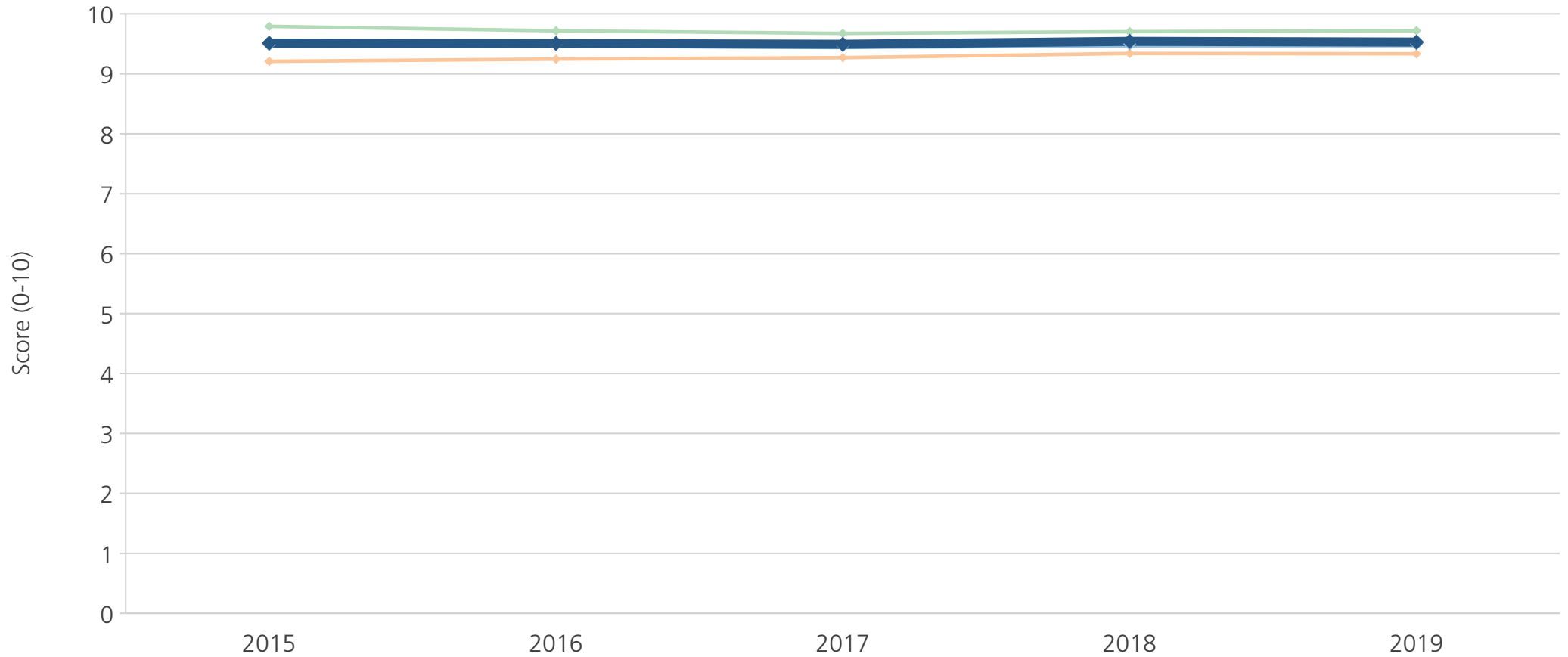
	2015	2016	2017	2018	2019
Best	6.0	6.3	6.3	6.2	6.3
Your org	5.4	5.5	5.5	5.8	6.0
Average	5.1	5.4	5.4	5.4	5.5
Worst	4.5	4.6	4.6	4.5	4.4
Responses	2,132	2,463	2,930	3,133	3,276



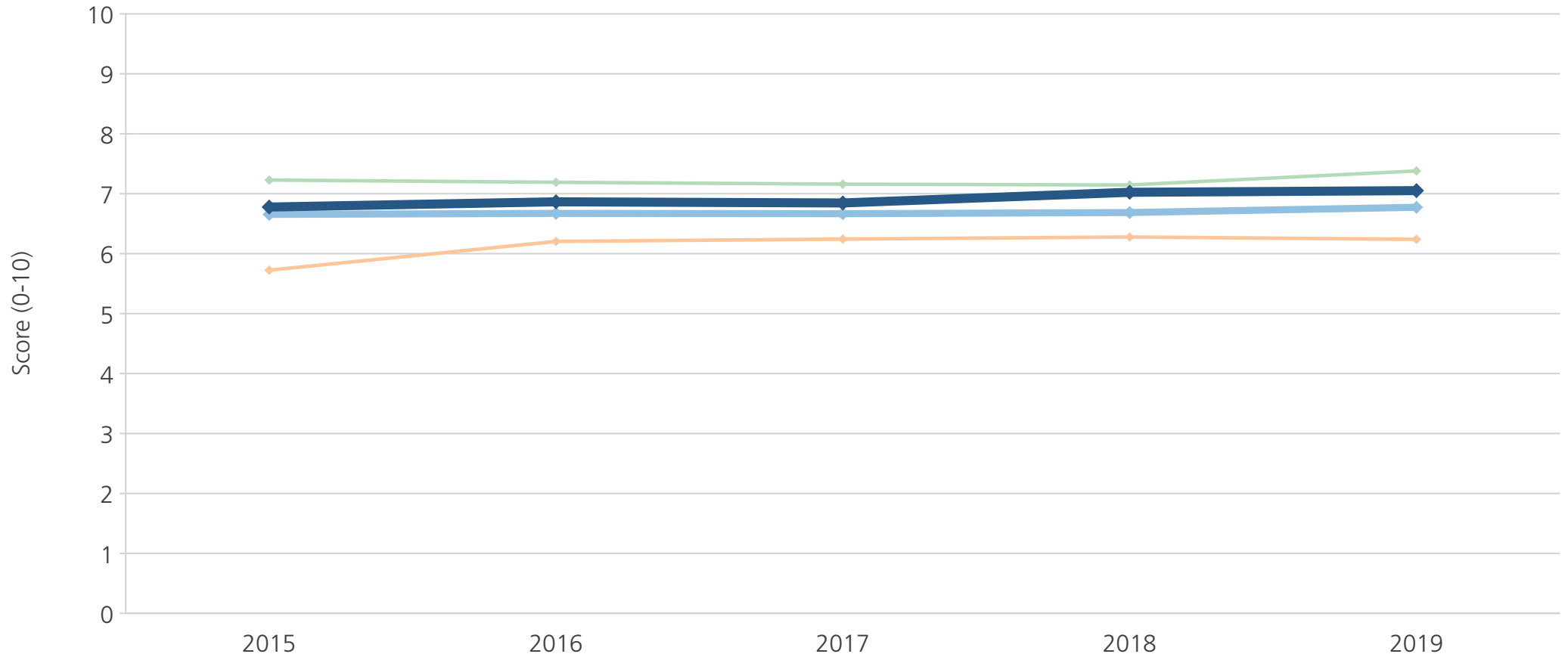
	2015	2016	2017	2018	2019
Best	8.3	8.2	8.1	7.9	8.0
Your org	7.7	7.7	7.7	7.7	7.8
Average	7.5	7.5	7.5	7.5	7.5
Worst	7.0	7.2	7.1	7.0	7.1
Responses	2,461	3,032	2,894	3,194	3,419



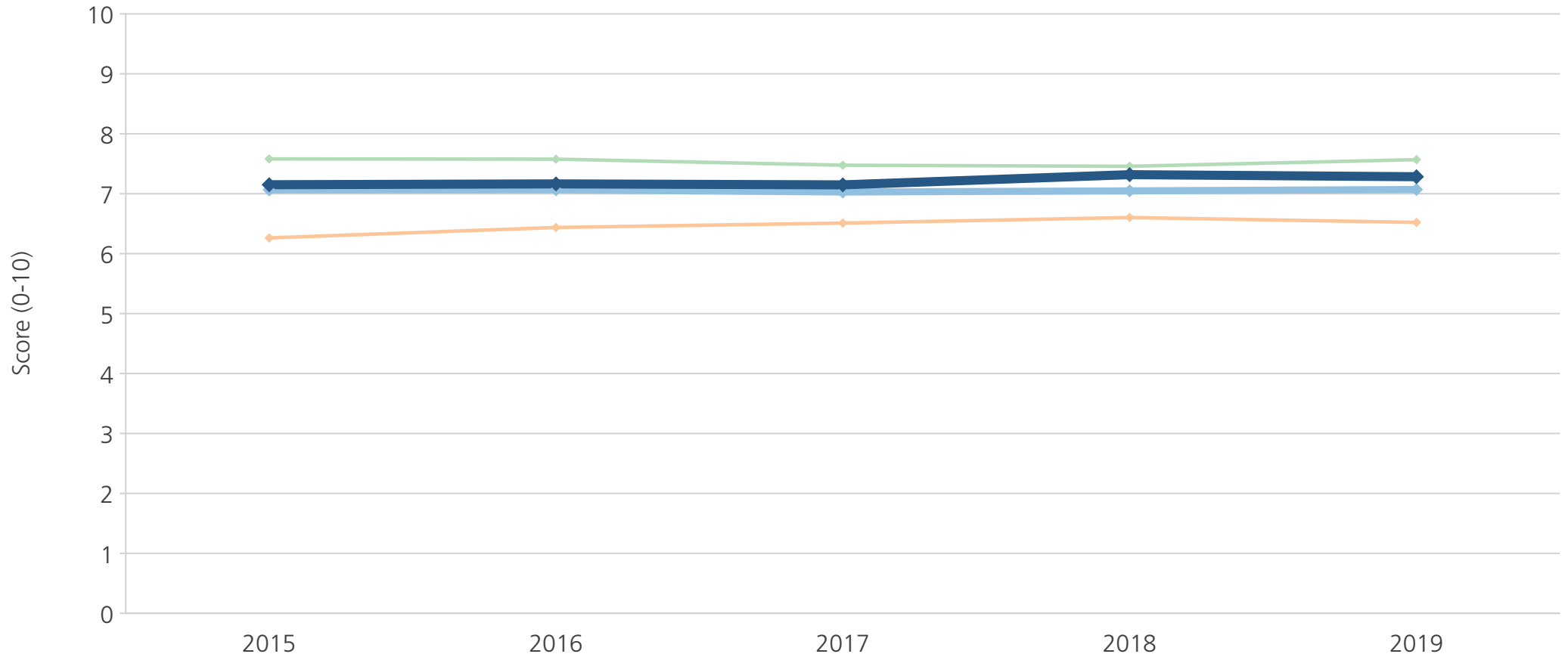
	2015	2016	2017	2018	2019
Best	8.5	8.6	8.5	8.6	8.6
Your org	8.1	8.2	8.3	8.2	8.3
Average	8.1	8.2	8.1	8.1	8.2
Worst	7.6	7.5	7.5	7.4	7.5
Responses	2,698	3,360	3,245	3,455	3,843



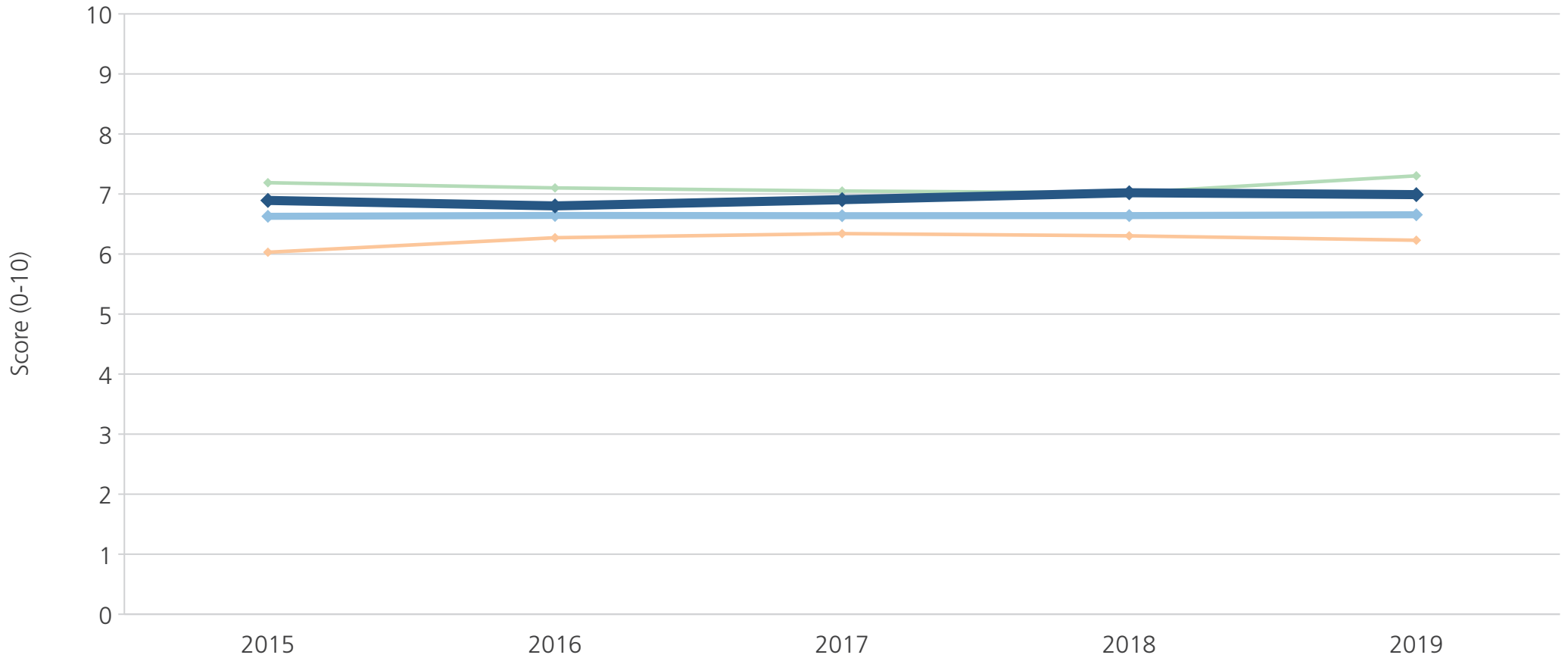
	2015	2016	2017	2018	2019
Best	9.8	9.7	9.7	9.7	9.7
Your org	9.5	9.5	9.5	9.5	9.5
Average	9.5	9.5	9.5	9.5	9.5
Worst	9.2	9.2	9.3	9.3	9.3
Responses	2,698	3,343	3,205	3,431	3,846



	2015	2016	2017	2018	2019
Best	7.2	7.2	7.2	7.1	7.4
Your org	6.8	6.9	6.8	7.0	7.1
Average	6.7	6.7	6.7	6.7	6.8
Worst	5.7	6.2	6.2	6.3	6.2
Responses	2,733	3,412	3,296	3,501	3,856



	2015	2016	2017	2018	2019
Best	7.6	7.6	7.5	7.5	7.6
Your org	7.1	7.2	7.1	7.3	7.3
Average	7.1	7.1	7.0	7.0	7.1
Worst	6.3	6.4	6.5	6.6	6.5
Responses	2,869	3,501	3,356	3,634	3,935

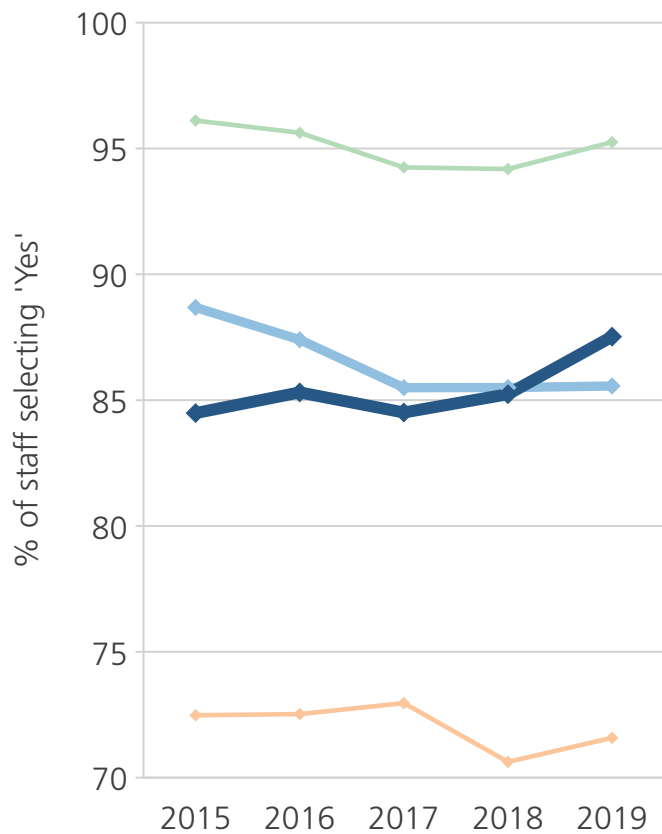


	2015	2016	2017	2018	2019
Best	7.2	7.1	7.0	7.0	7.3
Your org	6.9	6.8	6.9	7.0	7.0
Average	6.6	6.6	6.6	6.6	6.7
Worst	6.0	6.3	6.3	6.3	6.2
Responses	2,803	3,445	3,330	3,603	3,903

Theme results – Detailed information

Q14

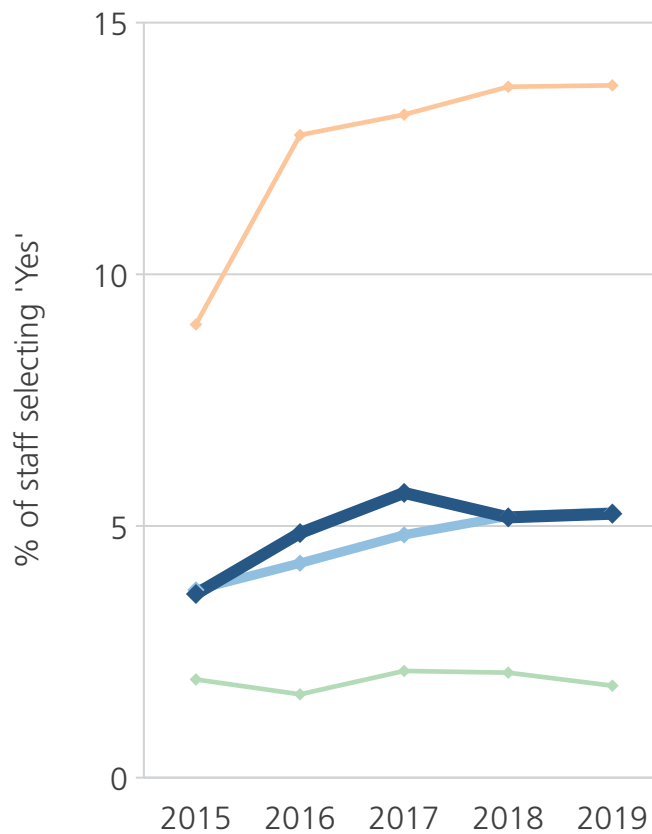
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Best	96.1%	95.6%	94.2%	94.2%	95.3%
Your org	84.5%	85.3%	84.5%	85.2%	87.5%
Average	88.7%	87.4%	85.5%	85.5%	85.6%
Worst	72.5%	72.5%	73.0%	70.6%	71.6%

Q15a

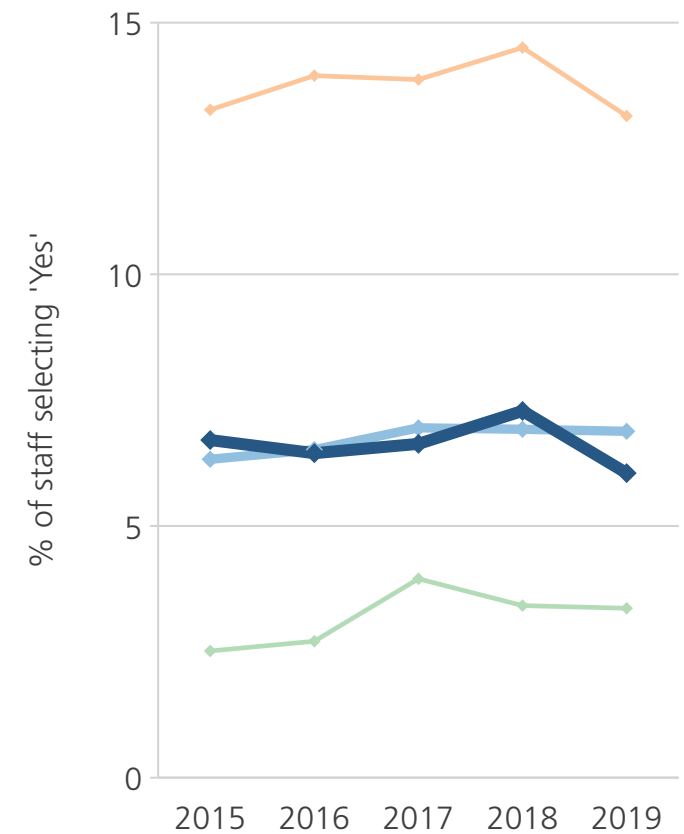
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



Worst	9.0%	12.8%	13.2%	13.7%	13.8%
Your org	3.6%	4.9%	5.7%	5.2%	5.2%
Average	3.7%	4.3%	4.8%	5.2%	5.3%
Best	2.0%	1.7%	2.1%	2.1%	1.8%

Q15b

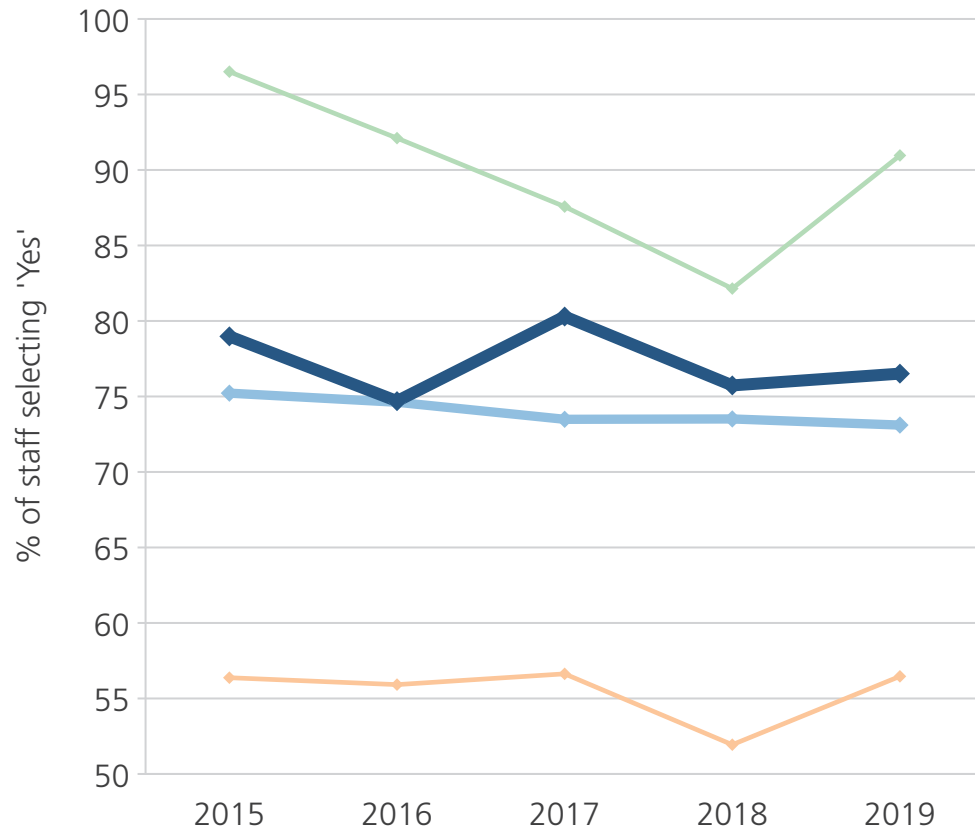
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Worst	13.3%	13.9%	13.9%	14.5%	13.1%
Your org	6.7%	6.4%	6.6%	7.3%	6.1%
Average	6.3%	6.5%	7.0%	6.9%	6.9%
Best	2.5%	2.7%	4.0%	3.4%	3.4%

Q28b

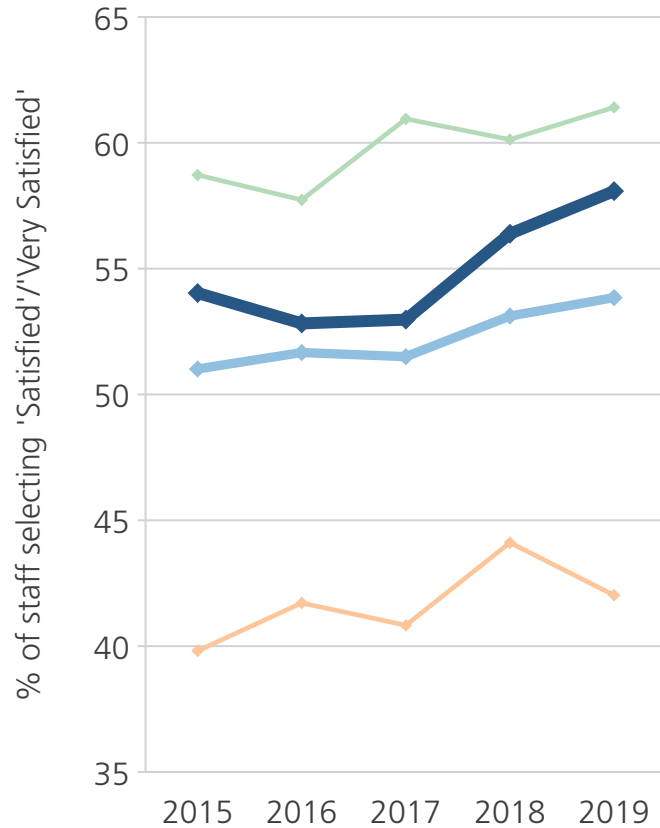
Has your employer made adequate adjustment(s) to enable you to carry out your work?



Best	96.5%	92.1%	87.6%	82.1%	91.0%
Your org	79.0%	74.7%	80.3%	75.7%	76.5%
Average	75.2%	74.6%	73.5%	73.5%	73.1%
Worst	56.4%	55.9%	56.6%	51.9%	56.5%

Q5h

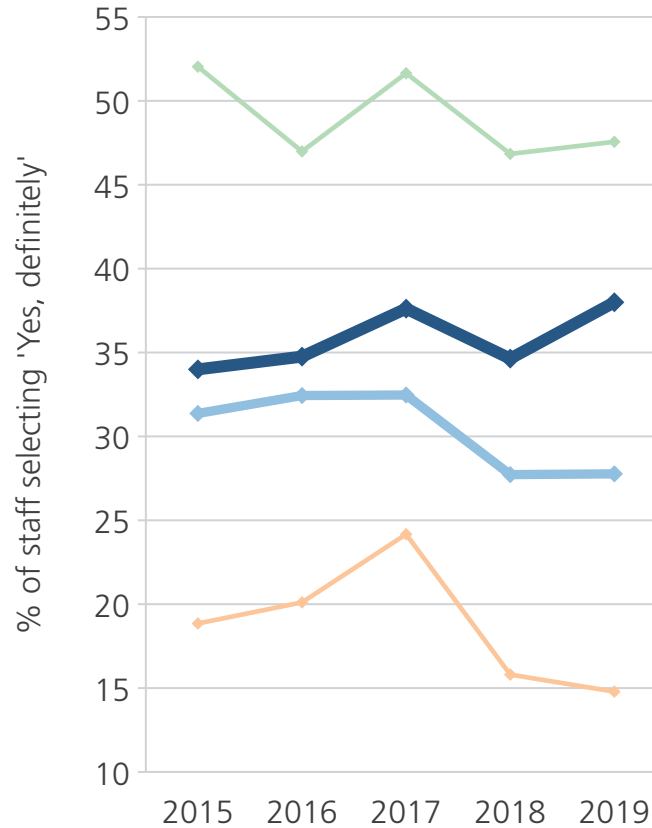
The opportunities for flexible working patterns



Best	58.7%	57.7%	60.9%	60.1%	61.4%
Your org	54.0%	52.8%	53.0%	56.4%	58.1%
Average	51.0%	51.7%	51.5%	53.1%	53.8%
Worst	39.8%	41.7%	40.8%	44.1%	42.0%

Q11a

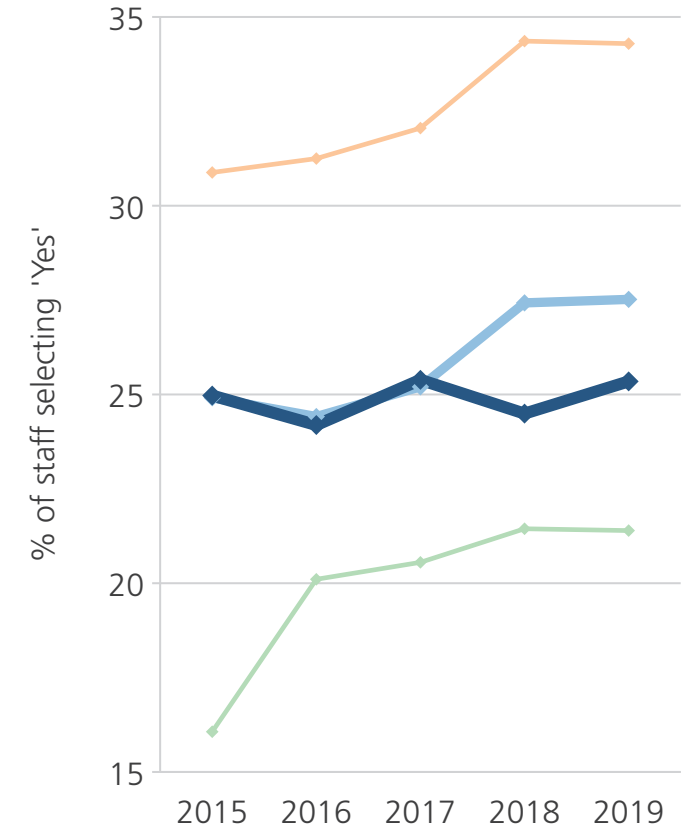
Does your organisation take positive action on health and well-being?



Best	52.0%	47.0%	51.6%	46.8%	47.6%
Your org	34.0%	34.8%	37.6%	34.6%	38.0%
Average	31.4%	32.4%	32.5%	27.7%	27.8%
Worst	18.8%	20.1%	24.2%	15.8%	14.8%

Q11b

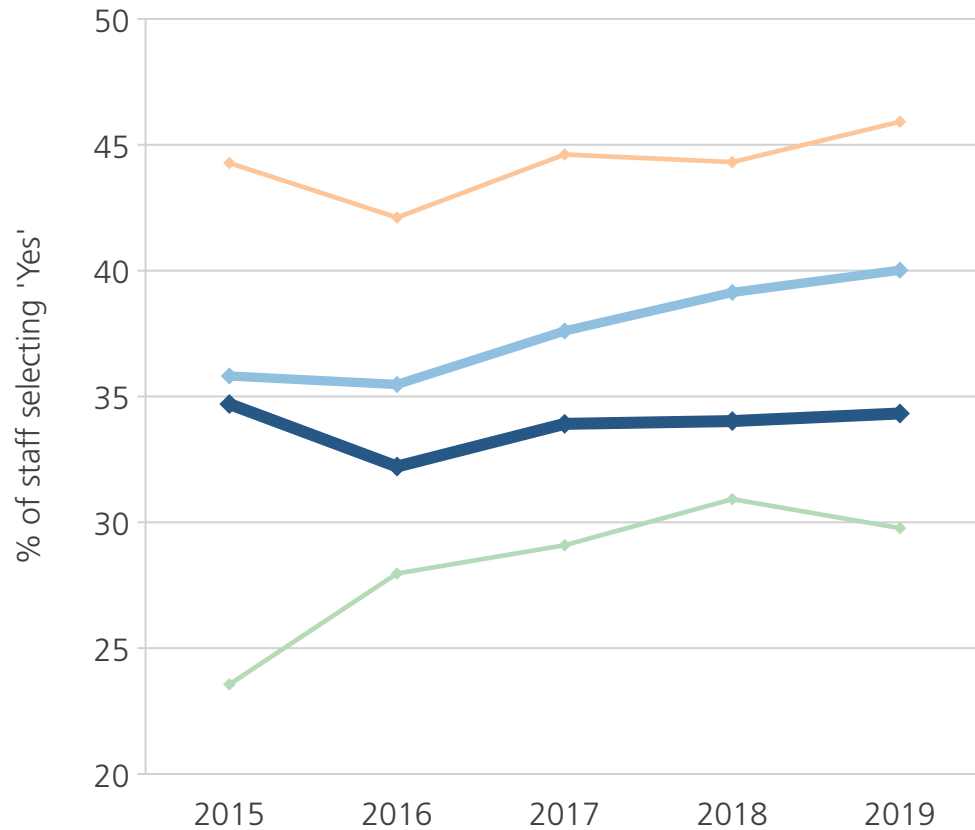
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Worst	30.9%	31.2%	32.1%	34.4%	34.3%
Your org	25.0%	24.2%	25.4%	24.5%	25.3%
Average	24.9%	24.4%	25.2%	27.4%	27.5%
Best	16.1%	20.1%	20.6%	21.4%	21.4%

Q11c

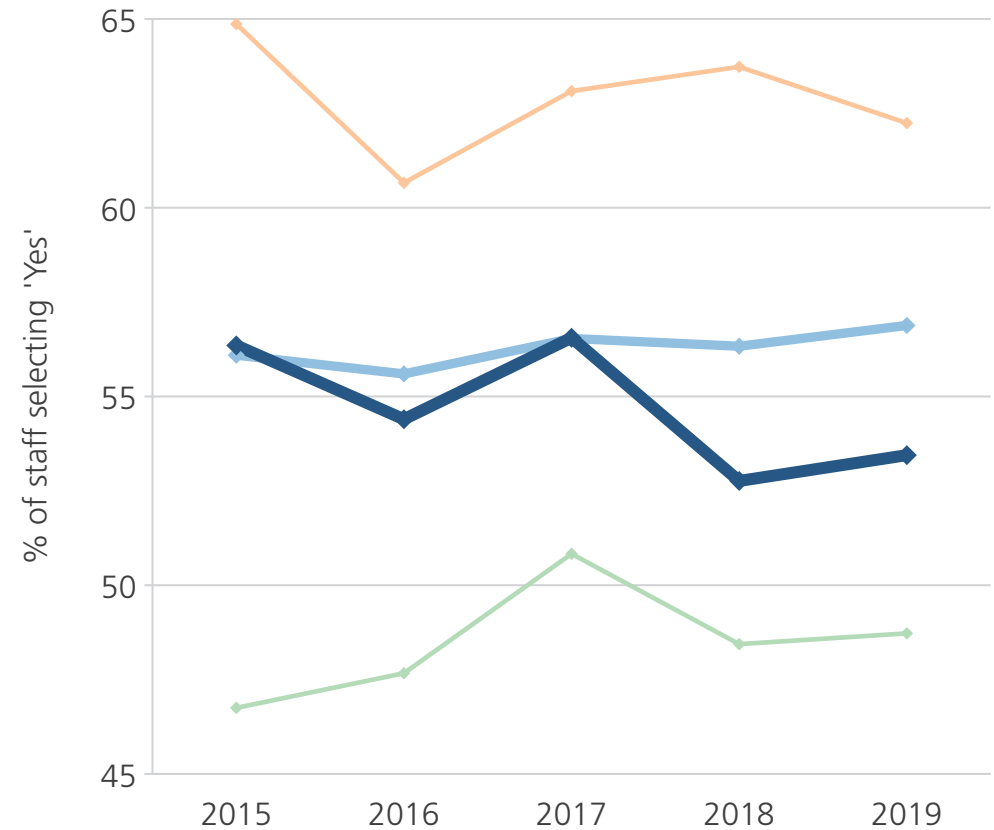
During the last 12 months have you felt unwell as a result of work related stress?



Worst	44.3%	42.1%	44.6%	44.3%	45.9%
Your org	34.7%	32.2%	33.9%	34.0%	34.3%
Average	35.8%	35.5%	37.6%	39.1%	40.0%
Best	23.6%	28.0%	29.1%	30.9%	29.8%

Q11d

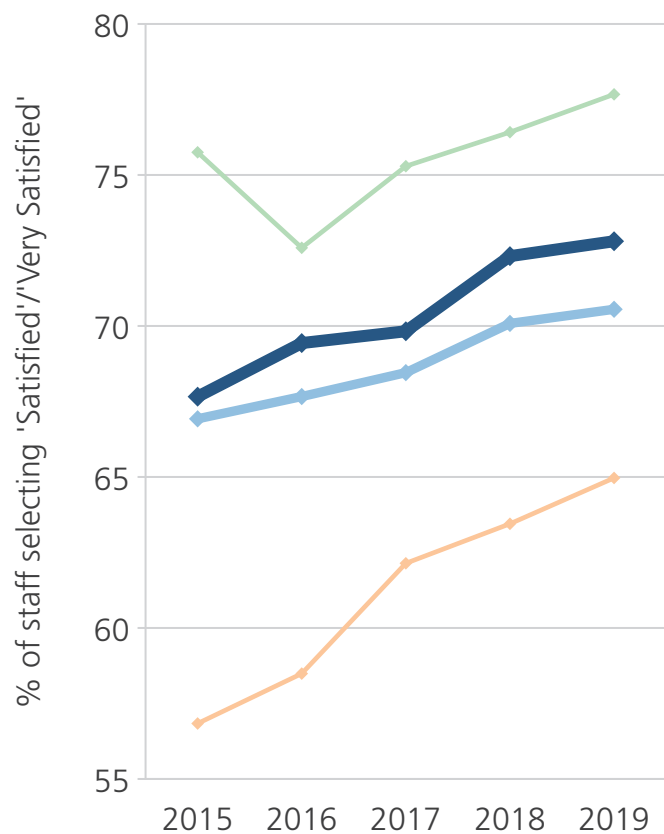
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



Worst	64.9%	60.7%	63.1%	63.7%	62.2%
Your org	56.4%	54.4%	56.6%	52.8%	53.4%
Average	56.1%	55.6%	56.5%	56.3%	56.9%
Best	46.8%	47.7%	50.8%	48.4%	48.7%

Q5b

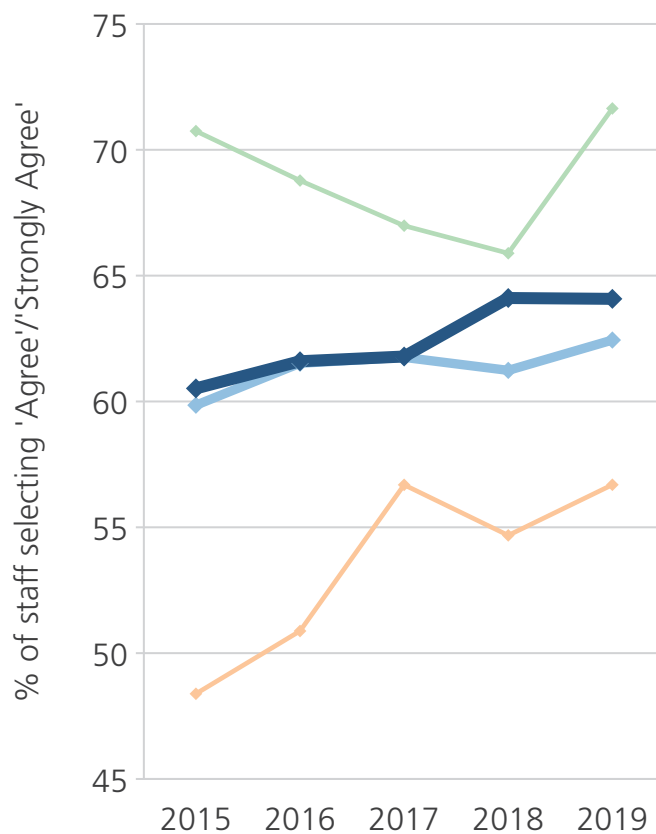
The support I get from my immediate manager



Best	75.8%	72.6%	75.3%	76.4%	77.7%
Your org	67.7%	69.4%	69.8%	72.3%	72.8%
Average	66.9%	67.7%	68.5%	70.1%	70.6%
Worst	56.8%	58.5%	62.1%	63.4%	65.0%

Q8c

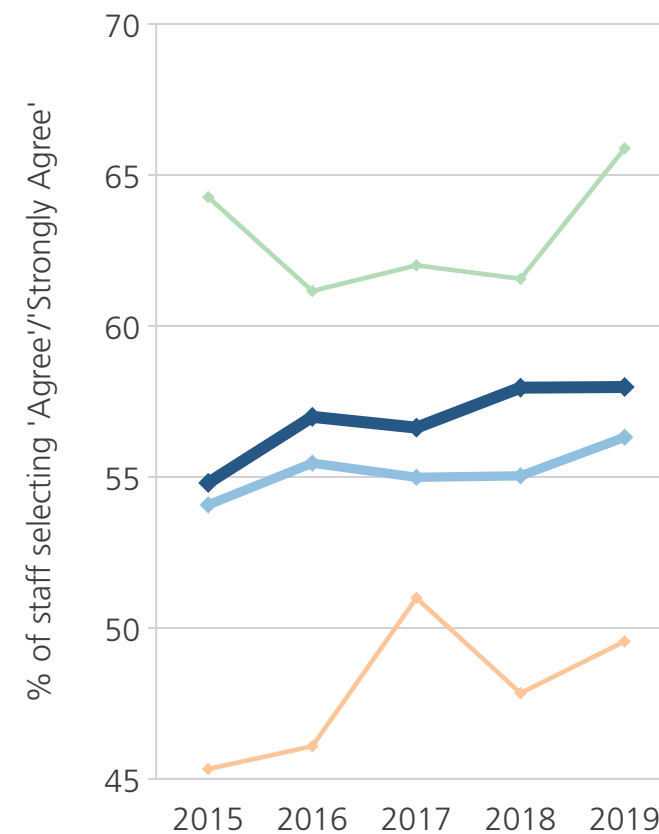
My immediate manager gives me clear feedback on my work



Best	70.7%	68.8%	67.0%	65.9%	71.6%
Your org	60.5%	61.6%	61.8%	64.1%	64.1%
Average	59.9%	61.5%	61.8%	61.2%	62.4%
Worst	48.4%	50.9%	56.7%	54.7%	56.7%

Q8d

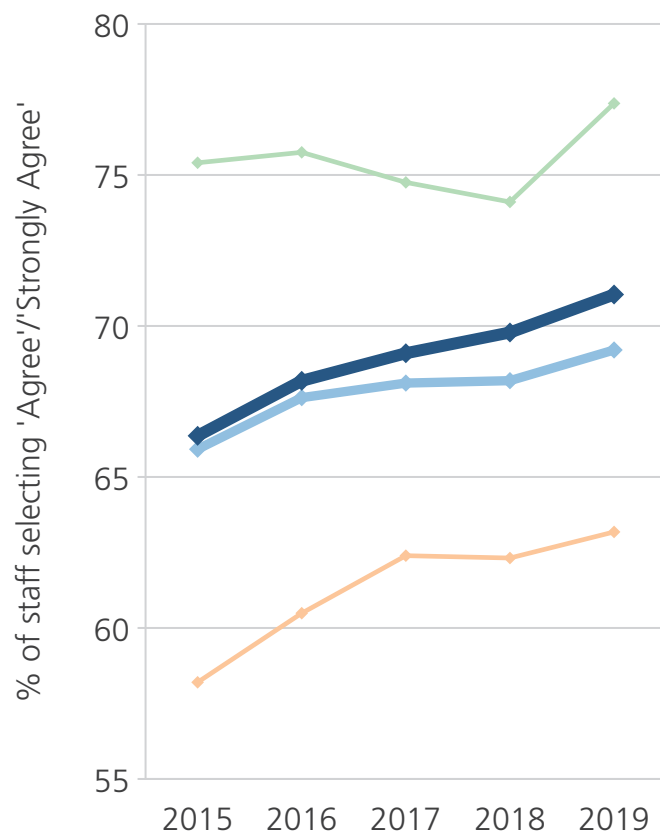
My immediate manager asks for my opinion before making decisions that affect my work



Best	64.3%	61.2%	62.0%	61.6%	65.9%
Your org	54.8%	57.0%	56.6%	58.0%	58.0%
Average	54.1%	55.5%	55.0%	55.0%	56.3%
Worst	45.3%	46.1%	51.0%	47.8%	49.6%

Q8f

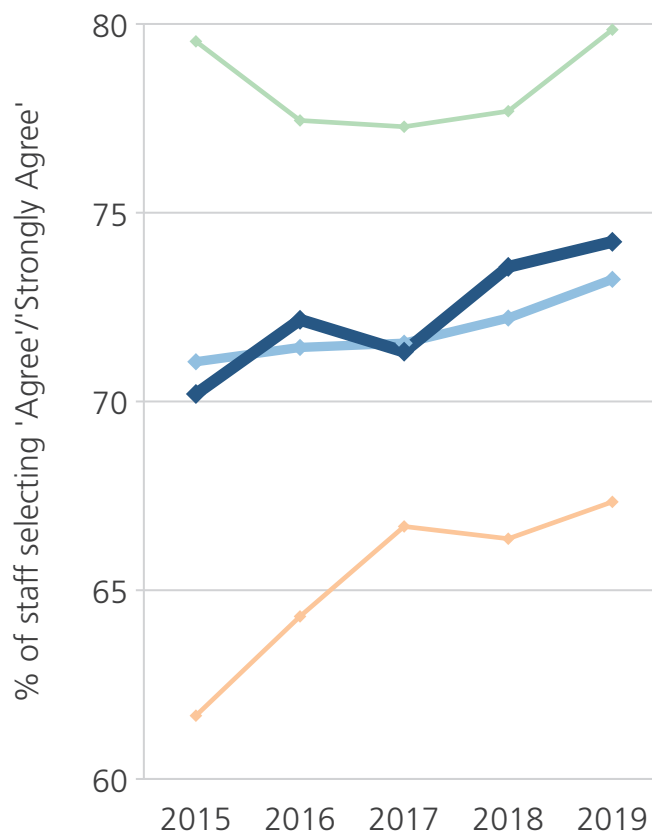
My immediate manager takes a positive interest in my health and well-being



Best	75.4%	75.7%	74.8%	74.1%	77.4%
Your org	66.4%	68.2%	69.1%	69.8%	71.0%
Average	65.9%	67.6%	68.1%	68.2%	69.2%
Worst	58.2%	60.5%	62.4%	62.3%	63.2%

Q8g

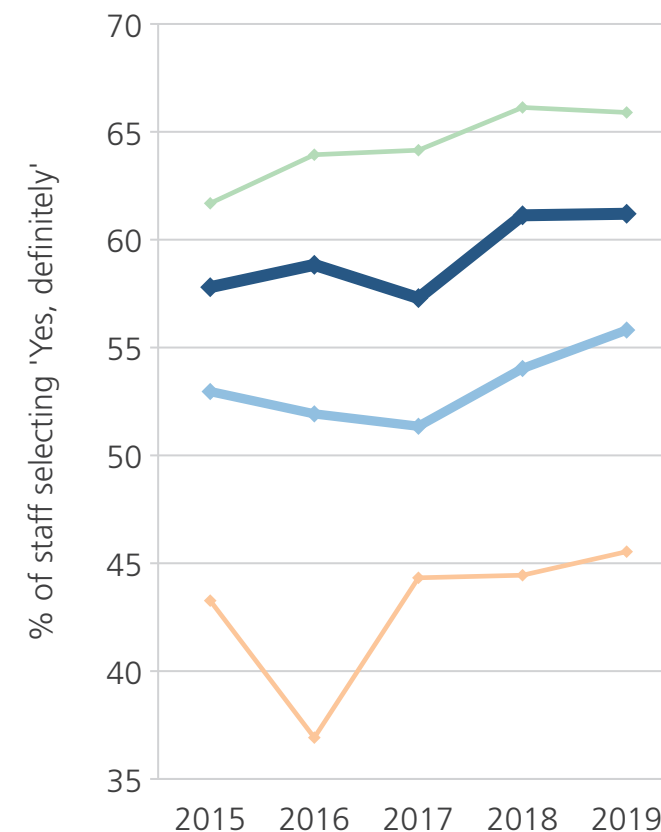
My immediate manager values my work



Best	79.5%	77.4%	77.3%	77.7%	79.8%
Your org	70.2%	72.2%	71.3%	73.6%	74.2%
Average	71.1%	71.4%	71.5%	72.2%	73.2%
Worst	61.7%	64.3%	66.7%	66.4%	67.3%

Q19g

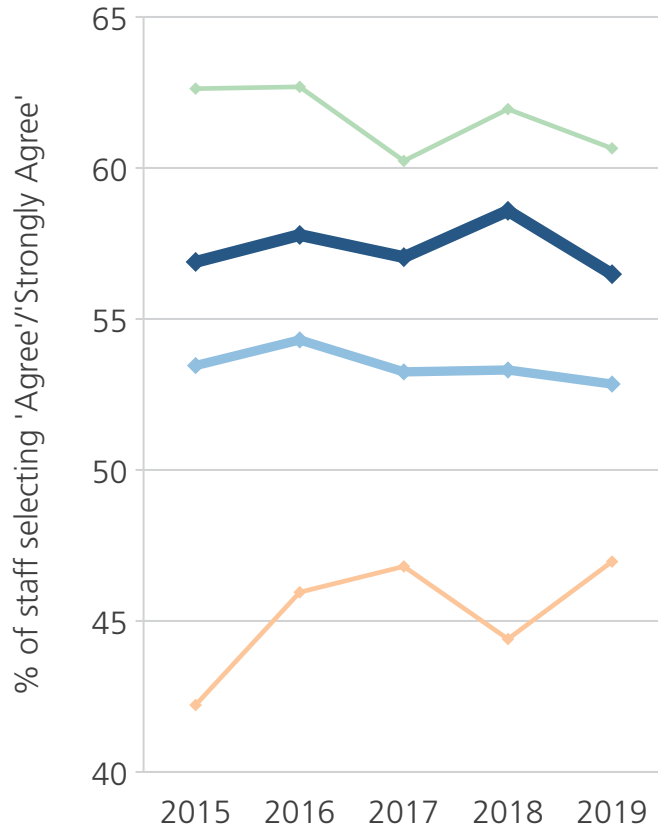
My manager supported me to receive this training, learning or development



Best	61.7%	63.9%	64.1%	66.1%	65.9%
Your org	57.8%	58.8%	57.3%	61.1%	61.2%
Average	53.0%	51.9%	51.4%	54.0%	55.8%
Worst	43.3%	36.9%	44.3%	44.4%	45.5%

Q4c

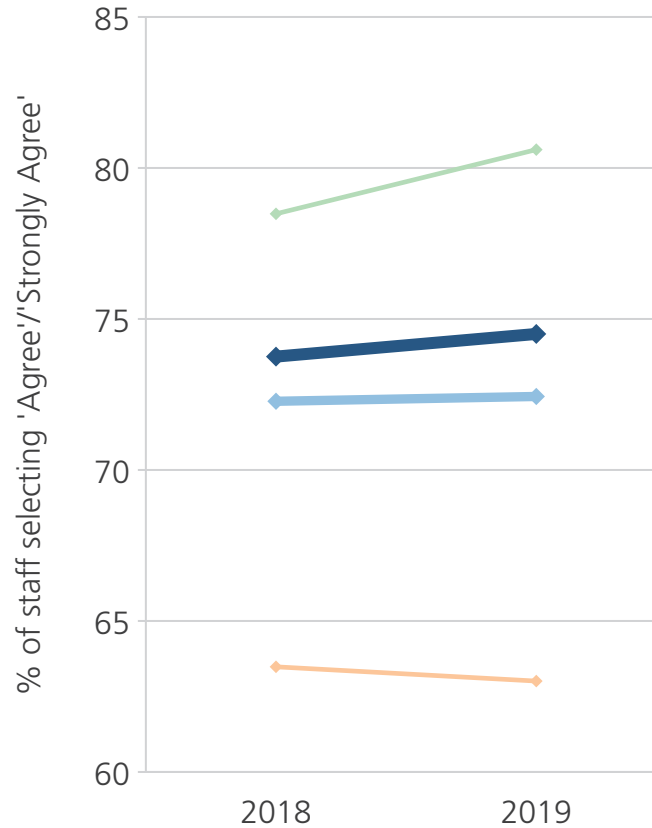
I am involved in deciding on changes introduced that affect my work area / team / department



Best	62.6%	62.7%	60.2%	61.9%	60.6%
Your org	56.9%	57.8%	57.0%	58.6%	56.5%
Average	53.5%	54.3%	53.2%	53.3%	52.8%
Worst	42.2%	46.0%	46.8%	44.4%	47.0%

Q4j

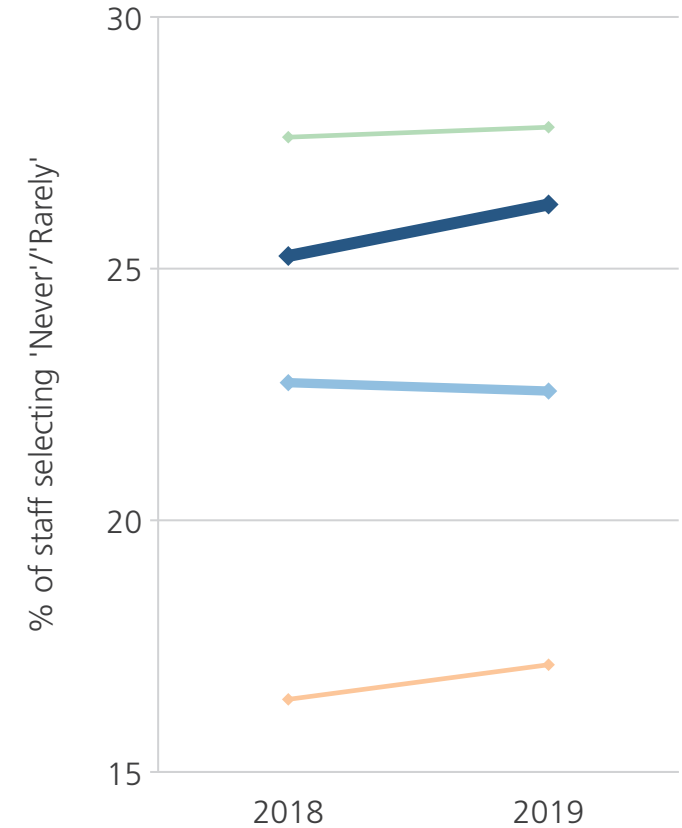
I receive the respect I deserve from my colleagues at work



Best	78.5%	80.6%
Your org	73.8%	74.5%
Average	72.3%	72.4%
Worst	63.5%	63.0%

Q6a

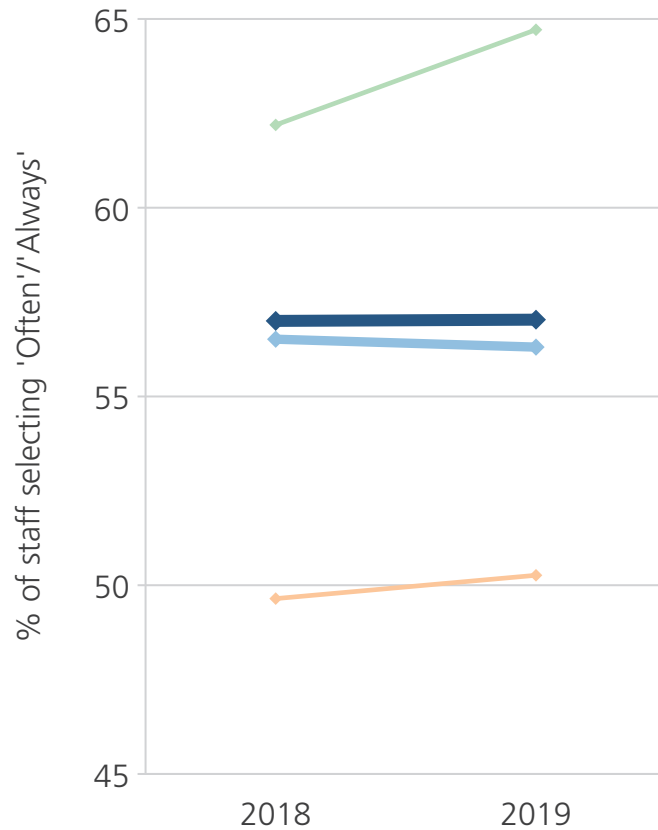
I have unrealistic time pressures



Best	27.6%	27.8%
Your org	25.3%	26.3%
Average	22.7%	22.6%
Worst	16.4%	17.1%

Q6b

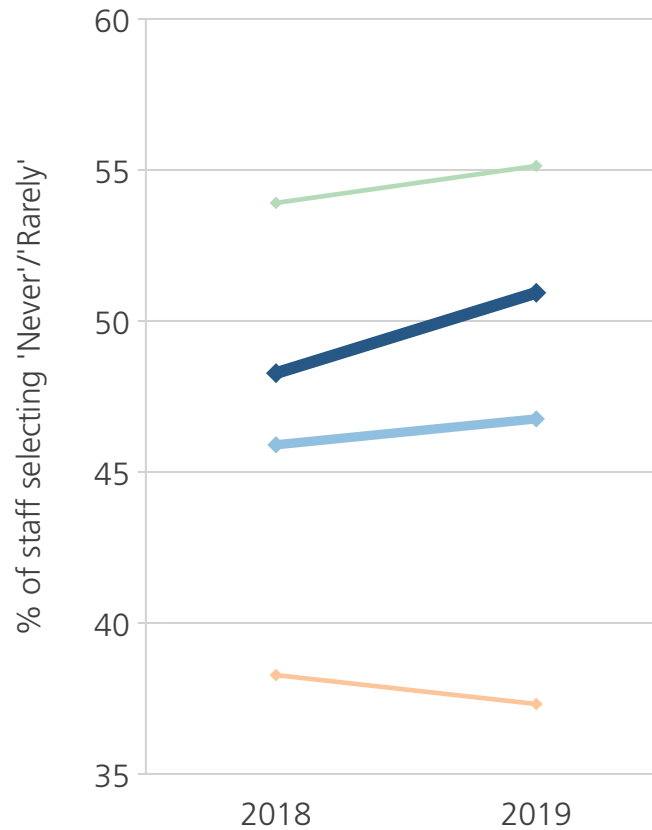
I have a choice in deciding how to do my work



Best	62.2%	64.7%
Your org	57.0%	57.0%
Average	56.5%	56.3%
Worst	49.6%	50.3%

Q6c

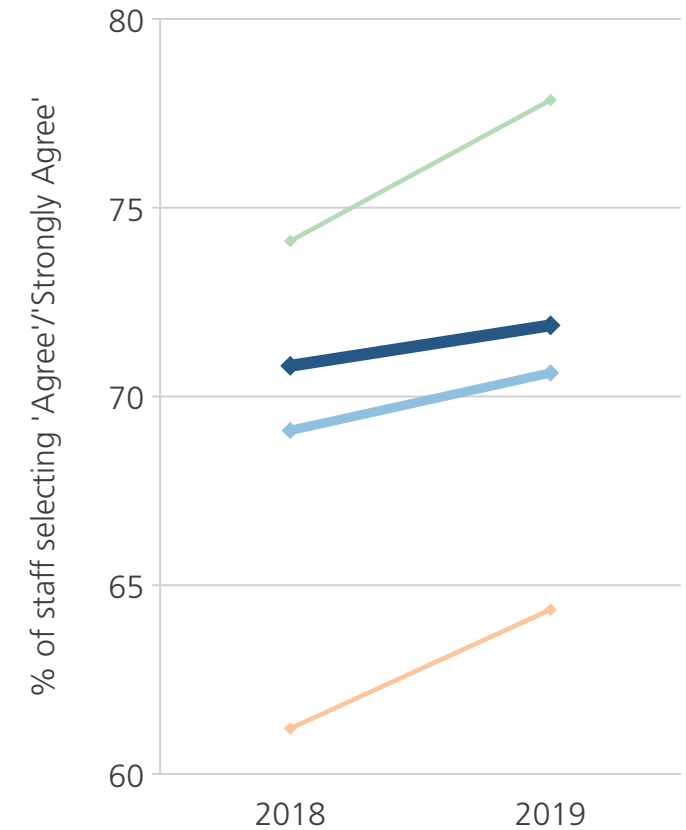
Relationships at work are strained



Best	53.9%	55.1%
Your org	48.3%	50.9%
Average	45.9%	46.8%
Worst	38.3%	37.3%

Q8a

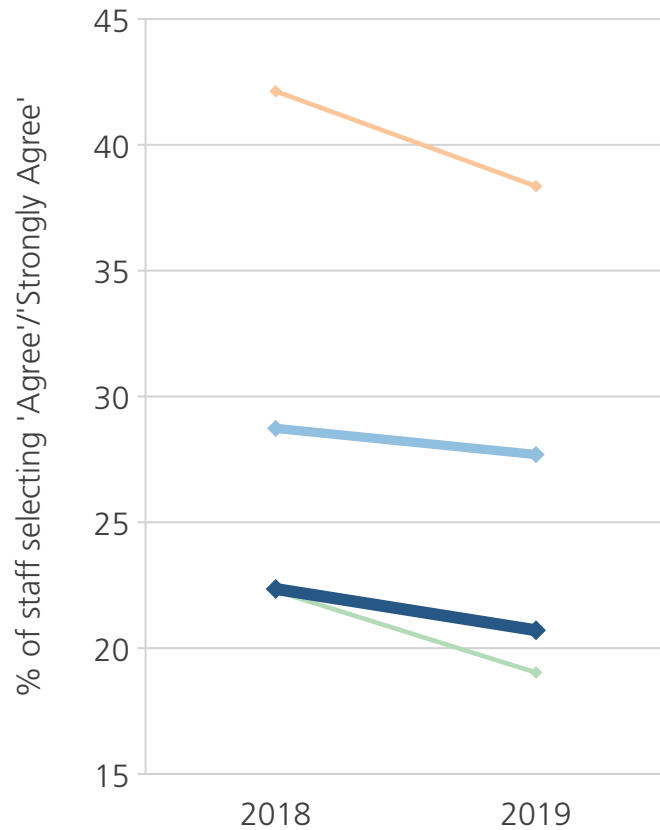
My immediate manager encourages me at work



Best	74.1%	77.9%
Your org	70.8%	71.9%
Average	69.1%	70.6%
Worst	61.2%	64.4%

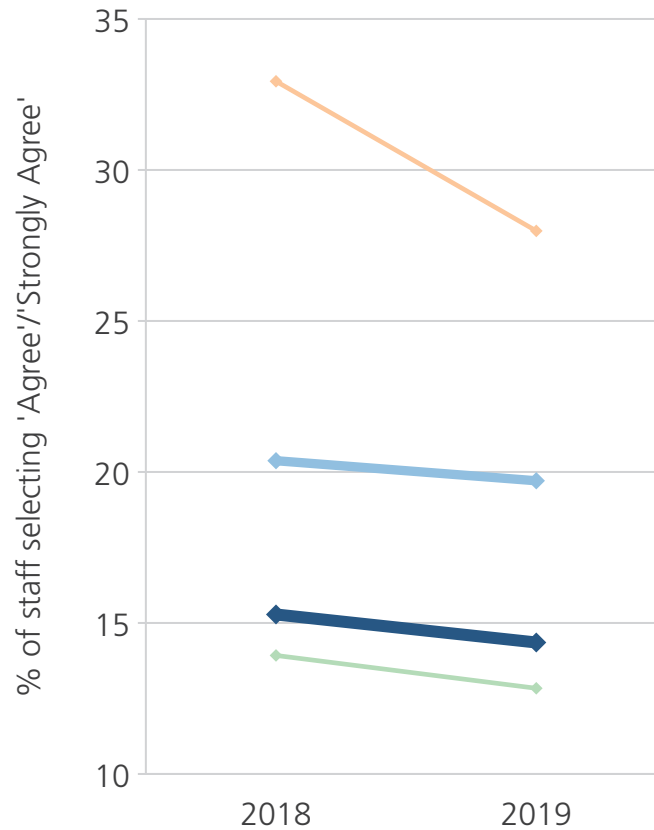
Q23a

I often think about leaving this organisation



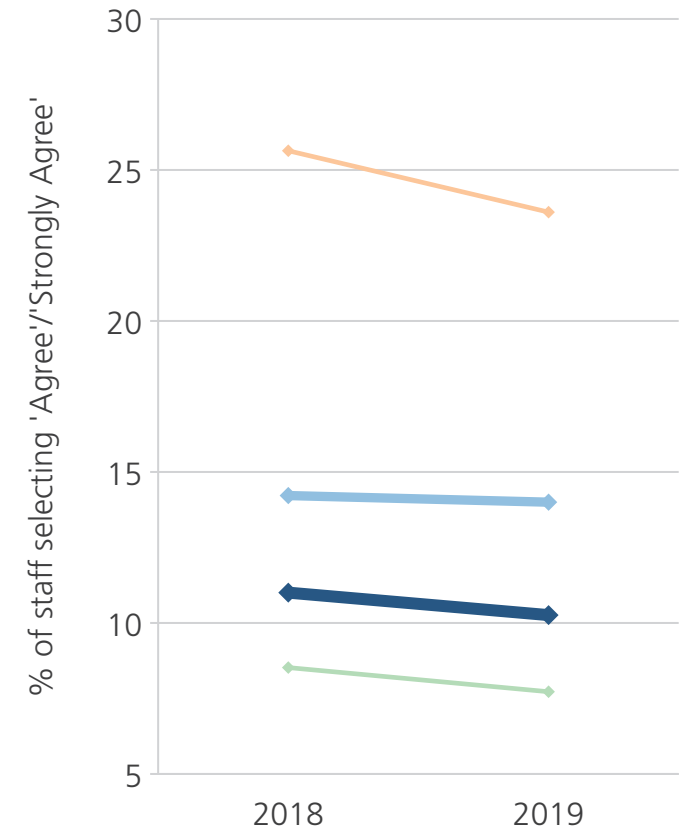
Q23b

I will probably look for a job at a new organisation in the next 12 months



Q23c

As soon as I can find another job, I will leave this organisation



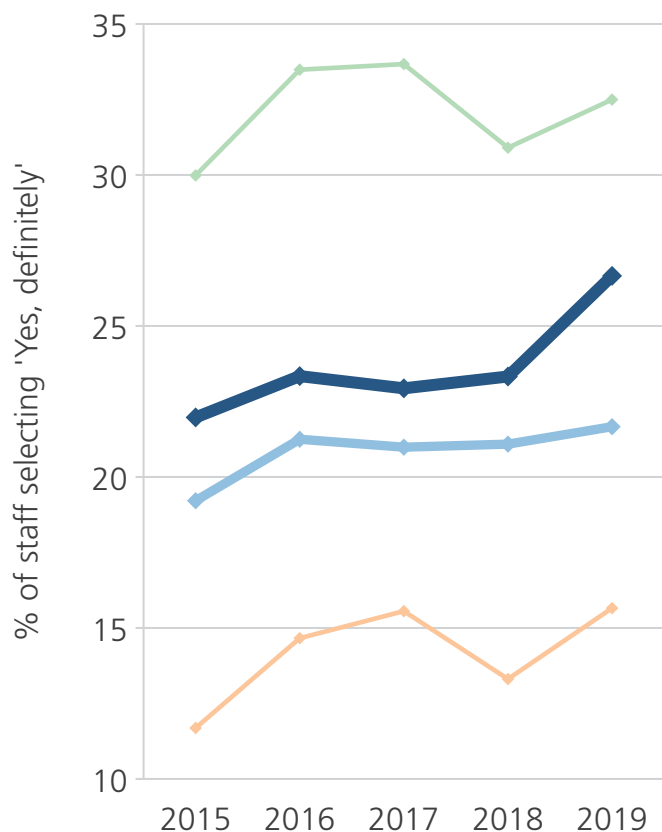
Worst	42.1%	38.4%
Your org	22.4%	20.7%
Average	28.7%	27.7%
Best	22.3%	19.0%

Worst	32.9%	28.0%
Your org	15.3%	14.4%
Average	20.4%	19.7%
Best	13.9%	12.8%

Worst	25.6%	23.6%
Your org	11.0%	10.3%
Average	14.2%	14.0%
Best	8.5%	7.7%

Q19b

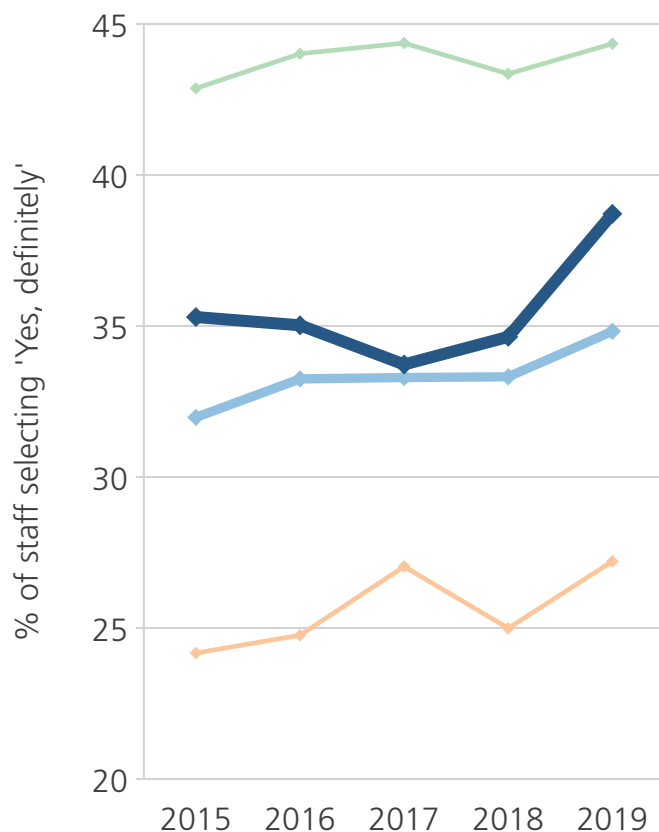
It helped me to improve how I do my job



Best	30.0%	33.5%	33.7%	30.9%	32.5%
Your org	22.0%	23.3%	22.9%	23.3%	26.7%
Average	19.2%	21.2%	21.0%	21.1%	21.7%
Worst	11.7%	14.7%	15.6%	13.3%	15.7%

Q19c

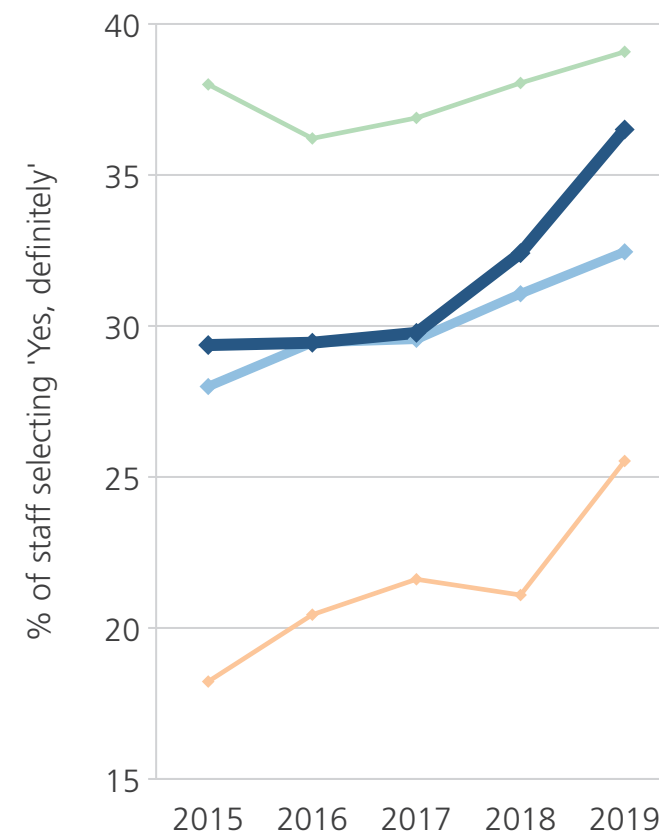
It helped me agree clear objectives for my work



Best	42.9%	44.0%	44.4%	43.3%	44.3%
Your org	35.3%	35.0%	33.7%	34.6%	38.7%
Average	32.0%	33.2%	33.3%	33.3%	34.8%
Worst	24.2%	24.8%	27.0%	25.0%	27.2%

Q19d

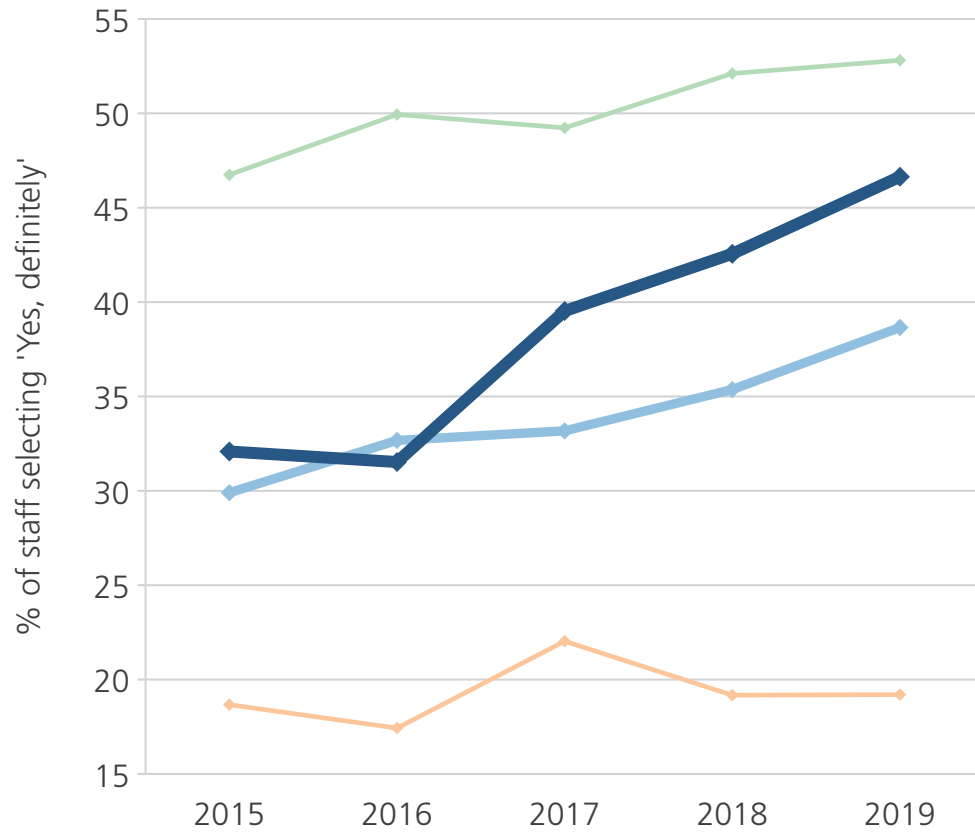
It left me feeling that my work is valued by my organisation



Best	38.0%	36.2%	36.9%	38.0%	39.1%
Your org	29.4%	29.4%	29.8%	32.4%	36.5%
Average	28.0%	29.4%	29.6%	31.1%	32.5%
Worst	18.2%	20.4%	21.6%	21.1%	25.5%

Q19e

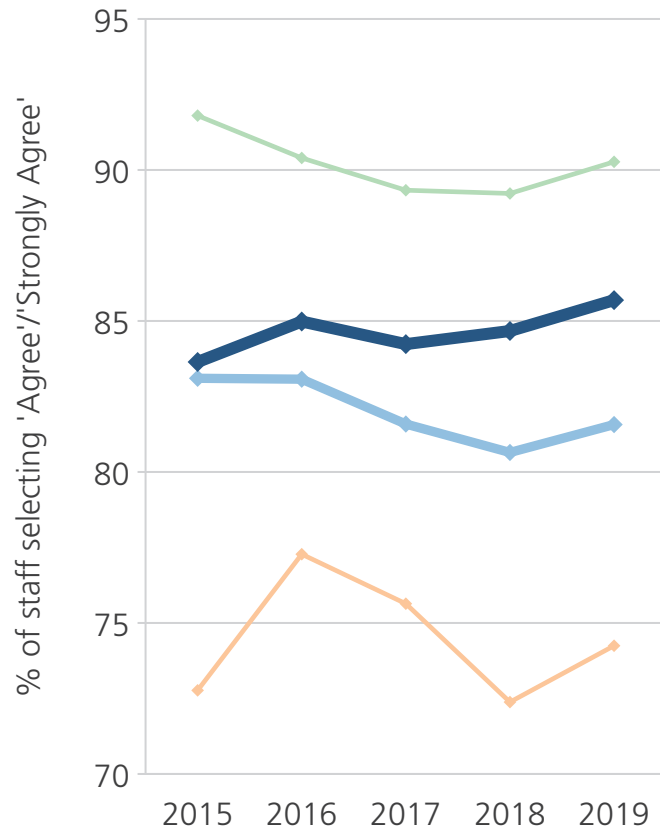
The values of my organisation were discussed as part of the appraisal process



Best	46.7%	49.9%	49.2%	52.1%	52.8%
Your org	32.1%	31.5%	39.5%	42.6%	46.6%
Average	29.9%	32.7%	33.2%	35.4%	38.7%
Worst	18.7%	17.4%	22.0%	19.2%	19.2%

Q7a

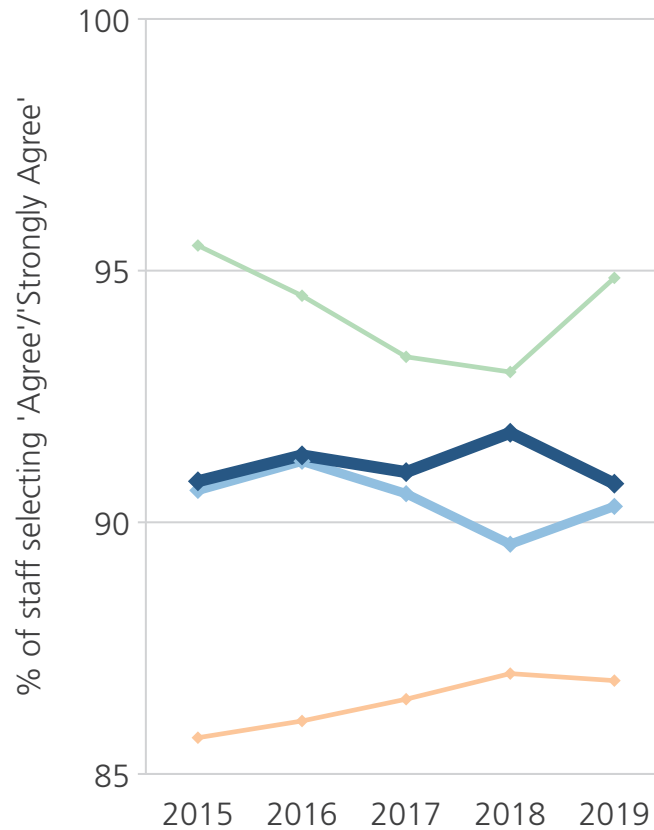
I am satisfied with the quality of care I give to patients / service users



Best	91.8%	90.4%	89.3%	89.2%	90.3%
Your org	83.6%	85.0%	84.2%	84.7%	85.7%
Average	83.1%	83.1%	81.6%	80.6%	81.6%
Worst	72.8%	77.3%	75.6%	72.4%	74.2%

Q7b

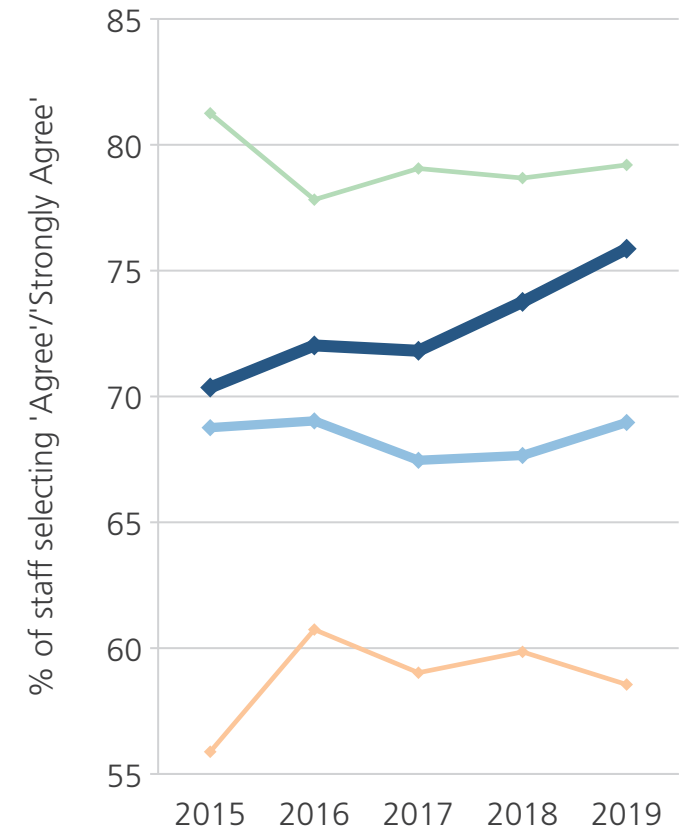
I feel that my role makes a difference to patients / service users



Best	95.5%	94.5%	93.3%	93.0%	94.9%
Your org	90.8%	91.3%	91.0%	91.8%	90.8%
Average	90.6%	91.2%	90.6%	89.6%	90.3%
Worst	85.7%	86.1%	86.5%	87.0%	86.9%

Q7c

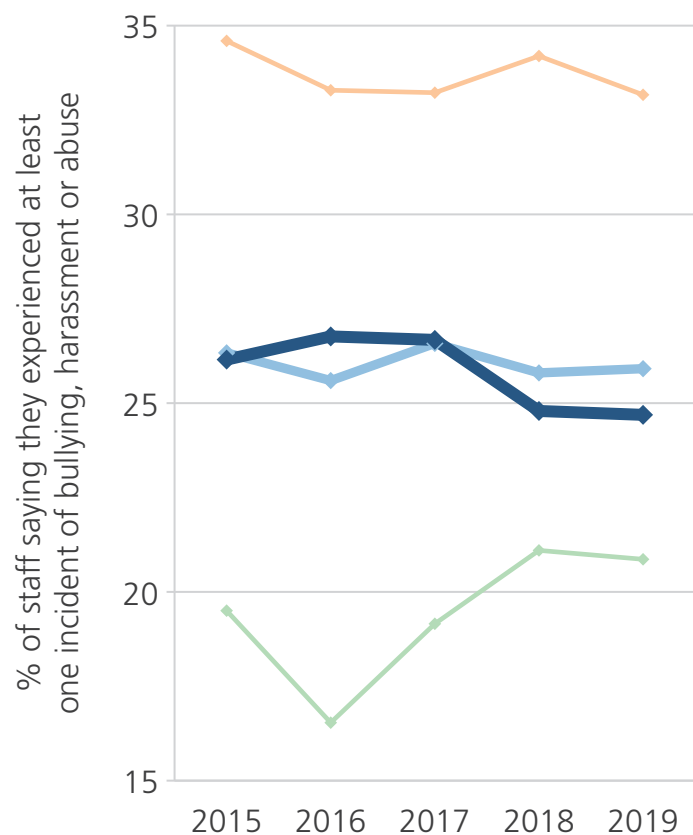
I am able to deliver the care I aspire to



Best	81.3%	77.8%	79.1%	78.7%	79.2%
Your org	70.4%	72.0%	71.8%	73.8%	75.9%
Average	68.8%	69.0%	67.5%	67.7%	69.0%
Worst	55.9%	60.7%	59.0%	59.9%	58.6%

Q13a

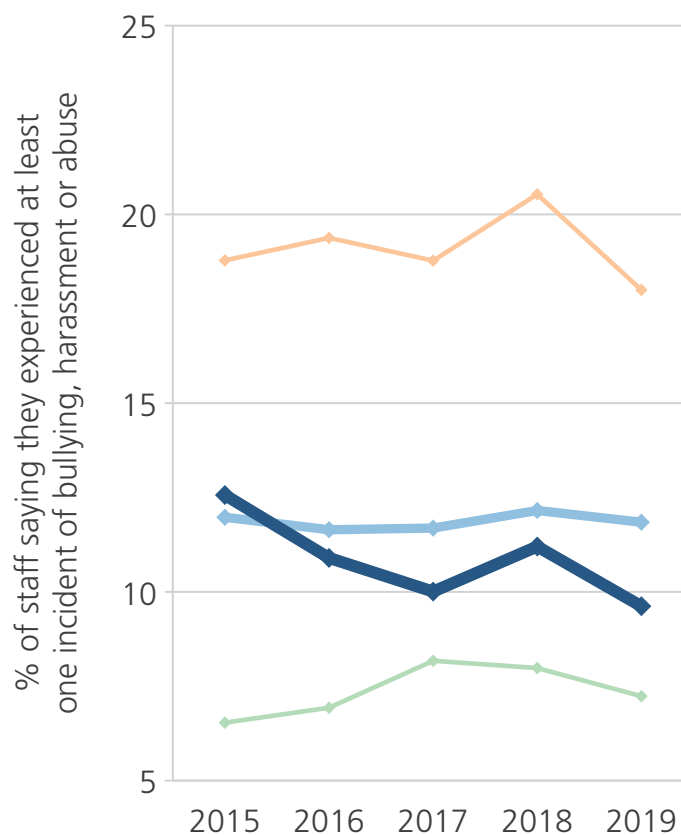
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



Worst	34.6%	33.3%	33.2%	34.2%	33.2%
Your org	26.2%	26.8%	26.7%	24.8%	24.7%
Average	26.3%	25.6%	26.6%	25.8%	25.9%
Best	19.5%	16.5%	19.2%	21.1%	20.9%

Q13b

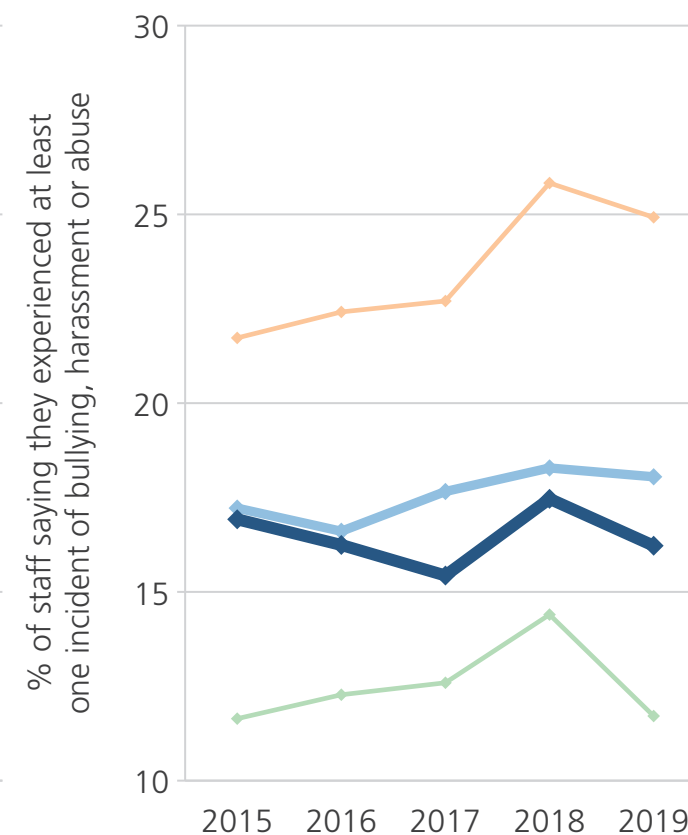
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



Worst	18.8%	19.4%	18.8%	20.5%	18.0%
Your org	12.6%	10.9%	10.0%	11.2%	9.6%
Average	12.0%	11.6%	11.7%	12.2%	11.8%
Best	6.5%	6.9%	8.2%	8.0%	7.2%

Q13c

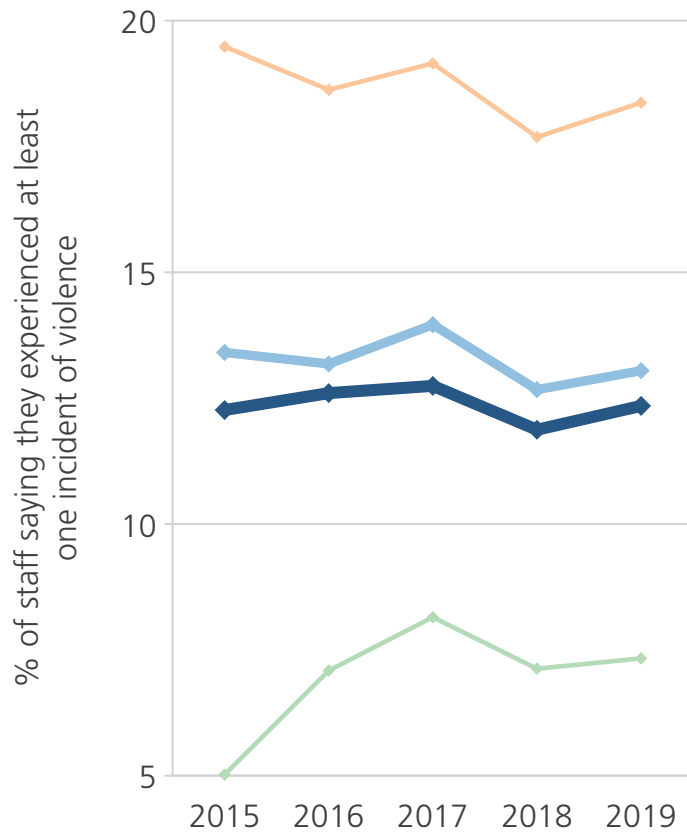
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Worst	21.7%	22.4%	22.7%	25.8%	24.9%
Your org	16.9%	16.2%	15.4%	17.5%	16.2%
Average	17.2%	16.6%	17.7%	18.3%	18.0%
Best	11.6%	12.3%	12.6%	14.4%	11.7%

Q12a

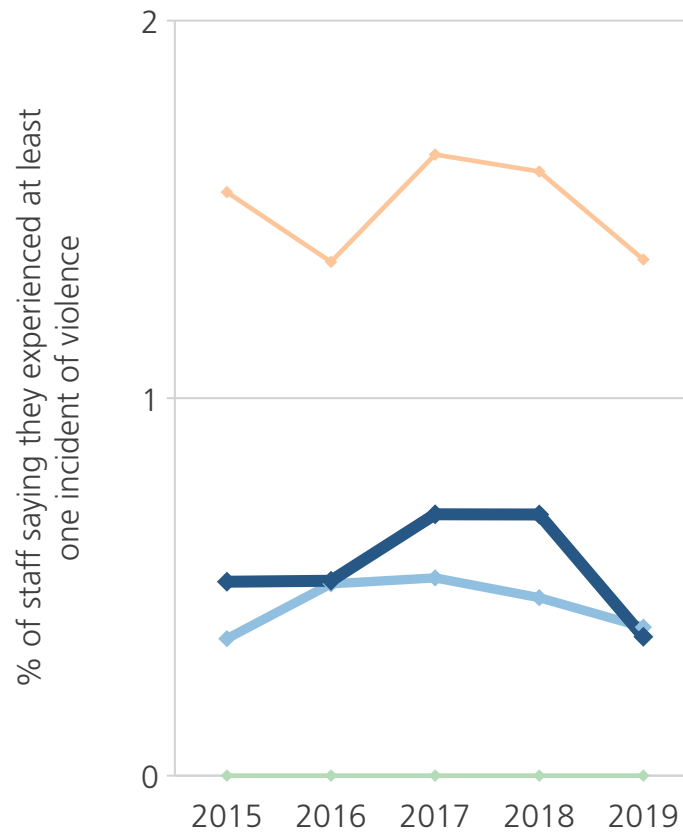
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



Worst	19.5%	18.6%	19.2%	17.7%	18.4%
Your org	12.3%	12.6%	12.7%	11.9%	12.3%
Average	13.4%	13.2%	14.0%	12.7%	13.0%
Best	5.0%	7.1%	8.1%	7.1%	7.3%

Q12b

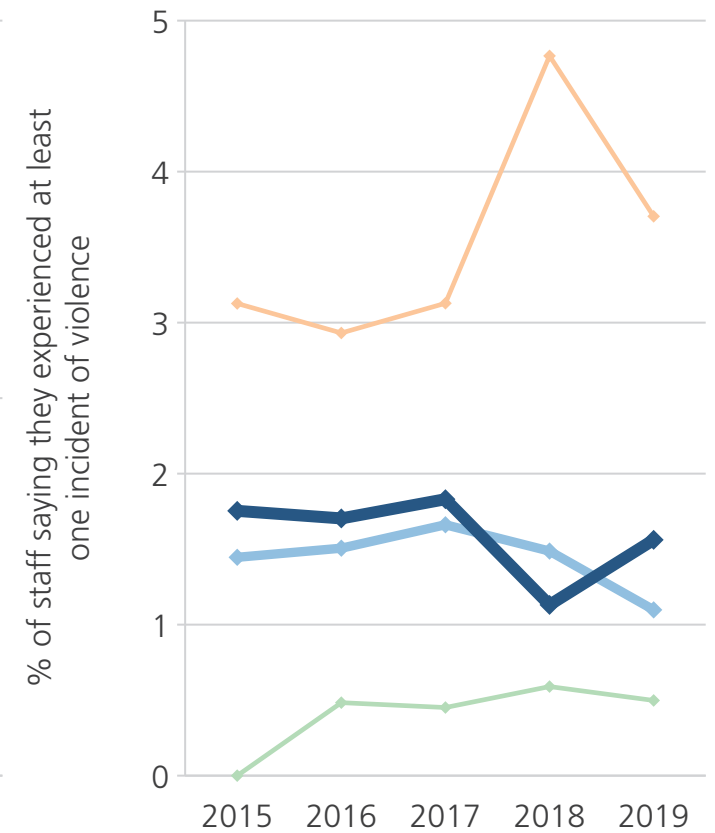
In the last 12 months how many times have you personally experienced physical violence at work from managers?



Worst	1.5%	1.4%	1.6%	1.6%	1.4%
Your org	0.5%	0.5%	0.7%	0.7%	0.4%
Average	0.4%	0.5%	0.5%	0.5%	0.4%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

Q12c

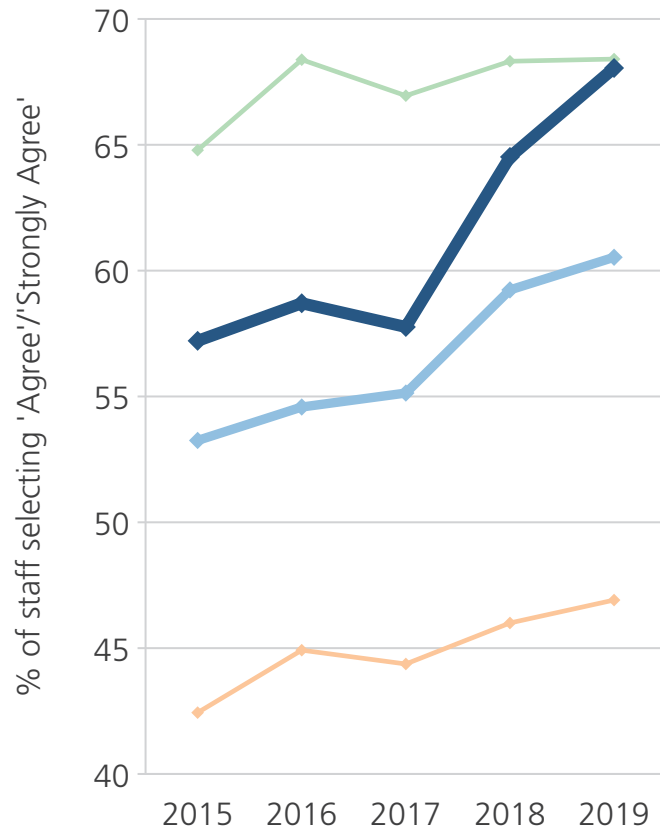
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



Worst	3.1%	2.9%	3.1%	4.8%	3.7%
Your org	1.8%	1.7%	1.8%	1.1%	1.6%
Average	1.4%	1.5%	1.7%	1.5%	1.1%
Best	0.0%	0.5%	0.5%	0.6%	0.5%

Q17a

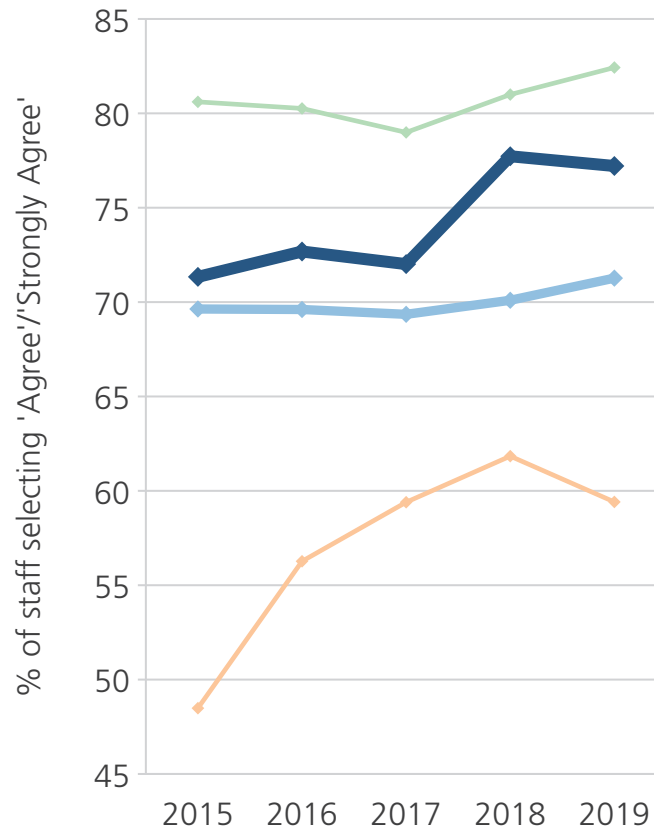
My organisation treats staff who are involved in an error, near miss or incident fairly



Best	64.8%	68.4%	67.0%	68.3%	68.4%
Your org	57.2%	58.7%	57.8%	64.5%	68.1%
Average	53.3%	54.6%	55.1%	59.2%	60.5%
Worst	42.4%	44.9%	44.4%	46.0%	46.9%

Q17c

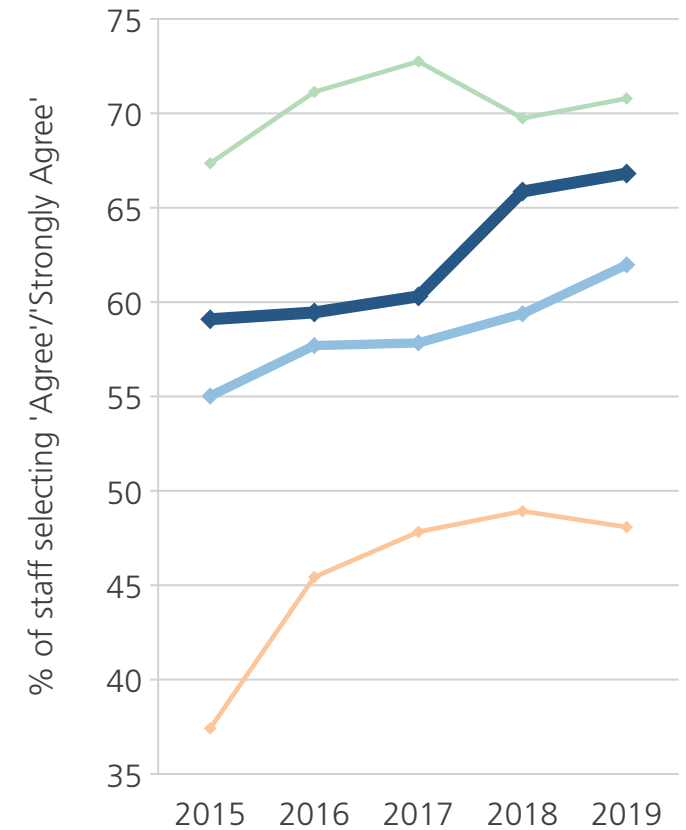
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



Best	80.6%	80.3%	79.0%	81.0%	82.4%
Your org	71.3%	72.7%	72.0%	77.7%	77.2%
Average	69.6%	69.6%	69.4%	70.1%	71.3%
Worst	48.5%	56.3%	59.4%	61.8%	59.4%

Q17d

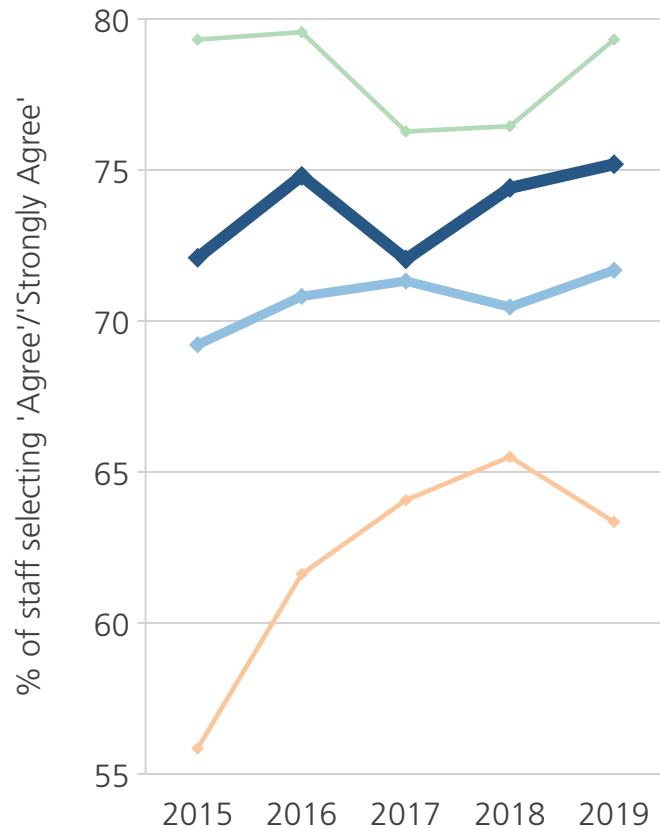
We are given feedback about changes made in response to reported errors, near misses and incidents



Best	67.4%	71.1%	72.7%	69.7%	70.8%
Your org	59.1%	59.5%	60.3%	65.9%	66.8%
Average	55.0%	57.7%	57.8%	59.4%	62.0%
Worst	37.4%	45.4%	47.8%	48.9%	48.1%

Q18b

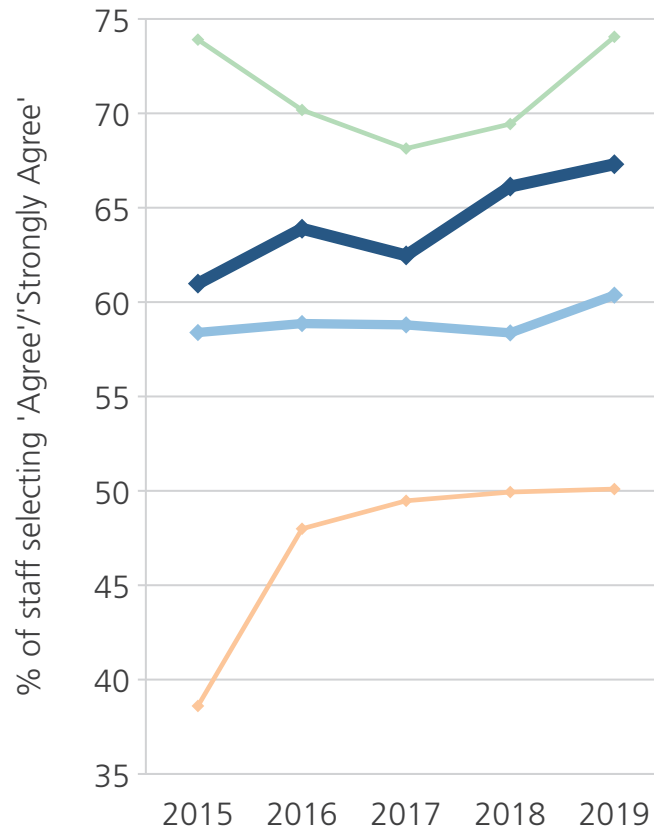
I would feel secure raising concerns about unsafe clinical practice



Best	79.3%	79.6%	76.3%	76.4%	79.3%
Your org	72.1%	74.8%	72.0%	74.4%	75.2%
Average	69.2%	70.8%	71.3%	70.5%	71.7%
Worst	55.8%	61.6%	64.1%	65.5%	63.3%

Q18c

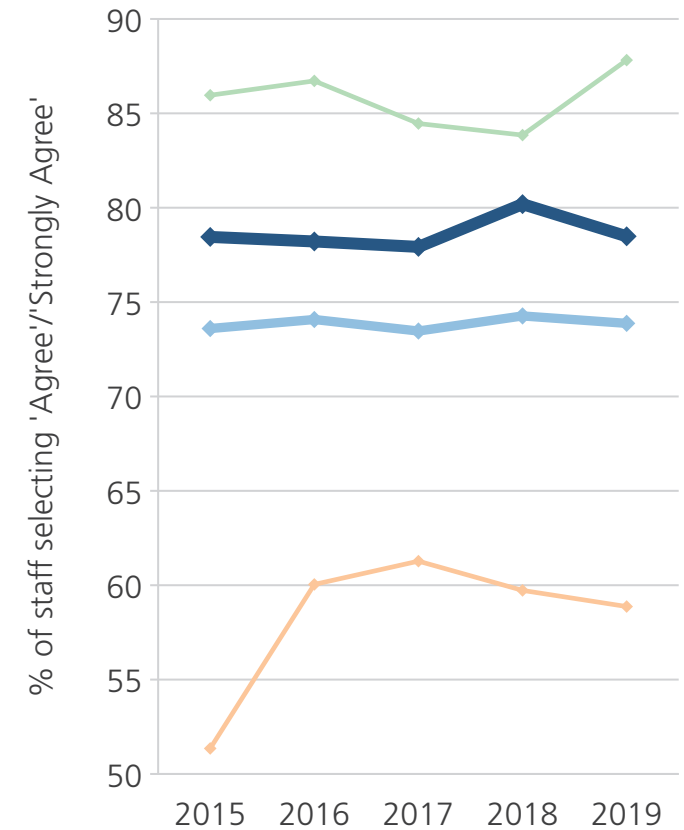
I am confident that my organisation would address my concern



Best	73.9%	70.2%	68.1%	69.4%	74.1%
Your org	61.0%	63.9%	62.5%	66.1%	67.3%
Average	58.4%	58.9%	58.8%	58.4%	60.4%
Worst	38.6%	48.0%	49.5%	49.9%	50.1%

Q21b

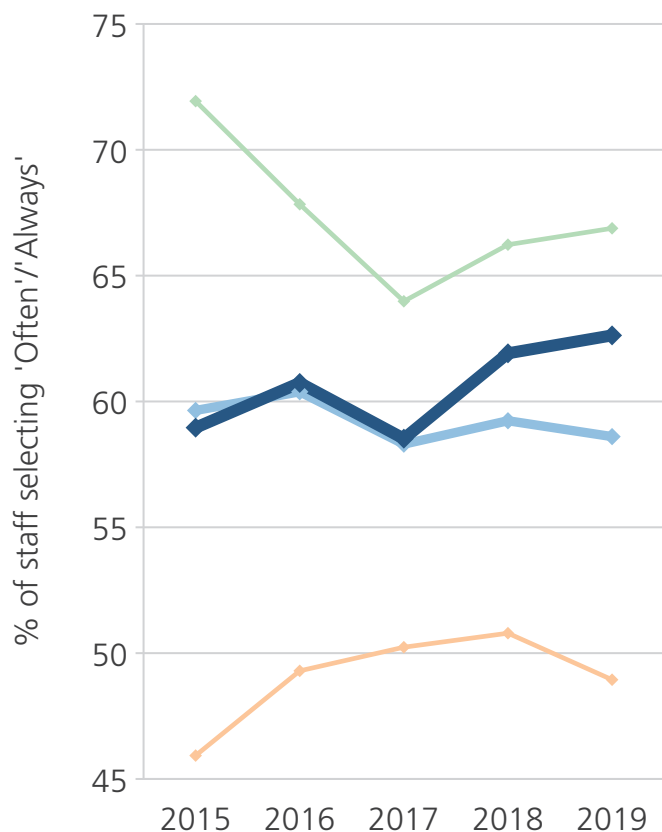
My organisation acts on concerns raised by patients / service users



Best	86.0%	86.7%	84.5%	83.8%	87.8%
Your org	78.5%	78.2%	77.9%	80.2%	78.5%
Average	73.6%	74.1%	73.5%	74.3%	73.9%
Worst	51.4%	60.0%	61.3%	59.7%	58.9%

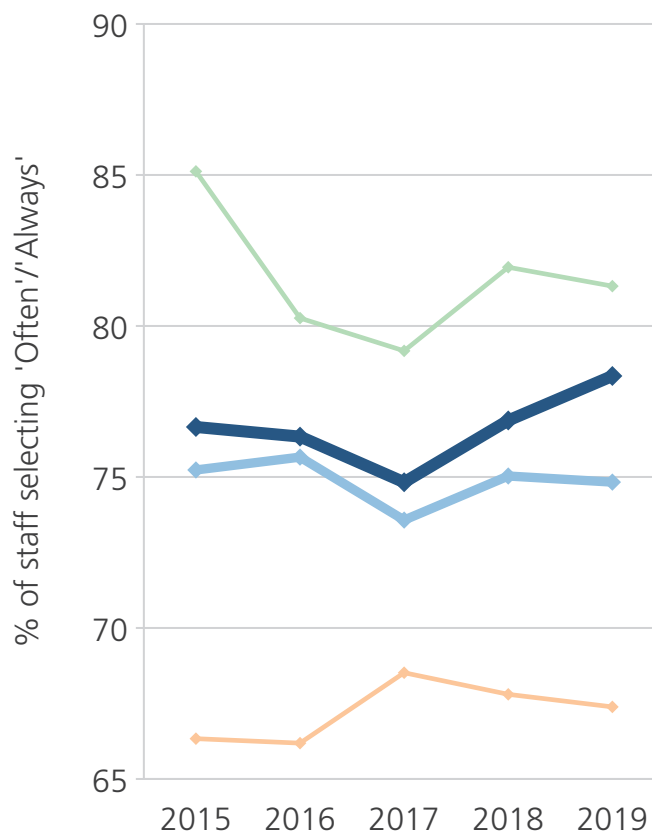
Q2a

I look forward to going to work



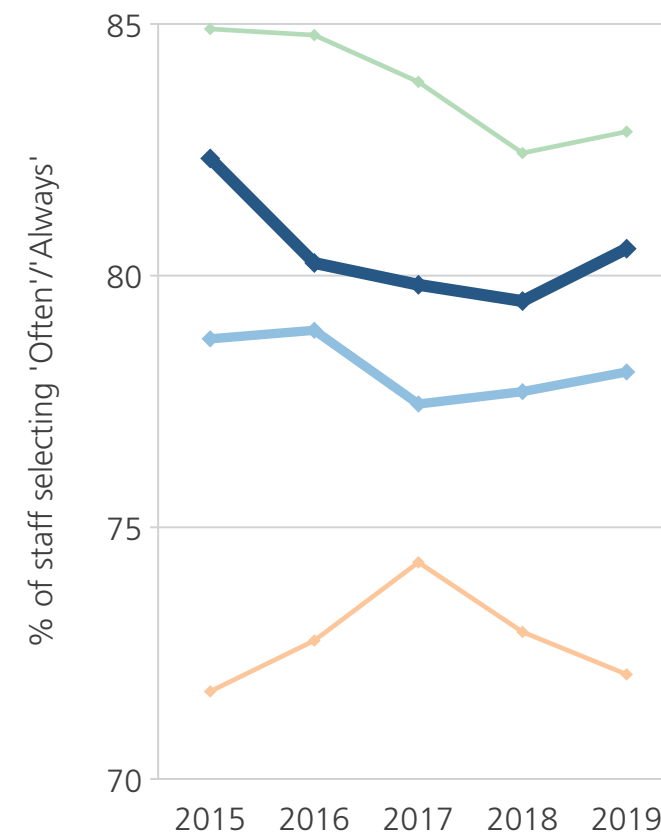
Q2b

I am enthusiastic about my job



Q2c

Time passes quickly when I am working



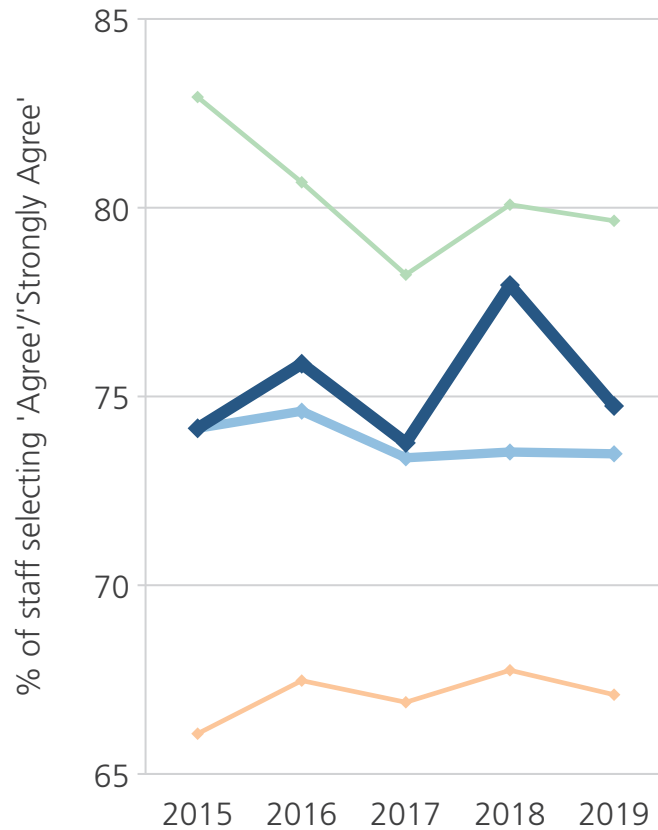
Best	71.9%	67.8%	64.0%	66.2%	66.9%
Your org	59.0%	60.7%	58.5%	61.9%	62.6%
Average	59.6%	60.4%	58.3%	59.2%	58.6%
Worst	45.9%	49.3%	50.2%	50.8%	48.9%

Best	85.1%	80.3%	79.2%	81.9%	81.3%
Your org	76.7%	76.3%	74.8%	76.9%	78.3%
Average	75.2%	75.7%	73.6%	75.0%	74.8%
Worst	66.3%	66.2%	68.5%	67.8%	67.4%

Best	84.9%	84.8%	83.8%	82.4%	82.9%
Your org	82.3%	80.3%	79.8%	79.5%	80.5%
Average	78.7%	78.9%	77.4%	77.7%	78.1%
Worst	71.7%	72.7%	74.3%	72.9%	72.1%

Q4a

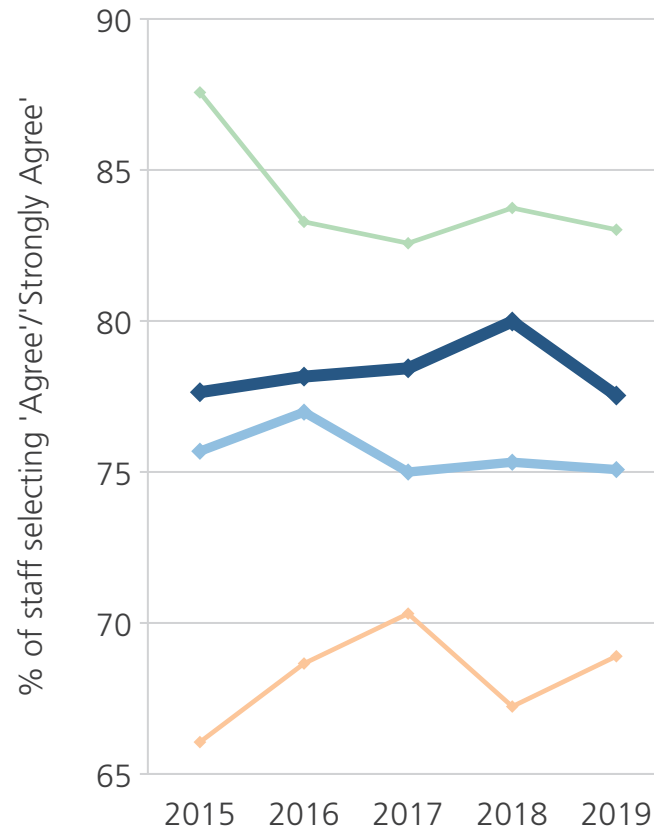
There are frequent opportunities for me to show initiative in my role



Best	82.9%	80.7%	78.2%	80.1%	79.7%
Your org	74.2%	75.9%	73.8%	78.0%	74.7%
Average	74.2%	74.6%	73.4%	73.5%	73.5%
Worst	66.1%	67.5%	66.9%	67.7%	67.1%

Q4b

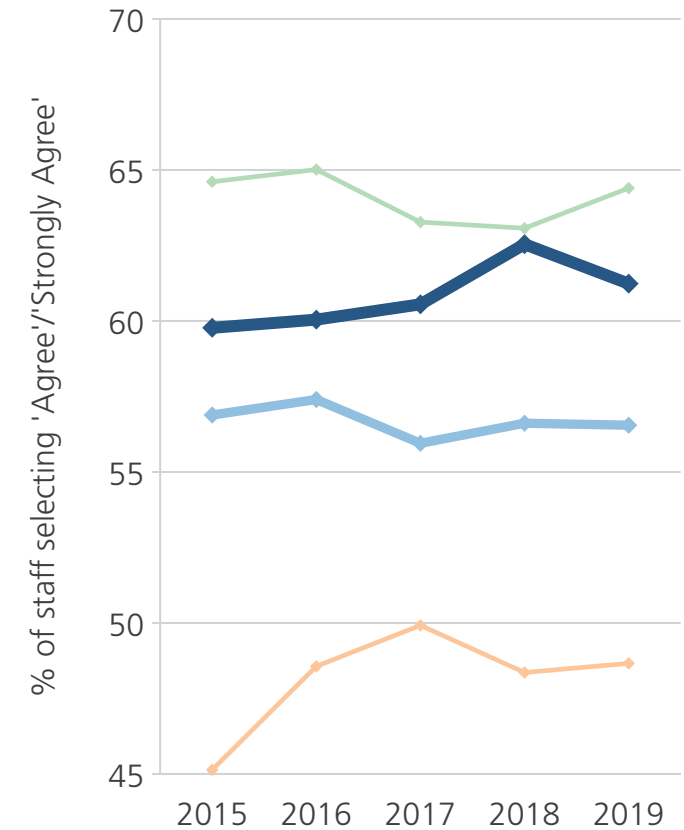
I am able to make suggestions to improve the work of my team / department



Best	87.6%	83.3%	82.6%	83.7%	83.0%
Your org	77.6%	78.2%	78.4%	80.0%	77.5%
Average	75.7%	77.0%	75.0%	75.3%	75.1%
Worst	66.1%	68.7%	70.3%	67.2%	68.9%

Q4d

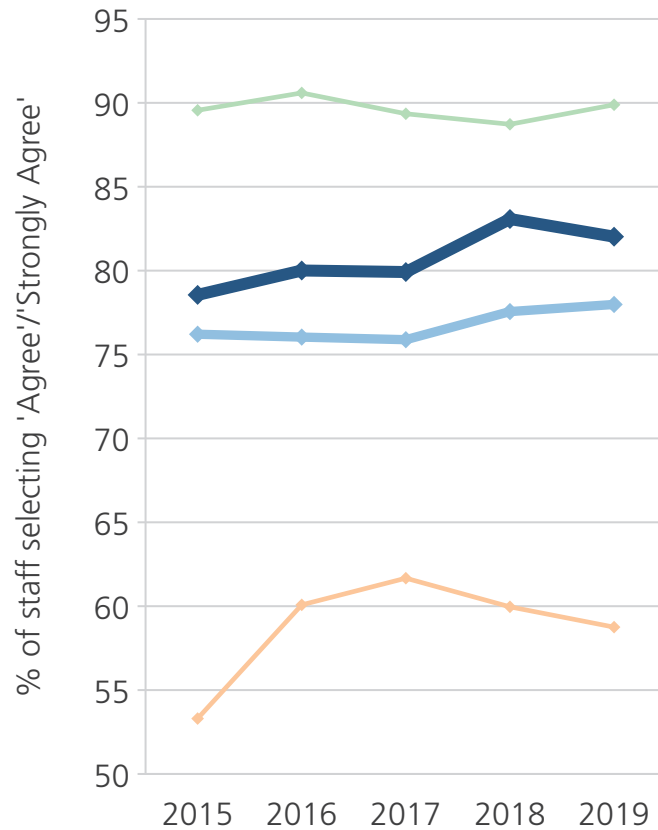
I am able to make improvements happen in my area of work



Best	64.6%	65.0%	63.3%	63.1%	64.4%
Your org	59.8%	60.0%	60.6%	62.5%	61.2%
Average	56.9%	57.4%	55.9%	56.6%	56.5%
Worst	45.1%	48.6%	49.9%	48.4%	48.7%

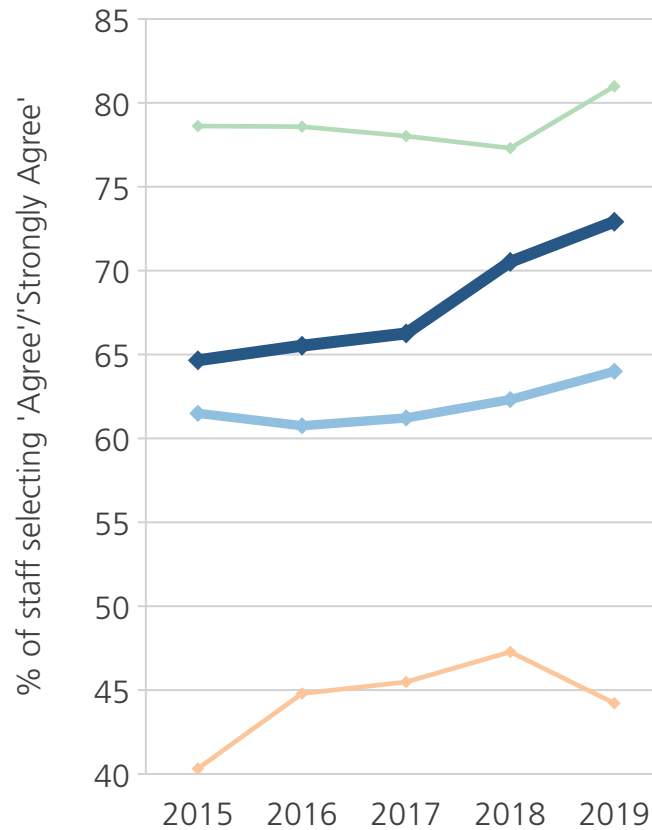
Q21a

Care of patients / service users
is my organisation's top priority



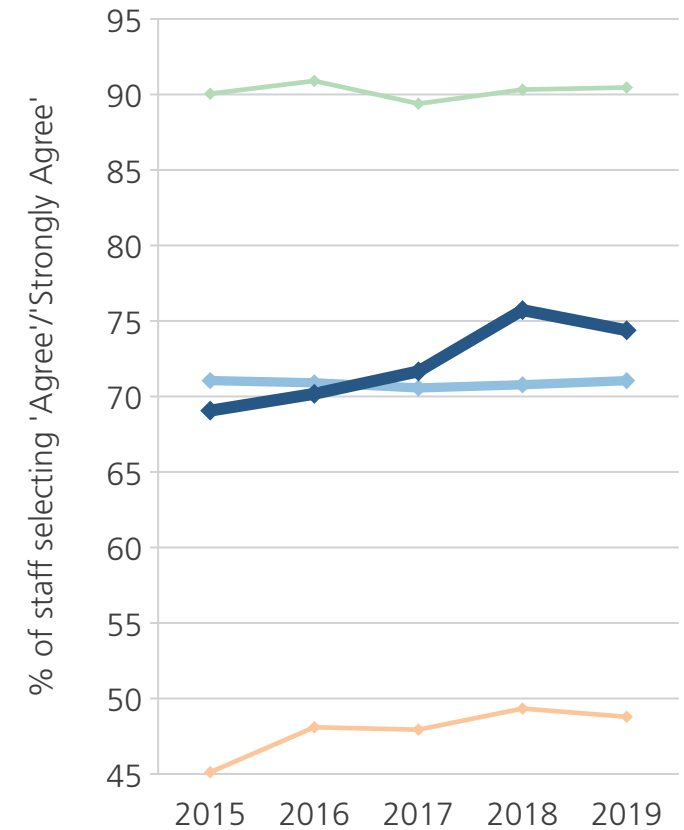
Q21c

I would recommend my
organisation as a place to work



Q21d

If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation



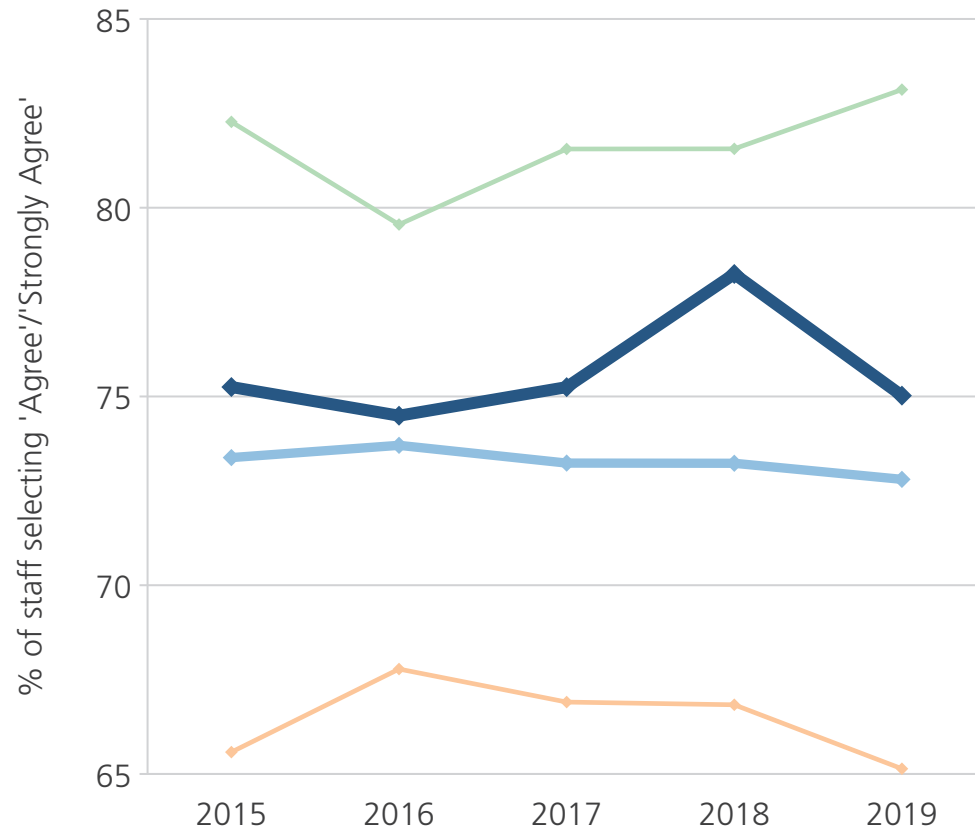
Best	89.6%	90.6%	89.3%	88.7%	89.9%
Your org	78.6%	80.0%	79.9%	83.1%	82.0%
Average	76.2%	76.0%	75.9%	77.6%	78.0%
Worst	53.3%	60.1%	61.7%	60.0%	58.8%

Best	78.6%	78.6%	78.0%	77.3%	81.0%
Your org	64.7%	65.5%	66.3%	70.5%	72.9%
Average	61.5%	60.8%	61.2%	62.3%	64.0%
Worst	40.3%	44.8%	45.5%	47.3%	44.2%

Best	90.0%	90.9%	89.4%	90.3%	90.5%
Your org	69.1%	70.2%	71.7%	75.7%	74.4%
Average	71.1%	70.9%	70.6%	70.8%	71.0%
Worst	45.1%	48.1%	47.9%	49.3%	48.8%

Q4h

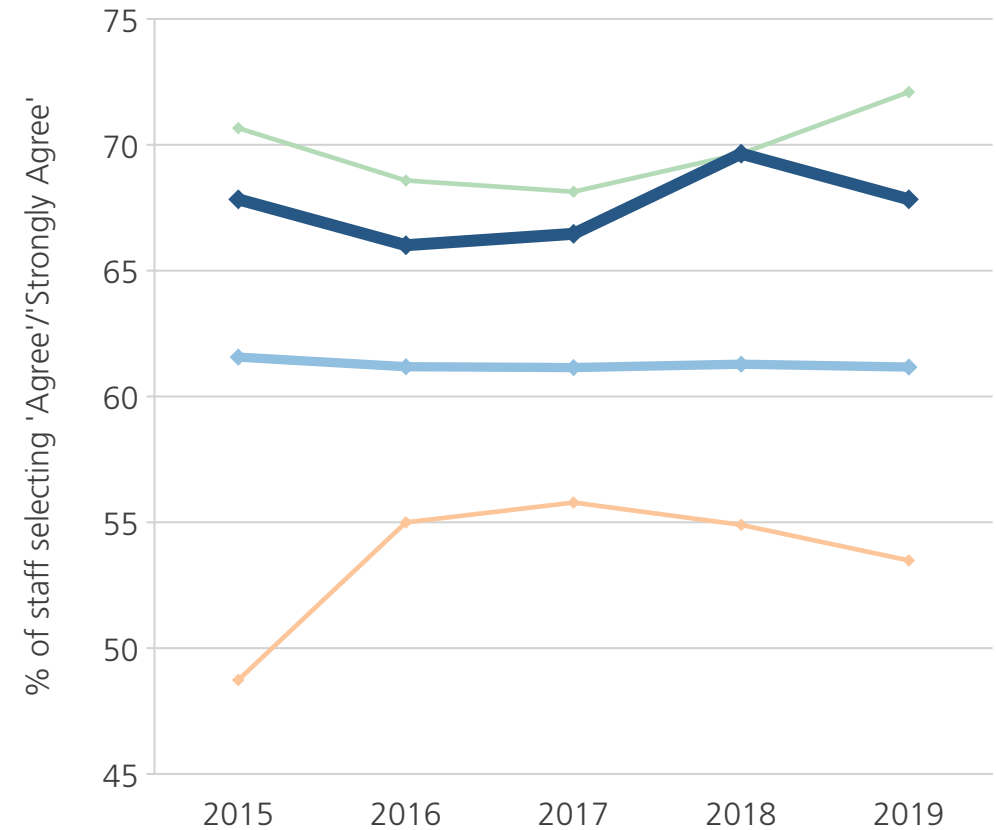
The team I work in has a set of shared objectives



Best	82.3%	79.6%	81.6%	81.6%	83.1%
Your org	75.3%	74.5%	75.2%	78.2%	75.0%
Average	73.4%	73.7%	73.2%	73.2%	72.8%
Worst	65.6%	67.8%	66.9%	66.8%	65.1%

Q4i

The team I work in often meets to discuss the team's effectiveness



Best	70.7%	68.6%	68.1%	69.6%	72.1%
Your org	67.8%	66.0%	66.5%	69.6%	67.8%
Average	61.6%	61.2%	61.1%	61.3%	61.2%
Worst	48.7%	55.0%	55.8%	54.9%	53.5%

Workforce Equality Standards

East Lancashire Hospitals NHS Trust
2019 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

Workforce Race Equality Standard (WRES)

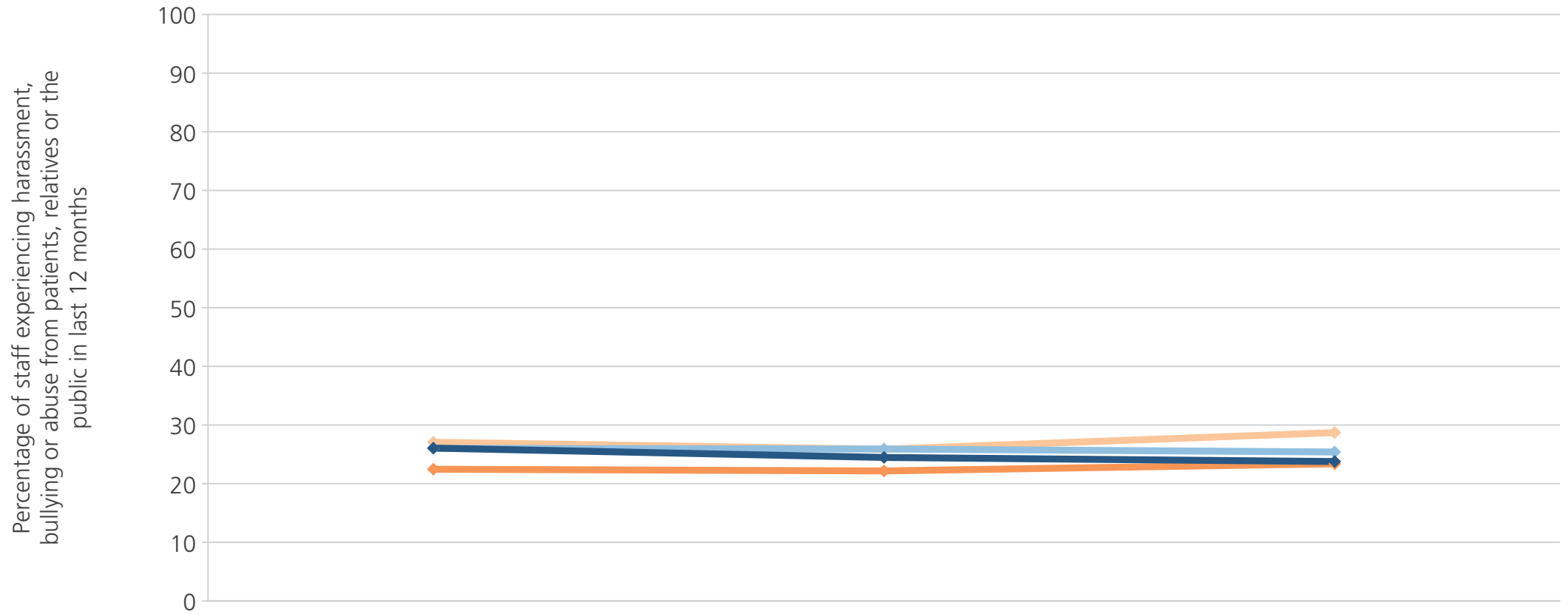
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018 and 2019 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13, and q14 split by disabled staff compared to non-disabled staff. It also shows results for q28b (for disabled staff only), and the staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Workforce Race Equality Standard (WRES)

East Lancashire Hospitals NHS Trust
2019 NHS Staff Survey Results



	2017	2018	2019
White: Your org	26.1%	24.5%	23.8%
BME: Your org	22.5%	22.2%	23.4%
White: Average	26.0%	25.9%	25.4%
BME: Average	27.1%	25.9%	28.7%

White: Responses

2,824

3,012

3,218

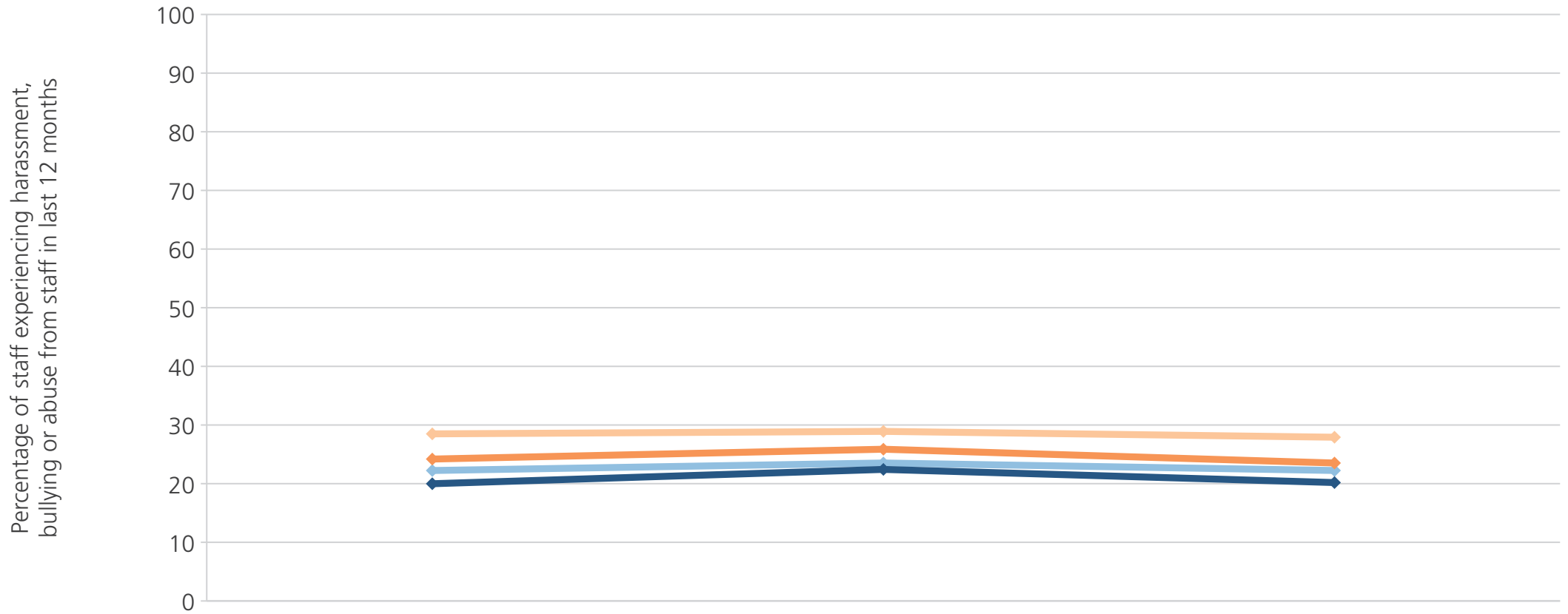
BME: Responses

374

406

496

Average calculated as the median for the benchmark group



	2017	2018	2019
White: Your org	20.0%	22.4%	20.2%
BME: Your org	24.2%	25.9%	23.5%
White: Average	22.2%	23.5%	22.2%
BME: Average	28.5%	28.9%	27.9%

White: Responses

2,812

2,956

3,220

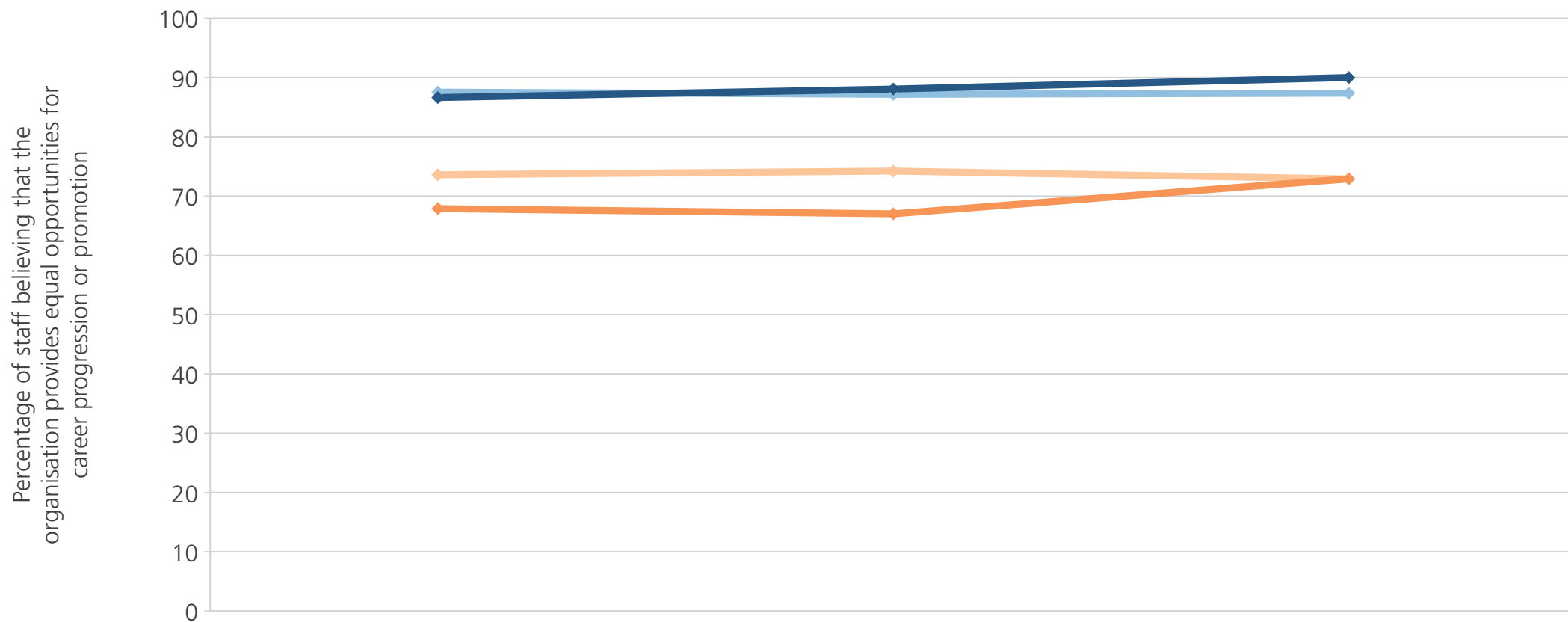
BME: Responses

372

402

489

Average calculated as the median for the benchmark group



	2017	2018	2019
White: Your org	86.6%	88.1%	90.0%
BME: Your org	67.9%	67.0%	72.9%
White: Average	87.5%	87.2%	87.4%
BME: Average	73.6%	74.2%	72.9%

White: Responses

2,064

2,161

2,342

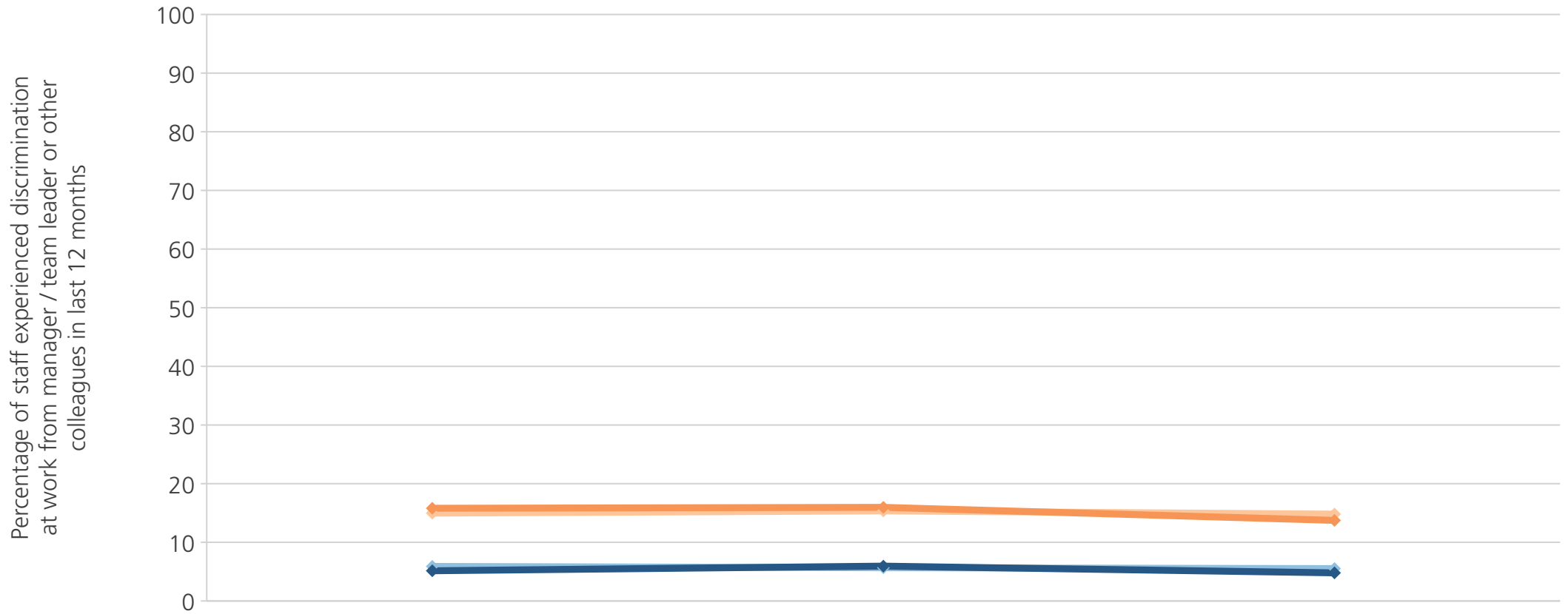
BME: Responses

271

282

347

Average calculated as the median for the benchmark group



	2017	2018	2019
White: Your org	5.1%	5.9%	4.8%
BME: Your org	15.8%	16.0%	13.7%
White: Average	5.9%	5.7%	5.5%
BME: Average	15.0%	15.4%	14.8%

White: Responses

2,837

2,998

3,214

BME: Responses

367

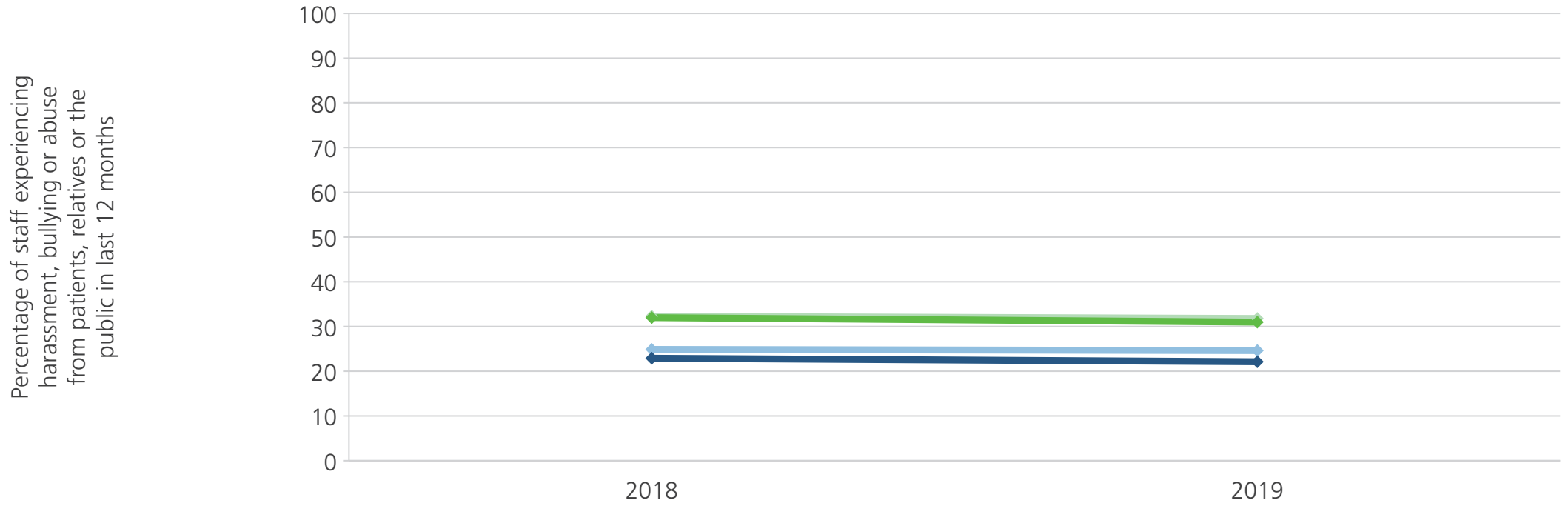
401

495

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

East Lancashire Hospitals NHS Trust
2019 NHS Staff Survey Results



	2018	2019
Disabled staff: Your org	32.0%	31.0%
Non-disabled staff: Your org	22.9%	22.1%
Disabled staff: Average	32.3%	31.8%
Non-disabled staff: Average	24.9%	24.6%

Disabled staff: Responses

519

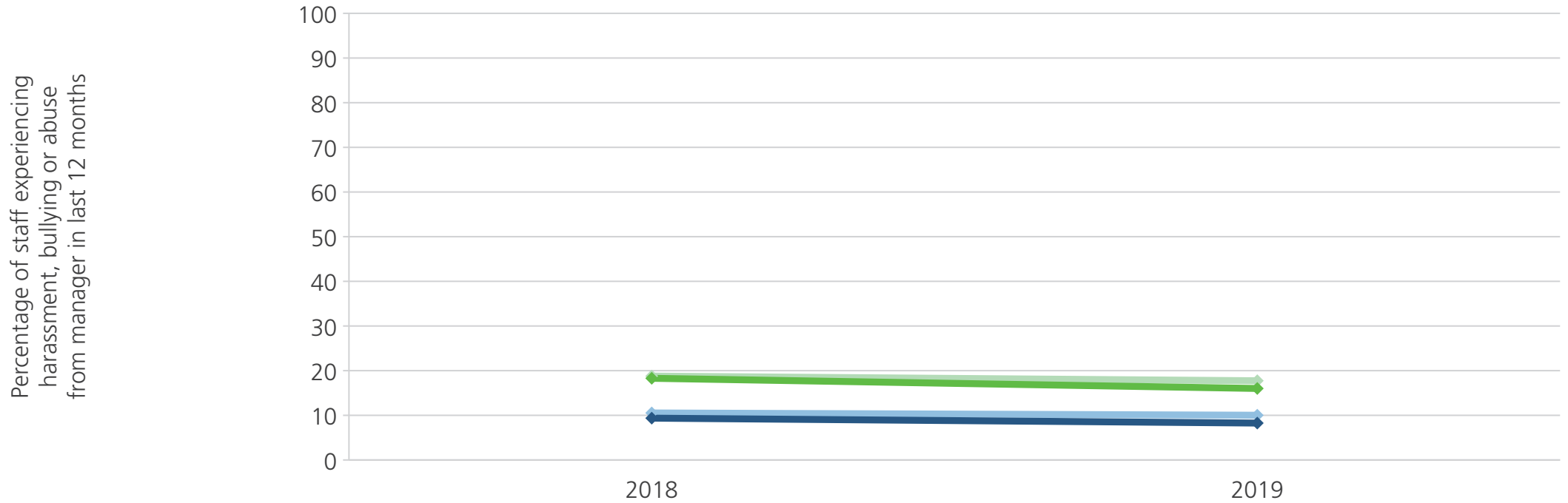
665

Non-disabled staff: Responses

2,825

3,115

Average calculated as the median for the benchmark group



	2018	2019
Disabled staff: Your org	18.3%	16.0%
Non-disabled staff: Your org	9.4%	8.3%
Disabled staff: Average	18.8%	17.7%
Non-disabled staff: Average	10.5%	10.0%

Disabled staff: Responses

503

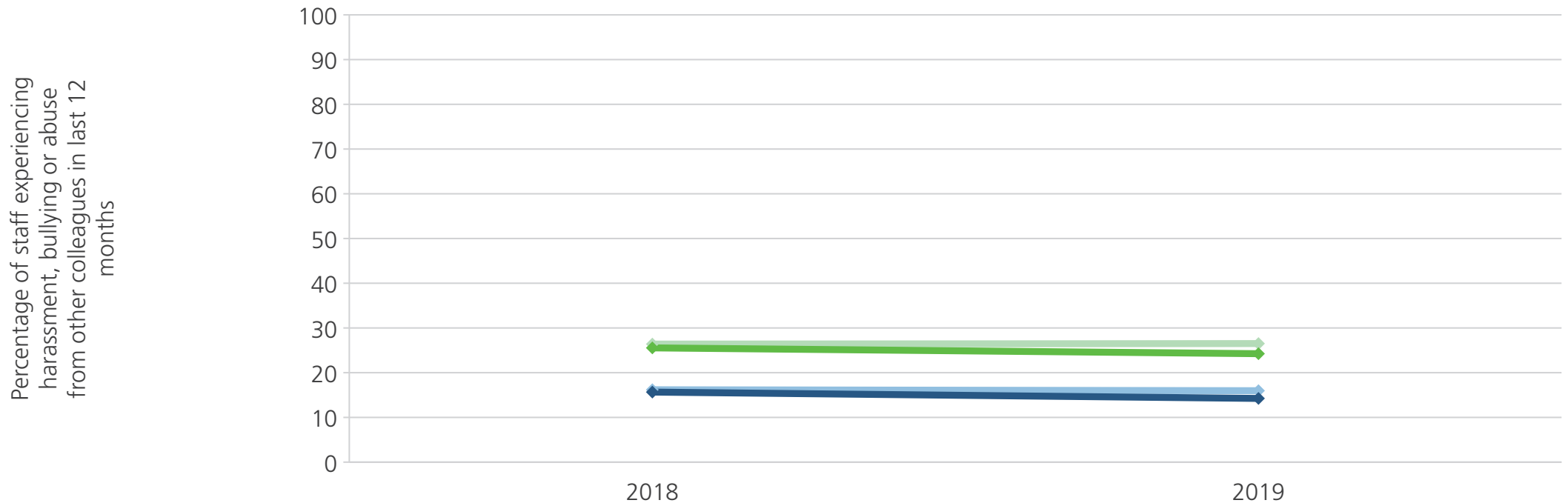
662

Non-disabled staff: Responses

2,744

3,098

Average calculated as the median for the benchmark group



	2018	2019
Disabled staff: Your org	25.5%	24.2%
Non-disabled staff: Your org	15.7%	14.2%
Disabled staff: Average	26.4%	26.5%
Non-disabled staff: Average	16.2%	16.0%

Disabled staff: Responses

505

664

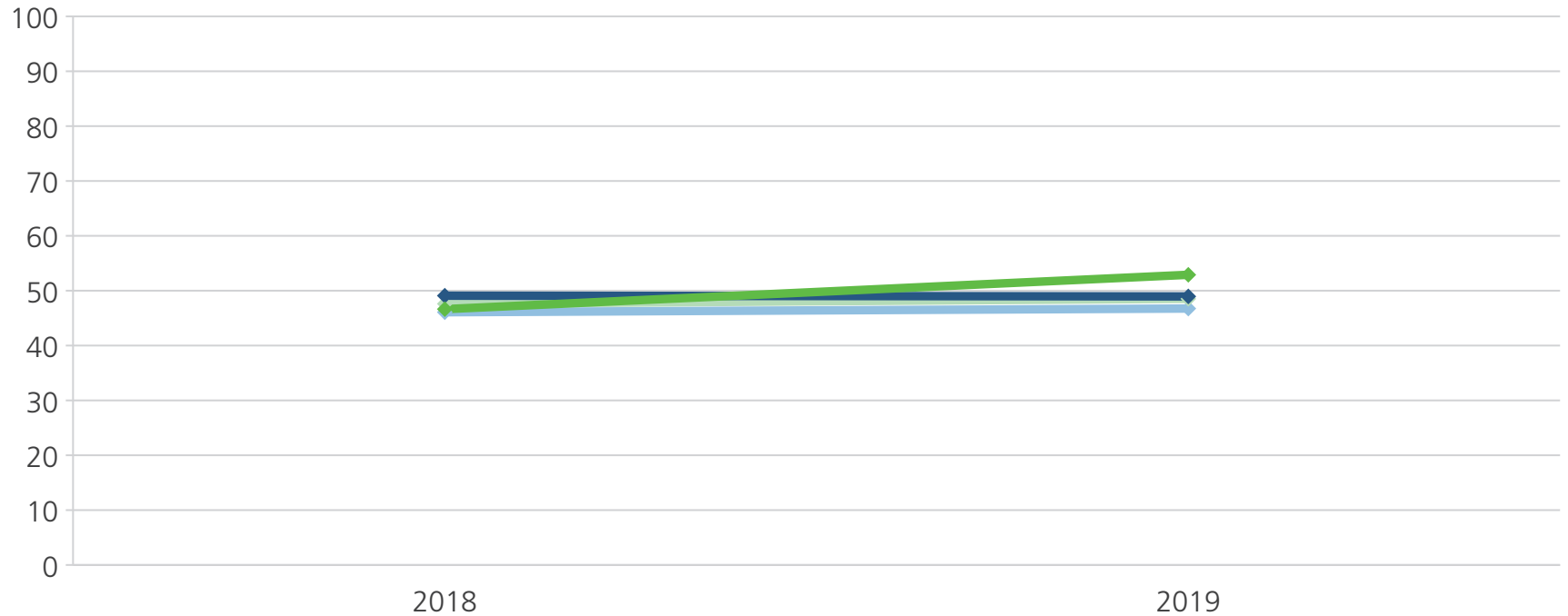
Non-disabled staff: Responses

2,752

3,103

Average calculated as the median for the benchmark group

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



	2018	2019
Disabled staff: Your org	46.6%	52.9%
Non-disabled staff: Your org	49.1%	49.0%
Disabled staff: Average	47.6%	48.5%
Non-disabled staff: Average	46.1%	46.7%

Disabled staff: Responses

223

276

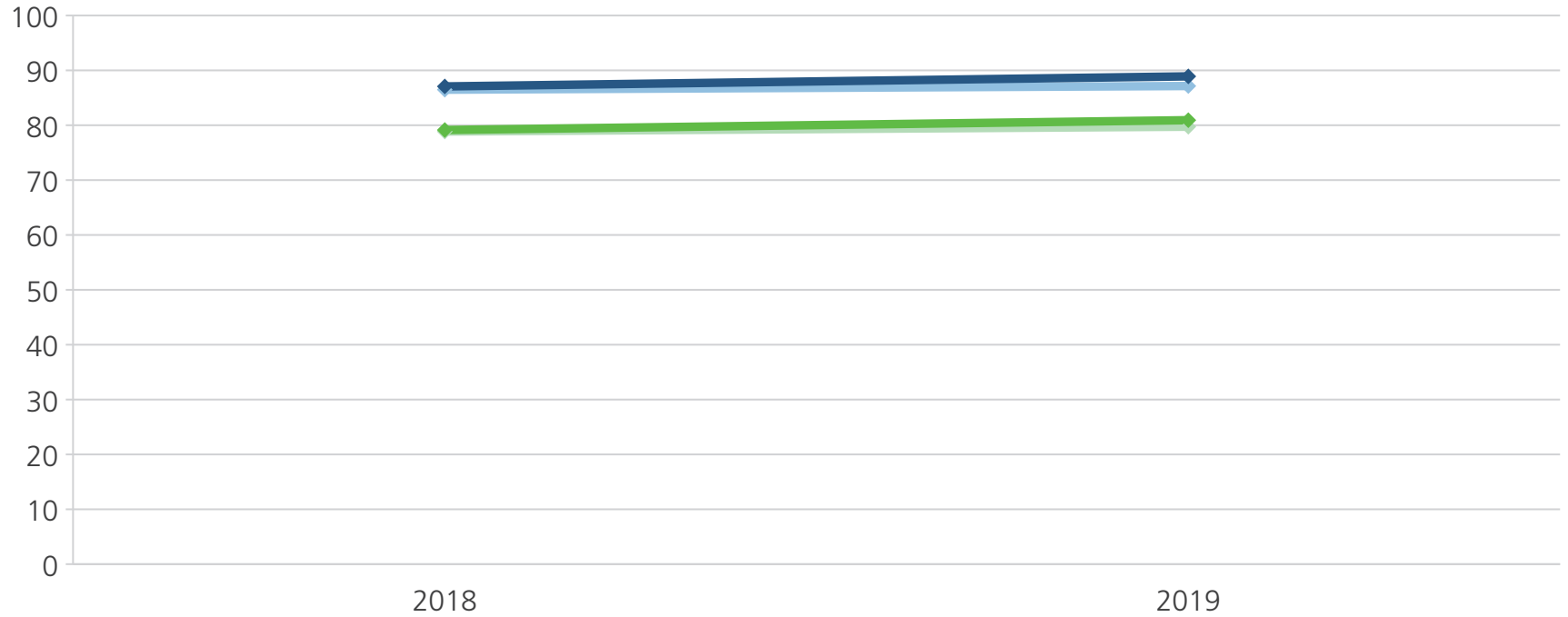
Non-disabled staff: Responses

825

913

Average calculated as the median for the benchmark group

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



	2018	2019
Disabled staff: Your org	79.1%	80.9%
Non-disabled staff: Your org	87.1%	88.9%
Disabled staff: Average	78.9%	79.7%
Non-disabled staff: Average	86.5%	87.1%

Disabled staff: Responses

369

456

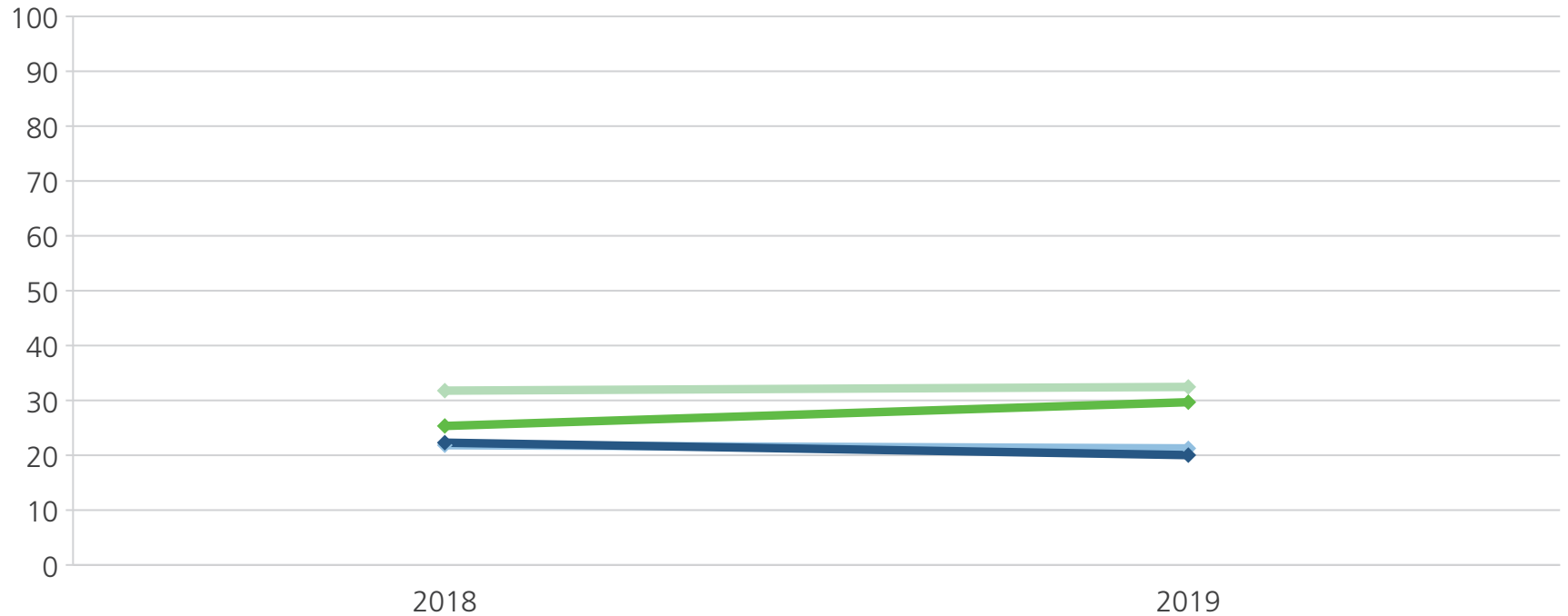
Non-disabled staff: Responses

2,019

2,281

Average calculated as the median for the benchmark group

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



	2018	2019
Disabled staff: Your org	25.3%	29.7%
Non-disabled staff: Your org	22.3%	20.0%
Disabled staff: Average	31.8%	32.5%
Non-disabled staff: Average	21.8%	21.3%

Disabled staff: Responses

367

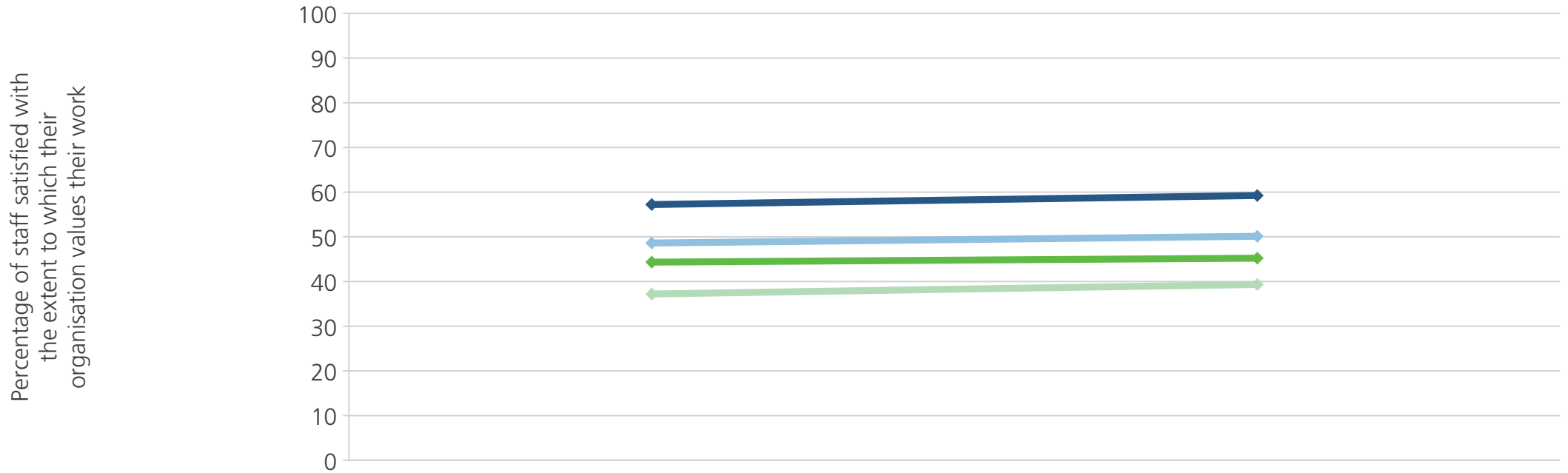
492

Non-disabled staff: Responses

1,350

1,528

Average calculated as the median for the benchmark group



	2018	2019
Disabled staff: Your org	44.3%	45.2%
Non-disabled staff: Your org	57.2%	59.2%
Disabled staff: Average	37.2%	39.3%
Non-disabled staff: Average	48.6%	50.1%

Disabled staff: Responses

521

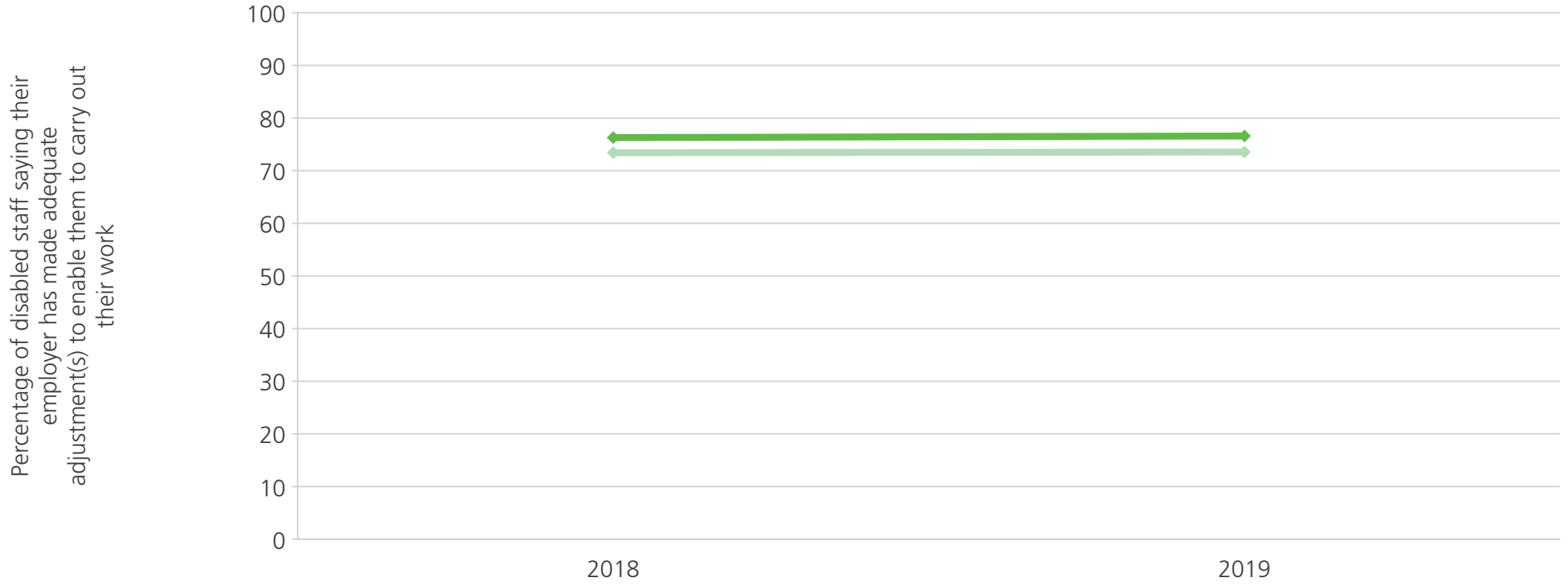
670

Non-disabled staff: Responses

2,808

3,131

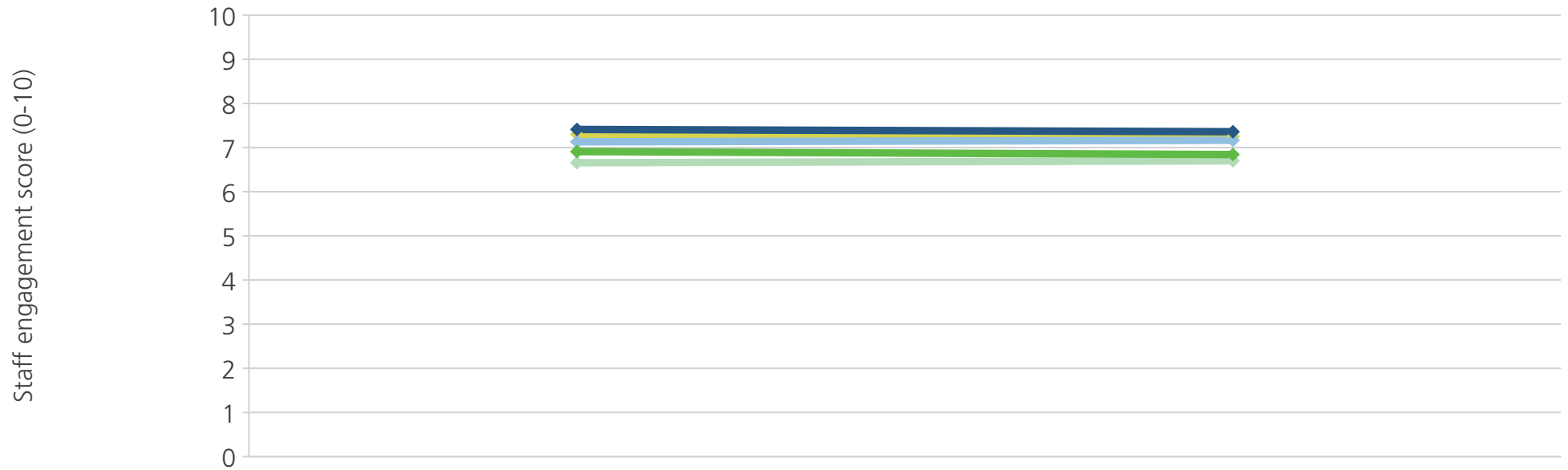
Average calculated as the median for the benchmark group



Disabled staff: Your org	76.3%	76.6%
Disabled staff: Average	73.4%	73.5%

Disabled staff: Responses 291 393

Average calculated as the median for the benchmark group



	2018	2019
Organisation average	7.3	7.2
Disabled staff: Your org	6.9	6.8
Non-disabled staff: Your org	7.4	7.4
Disabled staff: Average	6.7	6.7
Non-disabled staff: Average	7.1	7.2

Organisation Responses

3,634

3,935

Disabled staff: Responses

521

670

Non-disabled staff: Responses

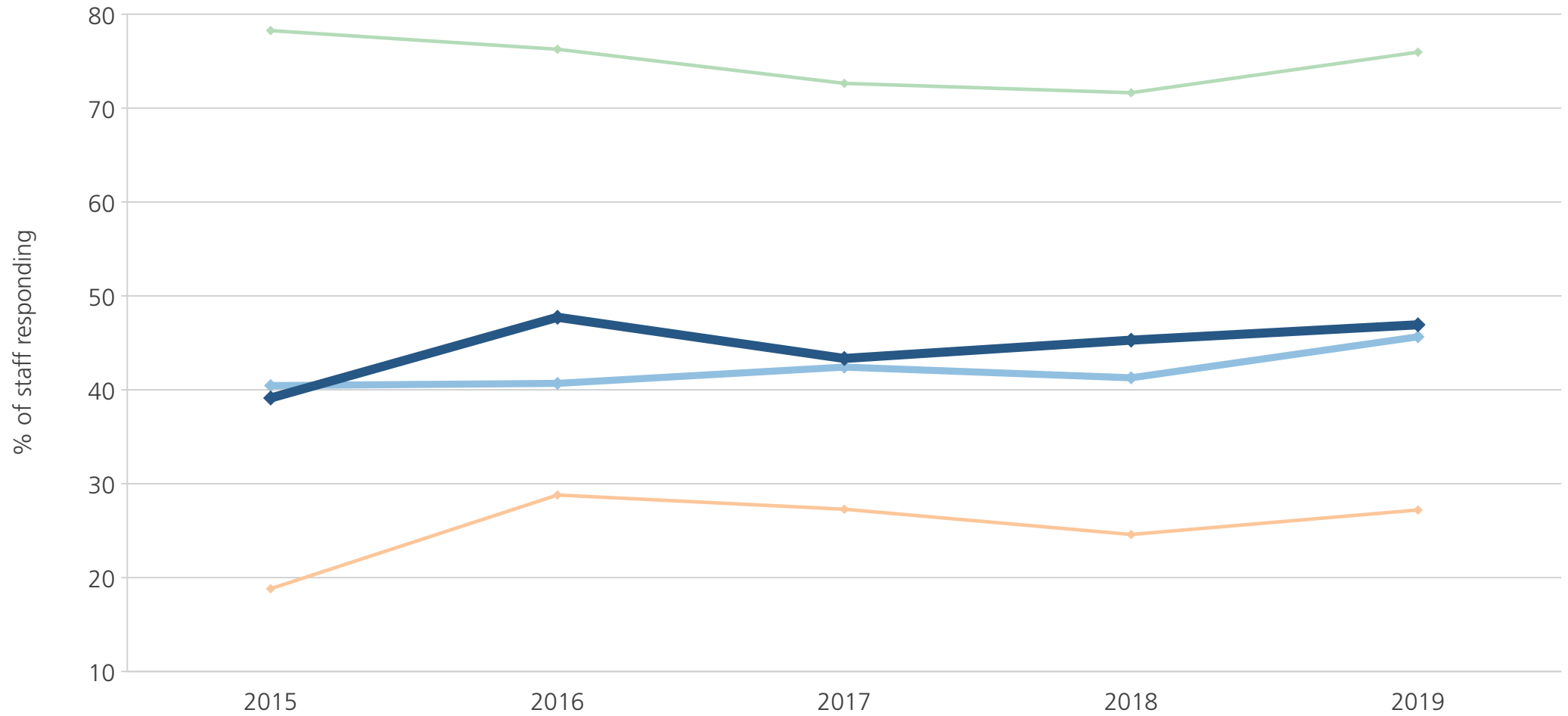
2,833

3,138

Average calculated as the median for the benchmark group

Appendices

Appendix A: Response rate



	2015	2016	2017	2018	2019
Best	78.3%	76.3%	72.6%	71.6%	76.0%
Your org	39.1%	47.7%	43.3%	45.3%	46.9%
Median	40.4%	40.7%	42.4%	41.3%	45.6%
Worst	18.8%	28.8%	27.3%	24.6%	27.2%

Appendix B: Significance testing - 2018 v 2019 theme results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: **↑** indicates that the 2019 score is significantly higher than last year's, whereas **↓** indicates that the 2019 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.1	3502	9.2	3864	↑
Health & wellbeing	6.3	3539	6.3	3889	Not significant
Immediate managers	7.0	3565	7.0	3892	Not significant
Morale	6.5	3460	6.6	3820	Not significant
Quality of appraisals	5.8	3133	6.0	3276	↑
Quality of care	7.7	3194	7.8	3419	Not significant
Safe environment - Bullying & harassment	8.2	3455	8.3	3843	Not significant
Safe environment - Violence	9.5	3431	9.5	3846	Not significant
Safety culture	7.0	3501	7.1	3856	Not significant
Staff engagement	7.3	3634	7.3	3935	Not significant
Team working	7.0	3603	7.0	3903	Not significant

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Equality & Diversity Score
1 BEST IN CLASS	Northumbria Healthcare NHS Foundation Trust	9.632300442
2	Gateshead Health NHS Foundation Trust	9.427355064
3	South Warwickshire NHS Foundation Trust	9.396722946
4	Royal Devon and Exeter NHS Foundation Trust	9.389298244
5	Northern Devon Healthcare NHS Trust	9.365715276
6	Sheffield Children's NHS Foundation Trust	9.360749
7	County Durham and Darlington NHS Foundation Trust	9.334412299
8	The Newcastle upon Tyne Hospitals NHS Foundation Trust	9.333352087
9	Mid Cheshire Hospitals NHS Foundation Trust	9.314102547
10	University Hospitals of Morecambe Bay NHS Foundation Trust	9.302323415
11	Alder Hey Children's NHS Foundation Trust	9.299772424
12	North Tees and Hartlepool NHS Foundation Trust	9.29397555
13	York Teaching Hospital NHS Foundation Trust	9.289246125
14	Harrogate and District NHS Foundation Trust	9.276811693
15	South Tyneside and Sunderland NHS Foundation Trust	9.271734378
16	Sheffield Teaching Hospitals NHS Foundation Trust	9.249960449
17	Torbay and South Devon NHS Foundation Trust	9.240351904
18	East Lancashire Hospitals NHS Trust	9.23631988
19	Great Western Hospitals NHS Foundation Trust	9.227854753
20	Salford Royal NHS Foundation Trust	9.214062908
21	South Tees Hospitals NHS Foundation Trust	9.196972335
22	The Royal Wolverhampton NHS Trust	9.191097253
23	Stockport NHS Foundation Trust	9.186064499
24	Wrightington, Wigan and Leigh NHS Foundation Trust	9.179227541
25	The Rotherham NHS Foundation Trust	9.169888404
26	Blackpool Teaching Hospitals NHS Foundation Trust	9.162298144
27	East Cheshire NHS Trust	9.155932196
28	East Sussex Healthcare NHS Trust	9.140705802
29	Royal Surrey County Hospital NHS Foundation Trust	9.131149722
30	Mid Yorkshire Hospitals NHS Trust	9.129261445
31	Pennine Acute Hospitals NHS Trust	9.10619308
32	Buckinghamshire Healthcare NHS Trust	9.106126563
33	Wye Valley NHS Trust	9.104173578
34	Tameside and Glossop Integrated Care NHS Foundation Trust	9.093681153
35	East Suffolk and North Essex NHS Foundation Trust	9.087911817
36	Birmingham Women's and Children's NHS Foundation Trust	9.086943991
37	Manchester University NHS Foundation Trust	9.086142555
38	Bolton NHS Foundation Trust	9.077765433
39	The Dudley Group NHS Foundation Trust	9.026421099
40	George Eliot Hospital NHS Trust	8.885733017
41	Sandwell and West Birmingham Hospitals NHS Trust	8.823985102
42	Walsall Healthcare NHS Trust	8.761156131
43	Guy's and St Thomas' NHS Foundation Trust	8.700004745
44	Lewisham and Greenwich NHS Trust	8.607480242
45	Whittington Health NHS Trust	8.580748784
46	Croydon Health Services NHS Trust	8.555983346
47	Homerton University Hospital NHS Foundation Trust	8.511566021
48 WORST IN CLASS	London North West University Healthcare NHS Trust	8.325898965

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

Acute & Comm Trust League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Health & Wellbeing Score
1 BEST IN CLASS	Northumbria Healthcare NHS Foundation Trust	6.653882253
2	East Lancashire Hospitals NHS Trust	6.310040064
3	Bolton NHS Foundation Trust	6.255655445
4	Northern Devon Healthcare NHS Trust	6.214678578
5	The Royal Wolverhampton NHS Trust	6.188918612
6	York Teaching Hospital NHS Foundation Trust	6.179097541
7	South Warwickshire NHS Foundation Trust	6.160033624
8	Buckinghamshire Healthcare NHS Trust	6.129797677
9	North Tees and Hartlepool NHS Foundation Trust	6.115283101
10	Gateshead Health NHS Foundation Trust	6.111265888
11	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.085157286
12	University Hospitals of Morecambe Bay NHS Foundation Trust	6.054956583
13	East Sussex Healthcare NHS Trust	6.054068469
14	Torbay and South Devon NHS Foundation Trust	6.053499848
15	Wye Valley NHS Trust	6.034214737
16	East Cheshire NHS Trust	6.02026189
17	Mid Cheshire Hospitals NHS Foundation Trust	6.019653794
18	Royal Surrey County Hospital NHS Foundation Trust	6.008688433
19	Alder Hey Children's NHS Foundation Trust	5.997842429
20	Manchester University NHS Foundation Trust	5.997256164
21	Guy's and St Thomas' NHS Foundation Trust	5.993740384
22	Royal Devon and Exeter NHS Foundation Trust	5.983444753
23	Harrogate and District NHS Foundation Trust	5.979577508
24	Sheffield Teaching Hospitals NHS Foundation Trust	5.955055137
25	Sheffield Children's NHS Foundation Trust	5.950937007
26	County Durham and Darlington NHS Foundation Trust	5.932348932
27	Wrightington, Wigan and Leigh NHS Foundation Trust	5.923001396
28	South Tyneside and Sunderland NHS Foundation Trust	5.883483742
29	Salford Royal NHS Foundation Trust	5.883117943
30	Tameside and Glossop Integrated Care NHS Foundation Trust	5.858428323
31	Great Western Hospitals NHS Foundation Trust	5.82689539
32	The Rotherham NHS Foundation Trust	5.825239116
33	Croydon Health Services NHS Trust	5.824961514
34	Blackpool Teaching Hospitals NHS Foundation Trust	5.806925342
35	Sandwell and West Birmingham Hospitals NHS Trust	5.773051658
36	Birmingham Women's and Children's NHS Foundation Trust	5.766962847
37	Pennine Acute Hospitals NHS Trust	5.750155081
38	Mid Yorkshire Hospitals NHS Trust	5.729823842
39	East Suffolk and North Essex NHS Foundation Trust	5.707775242
40	Lewisham and Greenwich NHS Trust	5.70221646
41	London North West University Healthcare NHS Trust	5.646702119
42	George Eliot Hospital NHS Trust	5.620328466
43	Stockport NHS Foundation Trust	5.620264866
44	Whittington Health NHS Trust	5.588621694
45	Homerton University Hospital NHS Foundation Trust	5.552533485
46	Walsall Healthcare NHS Trust	5.548414481
47	The Dudley Group NHS Foundation Trust	5.521252495
48 WORST IN CLASS	South Tees Hospitals NHS Foundation Trust	5.186528527

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Immediate Managers Score
1 BEST IN CLASS	Northern Devon Healthcare NHS Trust	7.520888521
2	Northumbria Healthcare NHS Foundation Trust	7.278960217
3	Bolton NHS Foundation Trust	7.180183053
4	Gateshead Health NHS Foundation Trust	7.119044136
5	Great Western Hospitals NHS Foundation Trust	7.118154928
6	South Warwickshire NHS Foundation Trust	7.117229739
7	Mid Cheshire Hospitals NHS Foundation Trust	7.107492092
8	East Sussex Healthcare NHS Trust	7.075903303
9	Royal Devon and Exeter NHS Foundation Trust	7.069229313
10	North Tees and Hartlepool NHS Foundation Trust	7.055605819
11	East Lancashire Hospitals NHS Trust	7.048086537
12	Birmingham Women's and Children's NHS Foundation Trust	7.046238796
13	The Royal Wolverhampton NHS Trust	7.042393803
14	Harrogate and District NHS Foundation Trust	7.042115799
15	University Hospitals of Morecambe Bay NHS Foundation Trust	7.009700445
16	Buckinghamshire Healthcare NHS Trust	6.993843099
17	East Cheshire NHS Trust	6.991889092
18	Guy's and St Thomas' NHS Foundation Trust	6.989507472
19	Wye Valley NHS Trust	6.953022357
20	Salford Royal NHS Foundation Trust	6.952712255
21	Blackpool Teaching Hospitals NHS Foundation Trust	6.939023628
22	Royal Surrey County Hospital NHS Foundation Trust	6.930912176
23	Torbay and South Devon NHS Foundation Trust	6.924192419
24	Sandwell and West Birmingham Hospitals NHS Trust	6.913200777
25	Whittington Health NHS Trust	6.906909111
26	Wrightington, Wigan and Leigh NHS Foundation Trust	6.906567763
27	Lewisham and Greenwich NHS Trust	6.906447569
28	Sheffield Teaching Hospitals NHS Foundation Trust	6.906033654
29	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.894794871
30	Homerton University Hospital NHS Foundation Trust	6.879680097
31	Manchester University NHS Foundation Trust	6.853866
32	Sheffield Children's NHS Foundation Trust	6.84835466
33	Croydon Health Services NHS Trust	6.845568045
34	County Durham and Darlington NHS Foundation Trust	6.831486737
35	Stockport NHS Foundation Trust	6.815607152
36	Tameside and Glossop Integrated Care NHS Foundation Trust	6.814046349
37	York Teaching Hospital NHS Foundation Trust	6.8062654
38	The Rotherham NHS Foundation Trust	6.784671345
39	Alder Hey Children's NHS Foundation Trust	6.775005156
40	South Tyneside and Sunderland NHS Foundation Trust	6.763081948
41	Pennine Acute Hospitals NHS Trust	6.752185005
42	Mid Yorkshire Hospitals NHS Trust	6.734594783
43	George Eliot Hospital NHS Trust	6.65415247
44	The Dudley Group NHS Foundation Trust	6.643212425
45	London North West University Healthcare NHS Trust	6.641473051
46	East Suffolk and North Essex NHS Foundation Trust	6.553280834
47	Walsall Healthcare NHS Trust	6.531044798
48 WORST IN CLASS	South Tees Hospitals NHS Foundation Trust	6.500975772

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Morale Score
1 BEST IN CLASS	Northumbria Healthcare NHS Foundation Trust	6.845822735
2	Northern Devon Healthcare NHS Trust	6.760107881
3	South Warwickshire NHS Foundation Trust	6.741318721
4	East Lancashire Hospitals NHS Trust	6.552496064
5	Bolton NHS Foundation Trust	6.508730609
6	Wrightington, Wigan and Leigh NHS Foundation Trust	6.492805814
7	Mid Cheshire Hospitals NHS Foundation Trust	6.42811749
8	The Royal Wolverhampton NHS Trust	6.426942763
9	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.415257487
10	Wye Valley NHS Trust	6.408540138
11	Royal Devon and Exeter NHS Foundation Trust	6.390997119
12	North Tees and Hartlepool NHS Foundation Trust	6.370742795
13	East Sussex Healthcare NHS Trust	6.361625316
14	East Cheshire NHS Trust	6.346057908
15	Sheffield Teaching Hospitals NHS Foundation Trust	6.328613889
16	Guy's and St Thomas' NHS Foundation Trust	6.322403864
17	University Hospitals of Morecambe Bay NHS Foundation Trust	6.317719282
18	Gateshead Health NHS Foundation Trust	6.307681324
19	Sheffield Children's NHS Foundation Trust	6.302177559
20	Torbay and South Devon NHS Foundation Trust	6.297531622
21	Blackpool Teaching Hospitals NHS Foundation Trust	6.281231674
22	Harrogate and District NHS Foundation Trust	6.280903086
23	Alder Hey Children's NHS Foundation Trust	6.263971032
24	Royal Surrey County Hospital NHS Foundation Trust	6.245857174
25	Salford Royal NHS Foundation Trust	6.243400353
26	Manchester University NHS Foundation Trust	6.210175202
27	York Teaching Hospital NHS Foundation Trust	6.20019475
28	Pennine Acute Hospitals NHS Trust	6.183160384
29	Buckinghamshire Healthcare NHS Trust	6.156560429
30	South Tyneside and Sunderland NHS Foundation Trust	6.137092817
31	Great Western Hospitals NHS Foundation Trust	6.131238962
32	County Durham and Darlington NHS Foundation Trust	6.117370089
33	Tameside and Glossop Integrated Care NHS Foundation Trust	6.11682464
34	Birmingham Women's and Children's NHS Foundation Trust	6.090651145
35	Mid Yorkshire Hospitals NHS Trust	6.053214921
36	Lewisham and Greenwich NHS Trust	6.018348414
37	Stockport NHS Foundation Trust	6.01644493
38	East Suffolk and North Essex NHS Foundation Trust	6.014922584
39	The Rotherham NHS Foundation Trust	6.01396653
40	Sandwell and West Birmingham Hospitals NHS Trust	5.971512586
41	Whittington Health NHS Trust	5.945008168
42	Homerton University Hospital NHS Foundation Trust	5.929509171
43	George Eliot Hospital NHS Trust	5.911985746
44	Croydon Health Services NHS Trust	5.904249395
45	Walsall Healthcare NHS Trust	5.784734568
46	South Tees Hospitals NHS Foundation Trust	5.732540688
47	The Dudley Group NHS Foundation Trust	5.686274979
48 WORST IN CLASS	London North West University Healthcare NHS Trust	5.661453869

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Quality of Appraisals Score
1 BEST IN CLASS	Guy's and St Thomas' NHS Foundation Trust	6.29453005
2	Homerton University Hospital NHS Foundation Trust	6.220596193
3	London North West University Healthcare NHS Trust	5.984841039
4	East Lancashire Hospitals NHS Trust	5.97085281
5	East Sussex Healthcare NHS Trust	5.907895057
6	Northumbria Healthcare NHS Foundation Trust	5.905847183
7	Lewisham and Greenwich NHS Trust	5.899469811
8	Whittington Health NHS Trust	5.87756172
9	Royal Surrey County Hospital NHS Foundation Trust	5.857973585
10	Croydon Health Services NHS Trust	5.848595466
11	Salford Royal NHS Foundation Trust	5.741384949
12	Mid Cheshire Hospitals NHS Foundation Trust	5.69122079
13	The Royal Wolverhampton NHS Trust	5.668170803
14	Sheffield Teaching Hospitals NHS Foundation Trust	5.655998702
15	Gateshead Health NHS Foundation Trust	5.641308328
16	Harrogate and District NHS Foundation Trust	5.614464699
17	Northern Devon Healthcare NHS Trust	5.614093539
18	Bolton NHS Foundation Trust	5.612095917
19	University Hospitals of Morecambe Bay NHS Foundation Trust	5.598292166
20	Pennine Acute Hospitals NHS Trust	5.561576527
21	Mid Yorkshire Hospitals NHS Trust	5.554305254
22	North Tees and Hartlepool NHS Foundation Trust	5.546737306
23	Stockport NHS Foundation Trust	5.542243242
24	Blackpool Teaching Hospitals NHS Foundation Trust	5.52944939
25	South Warwickshire NHS Foundation Trust	5.52682119
26	Birmingham Women's and Children's NHS Foundation Trust	5.510917959
27	Wye Valley NHS Trust	5.484032715
28	Alder Hey Children's NHS Foundation Trust	5.480874659
29	The Newcastle upon Tyne Hospitals NHS Foundation Trust	5.476816815
30	Manchester University NHS Foundation Trust	5.464003467
31	George Eliot Hospital NHS Trust	5.461532283
32	Tameside and Glossop Integrated Care NHS Foundation Trust	5.460115494
33	Buckinghamshire Healthcare NHS Trust	5.452965281
34	Sandwell and West Birmingham Hospitals NHS Trust	5.421084418
35	York Teaching Hospital NHS Foundation Trust	5.394167546
36	Sheffield Children's NHS Foundation Trust	5.373820175
37	Walsall Healthcare NHS Trust	5.333561598
38	East Cheshire NHS Trust	5.31729183
39	South Tyneside and Sunderland NHS Foundation Trust	5.262150511
40	The Dudley Group NHS Foundation Trust	5.251791124
41	The Rotherham NHS Foundation Trust	5.22803127
42	Great Western Hospitals NHS Foundation Trust	5.222983769
43	County Durham and Darlington NHS Foundation Trust	5.16821052
44	Royal Devon and Exeter NHS Foundation Trust	5.139854698
45	Torbay and South Devon NHS Foundation Trust	5.092839656
46	Wrightington, Wigan and Leigh NHS Foundation Trust	5.006881586
47	East Suffolk and North Essex NHS Foundation Trust	4.937148711
48 WORST IN CLASS	South Tees Hospitals NHS Foundation Trust	4.418320896

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Quality of Care Score
1 BEST IN CLASS	Northumbria Healthcare NHS Foundation Trust	7.995960934
2	Guy's and St Thomas' NHS Foundation Trust	7.848899037
3	Northern Devon Healthcare NHS Trust	7.792829627
4	East Lancashire Hospitals NHS Trust	7.784896382
5	Wrightington, Wigan and Leigh NHS Foundation Trust	7.781988797
6	Homerton University Hospital NHS Foundation Trust	7.775925601
7	The Royal Wolverhampton NHS Trust	7.762273976
8	North Tees and Hartlepool NHS Foundation Trust	7.750505211
9	The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.726533569
10	University Hospitals of Morecambe Bay NHS Foundation Trust	7.670040901
11	South Warwickshire NHS Foundation Trust	7.662251984
12	Bolton NHS Foundation Trust	7.657195874
13	Croydon Health Services NHS Trust	7.65142635
14	Tameside and Glossop Integrated Care NHS Foundation Trust	7.63199373
15	Wye Valley NHS Trust	7.616291258
16	Lewisham and Greenwich NHS Trust	7.615237456
17	Whittington Health NHS Trust	7.615006293
18	Gateshead Health NHS Foundation Trust	7.611642408
19	Blackpool Teaching Hospitals NHS Foundation Trust	7.610791124
20	London North West University Healthcare NHS Trust	7.609314553
21	South Tyneside and Sunderland NHS Foundation Trust	7.599516072
22	Royal Surrey County Hospital NHS Foundation Trust	7.58433778
23	Mid Cheshire Hospitals NHS Foundation Trust	7.549056525
24	Pennine Acute Hospitals NHS Trust	7.539722984
25	Sandwell and West Birmingham Hospitals NHS Trust	7.499236799
26	East Cheshire NHS Trust	7.486457309
27	Sheffield Teaching Hospitals NHS Foundation Trust	7.432096776
28	Manchester University NHS Foundation Trust	7.430780958
29	Salford Royal NHS Foundation Trust	7.414153073
30	Alder Hey Children's NHS Foundation Trust	7.405709475
31	Harrogate and District NHS Foundation Trust	7.40383103
32	George Eliot Hospital NHS Trust	7.400281579
33	Buckinghamshire Healthcare NHS Trust	7.400061098
34	County Durham and Darlington NHS Foundation Trust	7.395924984
35	East Sussex Healthcare NHS Trust	7.376250911
36	Mid Yorkshire Hospitals NHS Trust	7.339112038
37	Torbay and South Devon NHS Foundation Trust	7.328222836
38	East Suffolk and North Essex NHS Foundation Trust	7.272680716
39	Royal Devon and Exeter NHS Foundation Trust	7.257051054
40	Birmingham Women's and Children's NHS Foundation Trust	7.249163082
41	York Teaching Hospital NHS Foundation Trust	7.241697411
42	Walsall Healthcare NHS Trust	7.238235659
43	The Rotherham NHS Foundation Trust	7.236075242
44	Sheffield Children's NHS Foundation Trust	7.233957014
45	Stockport NHS Foundation Trust	7.217154442
46	The Dudley Group NHS Foundation Trust	7.196628804
47	South Tees Hospitals NHS Foundation Trust	7.090799262
48 WORST IN CLASS	Great Western Hospitals NHS Foundation Trust	7.056595514

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Safe Envir B&H Score
1 BEST IN CLASS	South Warwickshire NHS Foundation Trust	8.576913877
2	Alder Hey Children's NHS Foundation Trust	8.458156891
3	Gateshead Health NHS Foundation Trust	8.452548749
4	Sheffield Teaching Hospitals NHS Foundation Trust	8.447551729
5	Sheffield Children's NHS Foundation Trust	8.372859177
6	The Newcastle upon Tyne Hospitals NHS Foundation Trust	8.366332621
7	Northumbria Healthcare NHS Foundation Trust	8.362523707
8	East Lancashire Hospitals NHS Trust	8.32071644
9	Wrightington, Wigan and Leigh NHS Foundation Trust	8.320548878
10	Northern Devon Healthcare NHS Trust	8.297345647
11	Royal Devon and Exeter NHS Foundation Trust	8.297112032
12	South Tyneside and Sunderland NHS Foundation Trust	8.272150749
13	Salford Royal NHS Foundation Trust	8.265996612
14	The Royal Wolverhampton NHS Trust	8.251165169
15	Mid Cheshire Hospitals NHS Foundation Trust	8.250127553
16	Great Western Hospitals NHS Foundation Trust	8.238945241
17	North Tees and Hartlepool NHS Foundation Trust	8.238617458
18	Manchester University NHS Foundation Trust	8.234692067
19	The Rotherham NHS Foundation Trust	8.230302557
20	Birmingham Women's and Children's NHS Foundation Trust	8.221101721
21	Royal Surrey County Hospital NHS Foundation Trust	8.191090374
22	Torbay and South Devon NHS Foundation Trust	8.176906295
23	Bolton NHS Foundation Trust	8.176435594
24	York Teaching Hospital NHS Foundation Trust	8.161927134
25	Buckinghamshire Healthcare NHS Trust	8.151193716
26	Harrogate and District NHS Foundation Trust	8.150277747
27	East Cheshire NHS Trust	8.138435083
28	Mid Yorkshire Hospitals NHS Trust	8.122545187
29	Tameside and Glossop Integrated Care NHS Foundation Trust	8.117790607
30	Stockport NHS Foundation Trust	8.101121063
31	South Tees Hospitals NHS Foundation Trust	8.09406713
32	East Sussex Healthcare NHS Trust	8.007195061
33	Pennine Acute Hospitals NHS Trust	7.998575672
34	County Durham and Darlington NHS Foundation Trust	7.981343495
35	Wye Valley NHS Trust	7.959703667
36	Sandwell and West Birmingham Hospitals NHS Trust	7.957654386
37	University Hospitals of Morecambe Bay NHS Foundation Trust	7.930922416
38	Guy's and St Thomas' NHS Foundation Trust	7.928938339
39	Blackpool Teaching Hospitals NHS Foundation Trust	7.89562506
40	East Suffolk and North Essex NHS Foundation Trust	7.826221351
41	George Eliot Hospital NHS Trust	7.787475184
42	Homerton University Hospital NHS Foundation Trust	7.776661915
43	Croydon Health Services NHS Trust	7.731040275
44	The Dudley Group NHS Foundation Trust	7.718024478
45	Lewisham and Greenwich NHS Trust	7.624782518
46	Walsall Healthcare NHS Trust	7.588767526
47	Whittington Health NHS Trust	7.543940272
48 WORST IN CLASS	London North West University Healthcare NHS Trust	7.519183104

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Safe Enviro Violence Score
1 BEST IN CLASS	South Warwickshire NHS Foundation Trust	9.719542417
2	Alder Hey Children's NHS Foundation Trust	9.713966224
3	Birmingham Women's and Children's NHS Foundation Trust	9.695452264
4	The Newcastle upon Tyne Hospitals NHS Foundation Trust	9.637256448
5	Sheffield Children's NHS Foundation Trust	9.636980476
6	Buckinghamshire Healthcare NHS Trust	9.623567042
7	Wrightington, Wigan and Leigh NHS Foundation Trust	9.611049285
8	Harrogate and District NHS Foundation Trust	9.607510109
9	Royal Surrey County Hospital NHS Foundation Trust	9.607281003
10	The Royal Wolverhampton NHS Trust	9.59688217
11	Great Western Hospitals NHS Foundation Trust	9.579552157
12	Guy's and St Thomas' NHS Foundation Trust	9.572939277
13	Gateshead Health NHS Foundation Trust	9.571885727
14	Northern Devon Healthcare NHS Trust	9.563972207
15	University Hospitals of Morecambe Bay NHS Foundation Trust	9.563900717
16	Manchester University NHS Foundation Trust	9.562572047
17	Salford Royal NHS Foundation Trust	9.548013131
18	East Lancashire Hospitals NHS Trust	9.52941019
19	Homerton University Hospital NHS Foundation Trust	9.526517958
20	Royal Devon and Exeter NHS Foundation Trust	9.524111328
21	South Tyneside and Sunderland NHS Foundation Trust	9.519112387
22	Sheffield Teaching Hospitals NHS Foundation Trust	9.51691947
23	Bolton NHS Foundation Trust	9.507156699
24	East Sussex Healthcare NHS Trust	9.500376416
25	The Dudley Group NHS Foundation Trust	9.497815251
26	Mid Cheshire Hospitals NHS Foundation Trust	9.493105297
27	The Rotherham NHS Foundation Trust	9.493028765
28	South Tees Hospitals NHS Foundation Trust	9.491654485
29	Mid Yorkshire Hospitals NHS Trust	9.488069917
30	Tameside and Glossop Integrated Care NHS Foundation Trust	9.486645418
31	North Tees and Hartlepool NHS Foundation Trust	9.486338985
32	Torbay and South Devon NHS Foundation Trust	9.485564333
33	Wye Valley NHS Trust	9.483262809
34	Whittington Health NHS Trust	9.473776865
35	Sandwell and West Birmingham Hospitals NHS Trust	9.455622032
36	Stockport NHS Foundation Trust	9.448088466
37	York Teaching Hospital NHS Foundation Trust	9.446478268
38	Walsall Healthcare NHS Trust	9.441181059
39	Croydon Health Services NHS Trust	9.440184517
40	Northumbria Healthcare NHS Foundation Trust	9.438768501
41	George Eliot Hospital NHS Trust	9.433709692
42	Blackpool Teaching Hospitals NHS Foundation Trust	9.424430359
43	East Suffolk and North Essex NHS Foundation Trust	9.416586668
44	Lewisham and Greenwich NHS Trust	9.392949264
45	Pennine Acute Hospitals NHS Trust	9.367419794
46	East Cheshire NHS Trust	9.358454773
47	London North West University Healthcare NHS Trust	9.350432429
48 WORST IN CLASS	County Durham and Darlington NHS Foundation Trust	9.333366805

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Safety Culture Score
1 BEST IN CLASS	Northumbria Healthcare NHS Foundation Trust	7.379330171
2	Guy's and St Thomas' NHS Foundation Trust	7.171772249
3	South Warwickshire NHS Foundation Trust	7.119601407
4	The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.093331681
5	Bolton NHS Foundation Trust	7.089902623
6	East Lancashire Hospitals NHS Trust	7.051115305
7	North Tees and Hartlepool NHS Foundation Trust	7.038933491
8	Gateshead Health NHS Foundation Trust	7.035408887
9	Northern Devon Healthcare NHS Trust	6.992744353
10	Homerton University Hospital NHS Foundation Trust	6.960643166
11	The Royal Wolverhampton NHS Trust	6.92585134
12	Wrightington, Wigan and Leigh NHS Foundation Trust	6.92542477
13	Mid Cheshire Hospitals NHS Foundation Trust	6.911487561
14	Royal Surrey County Hospital NHS Foundation Trust	6.877224051
15	Sheffield Teaching Hospitals NHS Foundation Trust	6.866982985
16	Royal Devon and Exeter NHS Foundation Trust	6.854227477
17	Salford Royal NHS Foundation Trust	6.853023342
18	Whittington Health NHS Trust	6.828538455
19	Manchester University NHS Foundation Trust	6.821732746
20	South Tyneside and Sunderland NHS Foundation Trust	6.815503111
21	Birmingham Women's and Children's NHS Foundation Trust	6.803064038
22	County Durham and Darlington NHS Foundation Trust	6.796512102
23	Harrogate and District NHS Foundation Trust	6.782284778
24	Great Western Hospitals NHS Foundation Trust	6.77896616
25	Alder Hey Children's NHS Foundation Trust	6.76714981
26	Tameside and Glossop Integrated Care NHS Foundation Trust	6.752849305
27	East Sussex Healthcare NHS Trust	6.750778466
28	Blackpool Teaching Hospitals NHS Foundation Trust	6.742648651
29	Buckinghamshire Healthcare NHS Trust	6.740997679
30	Sheffield Children's NHS Foundation Trust	6.720120497
31	Wye Valley NHS Trust	6.691927992
32	Sandwell and West Birmingham Hospitals NHS Trust	6.689418638
33	East Cheshire NHS Trust	6.686094741
34	Pennine Acute Hospitals NHS Trust	6.664607572
35	Lewisham and Greenwich NHS Trust	6.643023656
36	London North West University Healthcare NHS Trust	6.627569144
37	Stockport NHS Foundation Trust	6.623856366
38	Mid Yorkshire Hospitals NHS Trust	6.622015745
39	The Rotherham NHS Foundation Trust	6.558076888
40	Torbay and South Devon NHS Foundation Trust	6.555441459
41	The Dudley Group NHS Foundation Trust	6.514994091
42	Croydon Health Services NHS Trust	6.502274475
43	East Suffolk and North Essex NHS Foundation Trust	6.495874064
44	University Hospitals of Morecambe Bay NHS Foundation Trust	6.452551329
45	York Teaching Hospital NHS Foundation Trust	6.445937415
46	George Eliot Hospital NHS Trust	6.429713867
47	Walsall Healthcare NHS Trust	6.250115794
48 WORST IN CLASS	South Tees Hospitals NHS Foundation Trust	6.238746469

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Staff Engagement Score
1 BEST IN CLASS	Northumbria Healthcare NHS Foundation Trust	7.568166686
2	Guy's and St Thomas' NHS Foundation Trust	7.509868799
3	South Warwickshire NHS Foundation Trust	7.497024867
4	Northern Devon Healthcare NHS Trust	7.434165358
5	The Newcastle upon Tyne Hospitals NHS Foundation Trust	7.345170353
6	East Lancashire Hospitals NHS Trust	7.28319757
7	Wrightington, Wigan and Leigh NHS Foundation Trust	7.27752443
8	Bolton NHS Foundation Trust	7.27355103
9	Royal Devon and Exeter NHS Foundation Trust	7.262890765
10	The Royal Wolverhampton NHS Trust	7.246847841
11	Royal Surrey County Hospital NHS Foundation Trust	7.236380879
12	Mid Cheshire Hospitals NHS Foundation Trust	7.235806705
13	Gateshead Health NHS Foundation Trust	7.217393741
14	North Tees and Hartlepool NHS Foundation Trust	7.211392644
15	Wye Valley NHS Trust	7.205949327
16	Alder Hey Children's NHS Foundation Trust	7.18759854
17	Sheffield Children's NHS Foundation Trust	7.156864177
18	East Cheshire NHS Trust	7.152245099
19	Birmingham Women's and Children's NHS Foundation Trust	7.146484304
20	Harrogate and District NHS Foundation Trust	7.143864044
21	Salford Royal NHS Foundation Trust	7.109881464
22	Whittington Health NHS Trust	7.105597205
23	Homerton University Hospital NHS Foundation Trust	7.084143917
24	Manchester University NHS Foundation Trust	7.074535659
25	Sheffield Teaching Hospitals NHS Foundation Trust	7.066214693
26	Buckinghamshire Healthcare NHS Trust	7.060445903
27	Blackpool Teaching Hospitals NHS Foundation Trust	7.044215299
28	Lewisham and Greenwich NHS Trust	7.007366061
29	University Hospitals of Morecambe Bay NHS Foundation Trust	7.006476463
30	Tameside and Glossop Integrated Care NHS Foundation Trust	7.0010329
31	East Sussex Healthcare NHS Trust	7.000048924
32	Torbay and South Devon NHS Foundation Trust	6.994271786
33	Great Western Hospitals NHS Foundation Trust	6.967588757
34	Pennine Acute Hospitals NHS Trust	6.952971608
35	South Tyneside and Sunderland NHS Foundation Trust	6.948755369
36	County Durham and Darlington NHS Foundation Trust	6.946128436
37	Croydon Health Services NHS Trust	6.930977938
38	Sandwell and West Birmingham Hospitals NHS Trust	6.920547495
39	York Teaching Hospital NHS Foundation Trust	6.91614739
40	London North West University Healthcare NHS Trust	6.885697424
41	Stockport NHS Foundation Trust	6.874793538
42	George Eliot Hospital NHS Trust	6.84498569
43	East Suffolk and North Essex NHS Foundation Trust	6.825947275
44	The Rotherham NHS Foundation Trust	6.723738684
45	Mid Yorkshire Hospitals NHS Trust	6.703464572
46	The Dudley Group NHS Foundation Trust	6.67335706
47	Walsall Healthcare NHS Trust	6.569151483
48 WORST IN CLASS	South Tees Hospitals NHS Foundation Trust	6.521214576

Appendix 3: Combined Acute & Community Trust Benchmarking data and rank for the 11 themes in the 2019 NHS Staff survey

League Table Rank	Benchmarking group – Acute & Community Trust Name	Theme: Team Working Score
1 BEST IN CLASS	Northumbria Healthcare NHS Foundation Trust	7.302759492
2	Northern Devon Healthcare NHS Trust	7.147943764
3	Bolton NHS Foundation Trust	7.075860534
4	East Lancashire Hospitals NHS Trust	6.989365521
5	North Tees and Hartlepool NHS Foundation Trust	6.910356032
6	Guy's and St Thomas' NHS Foundation Trust	6.87842974
7	East Sussex Healthcare NHS Trust	6.874183527
8	Wye Valley NHS Trust	6.860206714
9	Harrogate and District NHS Foundation Trust	6.859799929
10	County Durham and Darlington NHS Foundation Trust	6.819537156
11	Gateshead Health NHS Foundation Trust	6.810455298
12	South Warwickshire NHS Foundation Trust	6.789956006
13	East Cheshire NHS Trust	6.780190353
14	Buckinghamshire Healthcare NHS Trust	6.779750029
15	Salford Royal NHS Foundation Trust	6.752047604
16	Mid Cheshire Hospitals NHS Foundation Trust	6.741786473
17	The Royal Wolverhampton NHS Trust	6.733012371
18	Royal Surrey County Hospital NHS Foundation Trust	6.732749562
19	Lewisham and Greenwich NHS Trust	6.729781591
20	The Newcastle upon Tyne Hospitals NHS Foundation Trust	6.699410704
21	Great Western Hospitals NHS Foundation Trust	6.693447698
22	Royal Devon and Exeter NHS Foundation Trust	6.688170147
23	Alder Hey Children's NHS Foundation Trust	6.67325389
24	University Hospitals of Morecambe Bay NHS Foundation Trust	6.659315838
25	Manchester University NHS Foundation Trust	6.648643838
26	Homerton University Hospital NHS Foundation Trust	6.64366691
27	Blackpool Teaching Hospitals NHS Foundation Trust	6.637062781
28	Wrightington, Wigan and Leigh NHS Foundation Trust	6.635712933
29	Whittington Health NHS Trust	6.631563531
30	Torbay and South Devon NHS Foundation Trust	6.627928365
31	George Eliot Hospital NHS Trust	6.592003026
32	Birmingham Women's and Children's NHS Foundation Trust	6.583489084
33	Tameside and Glossop Integrated Care NHS Foundation Trust	6.575992386
34	Pennine Acute Hospitals NHS Trust	6.575008505
35	Sheffield Children's NHS Foundation Trust	6.55447689
36	Sandwell and West Birmingham Hospitals NHS Trust	6.553814593
37	South Tyneside and Sunderland NHS Foundation Trust	6.538472281
38	York Teaching Hospital NHS Foundation Trust	6.521235311
39	Sheffield Teaching Hospitals NHS Foundation Trust	6.517259576
40	The Rotherham NHS Foundation Trust	6.493551598
41	Croydon Health Services NHS Trust	6.470888938
42	Stockport NHS Foundation Trust	6.468041357
43	Walsall Healthcare NHS Trust	6.459028931
44	Mid Yorkshire Hospitals NHS Trust	6.455560762
45	London North West University Healthcare NHS Trust	6.441243645
46	The Dudley Group NHS Foundation Trust	6.304818924
47	East Suffolk and North Essex NHS Foundation Trust	6.272630508
48 WORST IN CLASS	South Tees Hospitals NHS Foundation Trust	6.229718829

TRUST BOARD REPORT

Item **40**

11 March 2020

Purpose Information
Action

Title	Flu Vaccination Compliance Report 2019/20
Author	Mr P Denney, Head of Occupational Health & Wellbeing
Executive sponsor	Mr K Moynes, Director of Human Resources and Organisational Development

Summary: The Board are asked to note the current success of the 2019/20 Seasonal Influenza (Flu) campaign at ELHT and the achievement of exceeding last year's uptake of 93.6% with a final uptake of **94.8%**.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	Recruitment and workforce planning fail to deliver the Trust objectives The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact

Legal	No	Financial	Yes
Equality	No	Confidentiality	No

Executive summary

1. On the 17th September 2019 the 'Annual Flu Letter' titled Health care worker Flu vaccination was sent to all Chief Executives of NHS Trusts. The Annual Flu Letter can be viewed by double clicking the word icon below:



East Lancashire
Hospitals NHS Trust F

2. In order to ensure organisations are doing everything possible as an employer to protect patients and staff from seasonal Flu. Trusts were asked to provide an update for public assurance via Trust board by December 2019.
3. This paper details East Lancashire Hospitals NHS Trust's (ELHT) success for 2019/20 Flu season, celebrating the achievement for flu vaccination uptake in frontline Health Care Workers (HCW)

Introduction

4. ELHTs 2019/2020 Seasonal Influenza (Flu) Plan set out a coordinated and evidence-based approach to planning for and responding to the demands of Seasonal Flu across the organisation taking account of lessons learnt during previous Flu seasons providing assurance to the Board that those recommendations made in the Annual Flu Letter were met.
5. The final uptake of flu vaccinations of frontline HCWs at ELHT for the 2019/2020 campaign was **94.8%** and has exceeded last year's campaign of 93.6%.

Our key activities for the 2019/20 campaign

6. The 2019/20 campaign was aimed at exceeding last year's achievement.
7. A range of interventions were employed to ensure ELHT were successful with this year's Flu campaign. The *Best Practice Management Checklist* provided in the 'Annual Flu Letter' appendix 1 was presented in detail to Trust Board in November 2019.
8. Appendix 1 provided assurance of the Trusts compliance for the recommendations within the areas of ***Committed Leadership, Communications Plans, Flexible Accessibility and Incentives.***

Recommendations

9. The Annual Flu plan for the 2020/21 campaign will be presented to Trust board in October 2020. It is recommended that the board note the actions put in place for the 2019/20 Flu campaign and continue to support the implementation of the plan across the organisation.
10. It is recommended that the 2020/2021 campaign continues to support staff by educating them regarding the strong evidence base that exists regarding the benefits of having the flu vaccination.
11. It is also recommended that future Flu vaccination programmes continue to build on the success of '*Best Practice*' to achieve an improved uptake in 2020/2021.

Conclusion

12. This 2019/20 Flu uptake has surpassed last year's totals and has been successful in achieving an uptake of **94.8%**.
13. The success of this year's flu vaccination programme demonstrates ELHTs application of Best Practice within the 2019/20 campaign.
14. ELHT will continue to build on 2019/20s campaign leading into the 2020/21 campaign and will add emphasis to educating staff by 'Myth Busting' whilst continuing to promote the evidence base supporting the flu vaccinations benefits.

Future steps

15. Planning and implementation for 2020/21 campaign.

Phil Denney, Head of Occupational Health & Wellbeing 28.02.2020

TRUST BOARD REPORT

Item **41**

11 March 2020

Purpose Information
Assurance

Title	Finance and Performance Committee Update Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Mr S Barnes, Non-Executive Director/Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on 8 January 2020.

The Board is asked to note the content of 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>
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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>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>
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Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Finance and Performance Committee Update Report

At the meeting of the Finance and Performance Committee held on 8 January 2020 members considered the following matters:

1. The Committee received the Integrated Performance Report including an overview of the current financial position to the end of November 2019. Committee members noted that, Root Cause Analyses (RCAs) had been carried out on each of the six stillbirths recorded in the reporting month and no items of concern had been identified. It was noted that the matter would be discussed in greater detail at the next Quality Committee meeting. Members received an update on referral to treatment (RTT) and holding list performance and noted that the overall waiting list was 32,766 at the end of November 2019 with plans in place to reduce the overall list to 31,500 by the end of the financial year.
2. The members received the financial performance report for the month of November 2019 and noted that the underlying financial position at the end of the reporting period remained on track for delivery of the required financial position at the end of the financial year, albeit with a significant amount of risk associated with the achievement. The Non-Executive Director members of the Committee were updated on the actions being taken to improve financial performance in the Trust, including the introduction of a weekly non-pay control group. In addition, the Committee noted that there would be an extraordinary meeting of the Committee to undertake an in-depth discussion about the financial plan for 2020/21 in February 2020. Non-Executive Director members expressed their concern about the perceived disparity between the funding given to Trusts achieving their targets and those who were not. They requested that the Trust should approach any future negotiations with the NHSI/E by emphasising the need to reward achievement and to link this back the Trust's own good financial and operational performance record.
3. The Committee received a report on the Trust's five year strategic plan, which included an overview of the financial requirements and associated challenges/risks. Committee members noted that the Trust had been asked to see what further improvements it could make to ensure it was able to break even at the end of the five year period. As a result of this request, the Trust had revised its efficiency target to 3% of the turnover. Local commissioners were noted to have had their efficiency targets set at 2% of turnover for the same period. Members were informed that an additional stretch of £1,600,000 had been agreed to be split equally three ways

between the Trust and local CCGs (around £534,000 per organisation) and that an additional £4,000,000, normally reserved to fund the ICS, had been agreed to be used to support the Trust's position. Non-Executive Director members of the Committee expressed their reservations about the Committee being asked to agree a revised five year plan for submission without having a clear idea of the figures involved in future years due to the expected financial carry over.

4. The Committee also received an update on tenders; an update on the progress of the Lancashire and South Cumbria Procurement Cluster, the Committee specific elements of the Board Assurance Framework and the minutes of the Contract and Data Quality meeting for information.

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 3 March 2020

TRUST BOARD REPORT

Item **42**

11 March 2020

Purpose Information

Title	Quality Committee Update Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Mrs T Anderson, Non-Executive Director/Committee Chair

Summary: The report sets out the summary of the papers considered and discussions held at its meeting on 8 January 2020.

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Quality Committee Update

At the meeting of the Quality Committee held on 8 January 2020 members considered the following matters:

1. The Committee received an update on the work being undertaken to improve staff safety within the Trust. Members noted that the task and finish group had made good progress in putting additional security measures in place and addressing the concerns raised by staff, including the completion of a review of the current incident reporting process and the integration of de-escalation training into mandatory training programmes. Further work was planned, particularly in relation to reviewing lockdown procedures at Clitheroe Community Hospital (CCH) and identifying and addressing any further concerns that staff may have around safety. Members agreed that whilst the work done to improve staff safety was invaluable, the zero tolerance approach would likely have a limited effect in some areas, specifically, paediatrics as it was not possible to eject the parents of children being cared for.
2. The Committee members received the Serious Investigations Requiring Investigation (SIRI) report and noted the incidents that had been reported through the Strategic Executive Information System (StEIS). Non-Executive Director members received an overview of the reasons why pressure ulcers continued to be a recurring theme in SIRI reports, and it was noted that this was due, in part, to the revised reporting standards that came into effect mid-way through 2019, meaning that every pressure ulcer required reporting, irrelevant of the grading. Previously pressure ulcers graded at level three and above were required to be reported through StEIS.
3. The Committee received the Maternity Services Floor to Board Report and were informed of the improvement in compliance percentages for the Practical Obstetric Multi-professional Training (PROMPT) since the previous meeting. The Committee members noted that compliance against the use of the Perinatal Mortality Review tool continued to be actively monitored. The Committee were provided with a summary of the new Saving Babies Lives 2 scheme that had been introduced at a national level to reduce the numbers of pre-term births. The members noted that Trust had established a preterm birth clinic in addition to a number of other actions that were underway to reduce the numbers of admissions to the Newborn Intensive Care Unit (NICU) and address the actions required as part of the aforementioned scheme. Non-Executive Director members were informed of the increase in the numbers of babies being admitted to the Trust with respiratory difficulties and asked

that the details of the action plan to address this matter be presented to the next meeting. It was noted that the Trust was also developing a new Standard Operating Procedure (SOP) to ensure compliance with the recent national Extreme Preterm Birth guidance that had been released by the British Association of Perinatal Medicine (BAPM).

4. The Committee received a detailed update on holding lists and 52 week breaches. The members noted that there were 4,800 patients on the holding lists at the end of December 2019, which was a reduction of 985 patients since October 2019. Committee members were informed that the area causing the most concern was ophthalmology, as it alone accounted for over 1,500 of the total number of patients on the holding lists. However, a locum consultant had recently been recruited to the service and it was anticipated that with their input the number of patients on the ophthalmology holding list would begin to reduce at a greater pace. Non-Executive Directors sought clarification on the systems that were in place to ensure the situation would not be repeated and asked whether there would be any benefit to undertaking an internal audit. The Engagement Manager from Mersey Internal Audit Agency (MIAA) confirmed that the matter was already on the list of planned audits for 2020/21. Committee members noted that there had been no further 52 week breaches since the two that were reported to the Committee in October.
5. The Committee received an update on CQC compliance, the Committee specific items of the Board Assurance Framework for review, the Quality Dashboard; Corporate Risk Register; the Clinical Audit and Effectiveness annual report, Public Participation Panel report for the period February 2019 to October 2019; and Summary Reports from the following Sub-Committee Meetings:
 - a) Patient Safety and Risk Assurance Committee (November 2019)
 - b) Infection Prevention and Control Committee (October and November 2019)
 - c) Health and Safety Committee (December 2019)
 - d) Internal Safeguarding Board (October 2019)
 - e) Patient Experience Group (October 2019)
 - f) Clinical Effectiveness Committee (October 2019)

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 4 March 2020

TRUST BOARD REPORT

Item **43**

11 March 2020

Purpose Information
Assurance

Title	Audit Committee Update Report
Author	Miss K Ingham, Corporate Governance Manager/ Assistant Company Secretary
Executive sponsor	Mr R Smyth, Non-Executive Director/Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Audit Committee meetings held on 6 January 2020.

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



East Lancashire Hospitals NHS Trust

Previously Considered by: NA

Audit Committee Update

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

1. The internal audit reports listed below were presented to the Committee:
 - a) IT Service Desk Review - Substantial Assurance
 - b) Private Patient Procedures – Substantial Assurance
2. The Committee received a summary of the ongoing work to address demand and capacity in the Trust's Legal Services department. Members noted the range of options being explored, including possible joint working arrangements with other organisations in the local ICS, as well as the potential savings to the Trust.
3. The Committee members received the progress report from external auditors and noted that work was being planned for the 2019/20 audit of the Trust's accounts and work had almost been concluded on the independent examination of the Trust's Charitable Funds financial accounts for the 2018/19 financial year. Members were informed by external auditors that there were further increases to their fees for the current year (2019/20). The Committee members discussed the revised fee structure and asked the Engagement Lead from Grant Thornton to provide further information regarding the fee increase, including the rationale for the increase and a formal position should the Trust refuse to meet the increase. The members highlighted the reputational implications for Grant Thornton should they be unwilling to complete their contractual obligations in the event that the increased fees were not paid. It was agreed that this matter would be furthered outside the meeting and raised to the Trust Board for information. The Chair of the Audit Committee raised this matter at the meeting of the Trust Board in January 2020 and confirmed that the information requested had been received, as had confirmation that the originally agreed fees remain valid for the 2019/20 year and there would be a further discussion with the auditors about the proposed fee increase in 2020/21.
4. Members received the Anti-Fraud Service Progress Report and noted the progress being made in relation to referrals and investigations. The Committee members noted the launch of the new role of 'Counter Fraud Champions' throughout the NHS as well as the requirement for the Trust to put forward a candidate for this role by the end of February 2020.
5. The Committee members received an update on the changes to Accounting Policies as part of its annual review. Members noted that only minor changes had been

made, the most notable being the removal of a critical judgement relating to the Trust's decision to apply guidance issued by the Chartered Institute of Surveyors in November 2018 that was added the previous year.

6. The Committee members received the draft timetable for the production of the Trust's Annual Report for 2019/20 and confirmed their support for the timescales proposed.
7. The Committee members received the proposed revised standing orders and spent some time discussing the proposed changes. Members noted that some further revisions would not be made until after the meeting of the Policy Council in February but otherwise agreed to the proposed changes.
8. Committee members also received an update on ICS Governance arrangements.
9. In addition the Committee received the minutes from the following Trust Committee's:
 - a) Quality Committee
 - b) Finance and Performance Committee
 - c) Information Governance Steering Group

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 4 March 2020.

TRUST BOARD REPORT

Item 44

11 March 2020

Purpose Information Assurance

Title	Trust Charitable Funds Committee Update Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Mr S Barnes, Non-Executive Director/Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Trust Charitable Funds Committee meeting held on 5 February 2020.

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 05 February 2020 members considered the following matters and undertook to ensure actions would be taken as outlined in the report.

1. The Committee received a report which detailed the applications to use funds and overall fund performance. Committee members noted that total income for the fund in the first nine months of the year was £550,000. Total expenditure for the same period totalled £678,000, with £205,500 being used for medical equipment. Members noted that there had been two requests for use of the funds in excess of £20,000, one for £34,998.86 for neonatal transport ventilators and the second being to cover lease payments for two Da Vinci surgical robots.
2. The Committee were updated on the work of the Fundraising Manager, including corporate engagement with Accrington Golf Club and a number of local supermarkets. Within the report there was a summary of the various fundraising activities that had taken place over the Christmas period and a schedule of further planned events was also provided.
3. The Committee received a detailed summary of the potential funding options for the Da Vinci surgical robots. Members agreed to support the third option presented in principle, pending further agreement from the Chairman and Chief Executive.
4. Committee members discussed the Trust's Staff Lottery policy, it was agreed that further discussions would take place at a later date regarding potential utilisation of lottery funds to support the costs associated with staff retirement gifts and catering.
5. The Committee also received the Investment Performance Report; the Fund Performance and Utilisation Report, draft annual report and an update on the Trust's Charitable Fund Strategy. It was agreed that a further update would be provided at the next meeting once it had been finalised.

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 4 March 2020

TRUST BOARD REPORT

Item **45**

11 March 2020

Purpose Information

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

Summary: The report details the agenda items discussed in closed session of the Board meetings held on 15 January 2020.

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 15 January 2020, the following matters were discussed in private:
 - a) Round Table Discussion: Acute Provider Collaborative
 - b) Round Table Discussion: ICP/ICS Update
 - c) Finance and Performance Update 2019/20: Finance Report
 - d) Finance and Performance Update 2019/20: Performance (Field Tested Standards)
 - e) Serious Untoward Incident Report
 - f) Doctors with Restrictions
 - g) Any Other Business: Board Sub-Committee Membership and NED Roles
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.

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 4 March 2020