

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING



Safe

Personal



Effective

TRUST BOARD MEETING (OPEN SESSION)

9 SEPTEMBER 2020, 12.30

VIA MS TEAMS

AGENDA

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

OPENING MATTERS				
TB/2020/050	Chairman's Welcome	Chairman	v	
TB/2020/051	Apologies To note apologies.	Chairman	v	
TB/2020/052	Declaration of Interest To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2020/053	Minutes of the Previous Meeting To approve or amend the minutes of the previous meeting held on 11 March 2020.	Chairman	d✓	Approval
TB/2020/054	Matters Arising To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2020/055	Action Matrix To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2020/056	Chairman's Report To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2020/057	Chief Executive's Report To receive an update on national, regional and local developments of note.	Chief Executive	d	Information
QUALITY AND SAFETY				
TB/2020/058	Patient/Staff Story To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2020/059	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/2020/060	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
ACCOUNTABILITY AND PERFORMANCE				
TB/2020/061	Integrated Performance Report To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance. The following specific	Executive Directors	d✓	Information/ Assurance

	<p>areas will be discussed, with items being raised by exception:</p> <ul style="list-style-type: none"> • Introduction (Chief Executive) • Safe (Executive Medical Director and Executive Director of Nursing) • Caring (Executive Director of Nursing) • Effective (Executive Medical Director) • Responsive (Director of Operations) • Well-Led (Executive Director of HR and OD and Executive Director of Finance) 			
STRATEGY				
TB/2020/062	People Strategy and Implementation Plan	Executive Director of HR & OD	d✓	Information/ Assurance
GOVERNANCE				
TB/2020/063	Doctors Appraisal and Revalidation Annual Report	Executive Medical Director	d✓	Approval
TB/2020/064	Emergency Preparedness and Resilience Update	Executive Director of Service Development	d✓	Information/ Assurance
TB/2020/065	Annual Review of Standing Financial instructions and Standing Orders	Director of Corporate Governance/ Executive Director of Finance	v	Information/ Approval of Delegated Authority to Audit Committee
TB/2020/066	Annual Audit Letter	Executive Director of Finance	d✓	Information
TB/2020/067	Audit Committee Information Report To note the matters considered by the Committee in discharging its duties	Committee Chair	d✓	Information
TB/2020/068	Finance and Performance Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2020/069	Quality Committee Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2020/070	Trust Charitable Funds Information Report To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information

TB/2020/071	Remuneration Committee Information Report To note the matters considered by the Committee in discharging its duties	Chairman	d✓	Information
TB/2020/072	Trust Board Part Two Information Report To note the matters considered by the Committee in discharging its duties	Chairman	d✓	Information
FOR INFORMATION				
TB/2020/073	Any Other Business To discuss any urgent items of business.	Chairman	v	
TB/2020/075	Open Forum To consider questions from the public.	Chairman	v	
TB/2020/074	Board Performance and Reflection To consider the performance of the Trust Board, including asking: <ul style="list-style-type: none"> 1. Have we, as the Board, via the agenda and our discussions fulfilled our objective of supporting our: <ul style="list-style-type: none"> a. Communities b. Staff c. Stakeholders 2. Have we, as the Board fulfilled our statutory obligations 	Chairman	v	
TB/2020/075	Date and Time of Next Meeting Wednesday 11 November 2020, 1.00pm, via MS Teams.	Chairman	v	

TRUST BOARD REPORT

Item **53**

9 September 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 11 March 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, 11 MARCH 2020
MINUTES

PRESENT

Professor E Fairhurst	Chairman	Chairman
Mr K McGee	Chief Executive/Accountable Officer	
Mr S Barnes	Non-Executive Director	
Mrs M Brown	Executive Director of Finance	
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	
Mr K Rehman	Associate Non-Executive Director	Non-voting
Mr R Smyth	Non-Executive Director	
Mr M Wedgeworth	Associate Non-Executive Director	Non-voting

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mrs EL Cooke	Senior Communications Manager	Observer
Professor D Harrison	Director of Public Health Medicine, Blackburn with Darwen Borough Council	
Miss K Ingham	Corporate Governance Manager/Assistant Company Secretary	Minutes
Mr T McDonald	Director of Operations	
Mrs K Quinn	Operational Director of HR and OD	
Dr D Riley	Strategic Clinical Lead	

APOLOGIES

Mrs C Pearson	Executive Director of Nursing
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Professor G Baldwin

Non-Executive Director

TB/2020/025 CHAIRMAN'S WELCOME

Professor Fairhurst welcomed the Directors and members of the public to the meeting. Professor Fairhurst confirmed that since the last meeting of the Trust Board, Mrs Quinn had been appointed to the substantive role of Operational Director of HR and OD and welcomed her to the meeting in her substantive capacity. She went on to welcome Mrs Molyneaux to the meeting and confirmed that she was deputising for Mrs Pearson.

TB/2020/026 OPEN FORUM

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

TB/2020/027 APOLOGIES

Apologies were received as recorded above.

TB/2020/028 DECLARATIONS OF INTEREST REPORT

Directors received the report for information.

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

TB/2020/029 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/2020/006: Chief Executive Officer's Report – Mrs Molyneaux stated that the Safe Personal Effective Care (SPEC) status that had been approved by the Trust Board at its last meeting were in fact given silver ward status rather than green status as recorded in the minutes.

RESOLVED: The minutes of the meeting held on 8 January 2020 were approved as a true and accurate record pending the aforementioned correction.

TB/2020/030 MATTERS ARISING

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

TB/2020/031 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/2020/032 CHAIRMAN'S REPORT

Professor Fairhurst reported that, since the last meeting, she had attended the demonstration of the Trust's robotic surgery service which was well attended by supporters of both the Trust and ELHT&Me.

She reported that the General Medical Council (GMC) had recently included the Medical School at UCLan to their list of universities that educate medical students. Previously the UCLan Medical School had only been able to accept self-funding students from overseas, and this news has led to an increased number of places available to UK students via more traditional routes. Directors noted that this was a positive piece of news for the Trust, Integrated Care Partnership (ICP) and Integrated Care System (ICS), as it would provide a good opportunity to inspire and educate members of the local population to become doctors. Professor Fairhurst went on to report that the Trust was involved in three programmes for the development of Board members. Two schemes related to the development of Non-Executive Directors, one is provided by Gatenby Sanderson and is titled the Insight Programme; the second is provided by NHSE/I and is titled the NEXt Director programme and is focused on developing candidates from BAME backgrounds. Directors noted that Mr Rehman is taking part in the NHSE/I programme. The third development is aimed at Board members and is run by the North West Leadership Academy and is titled the Ready Now Programme.

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

TB/2020/033 CHIEF EXECUTIVE'S REPORT

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

He provided a summary of the national items and paid particular attention to the work being carried out to manage patients' conditions at home and to keep people well in their own

home, thus reducing the number of patients being admitted to hospitals. He went on to highlight the Greener NHS Campaign which had been launched and confirmed that a Trust specific strategy would be developed and presented to a future Board meeting for approval.

Mr McGee went on to highlight a number of matters, including the work being undertaken across the Lancashire and South Cumbria ICS on temporary staffing.

Mr McGee reported that the Trust had undertaken significant work to date to manage the current level of Covid-19 patients and was assisting other providers across the Pennine Lancashire ICP. Directors noted the installation of an isolation pod where patients who were exhibiting symptoms of Covid-19 were being directed to, in order to minimise the likelihood of the infection spreading. In addition, Directors noted the development of drive through swabbing facility and the development of cohort wards for patients who were Covid-19 positive.

Mr McGee informed Directors that Mr Jawad Husain has been appointed to the role of Executive Medical Director and Responsible Officer for the Trust.

Mrs Molyneaux confirmed that four wards had been assessed through the SPEC Ward assessment process; two of which were for renewal of SPEC/silver ward status and the other two were first time applicants. Directors approved the reaccreditation of wards C5 and C8 and the first accreditation of wards C18 and C14b as SPEC wards.

Mr McGee confirmed that six Medical Examiners had recently been appointed to the Trust and would be commencing in their posts shortly. This is in response to the new national system for determining causes of death and comes into effect in April 2020.

Mr McGee took the opportunity to thank the staff who had been involved in the launch of the new theatre robot and confirmed that the external stakeholders who had attended the event had been complimentary about the service.

Directors had a brief discussion about the Trust's status as an anchor institution and the impact that it could have on the socio-economic prosperity of the area. It was noted that the Trust was the biggest single employer, purchaser of goods/services in the Pennine Lancashire area, and also had an excellent training provision. Mr Husain advocated that the Trust should be proud to share this type of information with the public it serves and to utilise this information for the benefit of the population.

RESOLVED: Directors received the report and noted its content.

TB/2020/034 PATIENT/STAFF STORY

Mrs Molyneaux read out the account of Mr H, a patient who had been treated by the Trust

for Cauda Equina Syndrome. She confirmed that the patient had attended his GP practice suffering from bladder and bowel problems in addition to requiring physiotherapy for an injury sustained to his back whilst lifting weights. The patient experienced a delay in having an MRI scan but, once it was completed, he had a number of discs removed from his spine. Following discharge from hospital the patient continued to experience problems and was prescribed laxatives and enemas by his GP but to no effect.

The patient reported that after a discussion at a Cauda Equina Support Group meeting he was advised to contact the Trust's Bladder and Bowel Service and seek further assistance from the physiotherapy services. The patient contacted the physiotherapy service and after some discussion with the staff was provided with an appointment. He confirmed that the team had a good understanding of his condition and were able to support him to self-catheterise and use a system to irrigate his bowels.

After this he was able to return to work on restricted duties. Due to his condition, however, he decided to retire on grounds of ill health.

Mr Husain suggested that this case highlighted the need for standardised pathways following spinal surgery and the need for cross-sector working.

In response to Ms Malik's question, Mrs Molyneaux confirmed that patients are able to self-refer to the Bladder and Bowel Service but, the bigger issue for her was why the patient had not been referred to the service by the physiotherapist whom he had been seeing.

Mrs Anderson suggested that the Trust had missed a number of opportunities to ascertain how the patient was feeling in terms of his illness and its impact upon his life.

Ms Malik asked whether specialties within the Trust were able to make referrals to other specialties. Mr Husain confirmed that this was not generally done within the Trust. This is because the GP is usually best placed to assess the patient and determine the need for referral to specialty care.

In response to Mr Rehman's question, Mr McGee reported that one of the learnings for the Board was to determine an appropriate way to follow up on the actions from patient and staff stories in the future. Mrs Hughes suggested that the Board may wish to consider a follow up report to a future meeting to find out what happened after the story was presented.

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

TB/2020/035 CORPORATE RISK REGISTER (CRR)

Mr Husain referred Directors to the previously circulated report and confirmed that none of the risks in the report had changed since the last meeting; three risks continued to score 20

on the 5x5 matrix (Risks 7010, 8126 and 7762).

Mr Husain provided an overview of the actions that were being enacted to mitigate these risks. In relation to Risk ID 7732: *Risks associated with providing HDU (High Dependency Unit) care in a District General Hospital with no funding for HDU provision*, Directors briefly discussed the impact of the planning timetable on this risk and the ongoing discussion with Commissioners around the funding for the service. It was recognised that the service must continue to be provided despite the lack of funding for it. Mr Hodgson confirmed that the matter had also been discussed at ICS level and it had been agreed there that the matter needed to be resolved.

Mr Husain summarised the three risks that were proposed for inclusion on the register and the rationale for their risk ratings/inclusion. Specifically Mr Husain highlighted Risk ID 8257: *Loss of Blood Transfusion Service*, and confirmed that should there be a major disaster/fire in the area where the service is based, there would be no access to stocks of blood. He went on to provide an overview of the plans that were being developed to mitigate this risk should it arise.

Mr Smyth requested that the document be revised for future presentations to have a closer link to the Board Assurance Framework (BAF) as there was currently a mismatch between the actions noted in this report and those noted in the BAF, specifically around the financial risk to the Trust. It was agreed that the next iteration of the two documents would bring them in line with each other.

The Directors confirmed that they were sufficiently assured about the management of the risks and those actions being taken were appropriate, pending further review and alignment of the BAF and CRR.

RESOLVED: **Directors approved the proposed revisions to the register.**
 The next iteration of the document would have a closer link to the BAF.

TB/2020/036 BOARD ASSURANCE FRAMEWORK (BAF)

Mr Husain presented the document and confirmed that, following a review of the document by the Executive Directors and presentation at the Board Sub-Committees, there had been no recommendations to revise the scoring of any risk on the BAF.

He went on to highlight the revisions made to the document, including additional assurances and other updates. Directors noted that the vacancy rates have reduced since the previous meeting. It is anticipated that this will continue to be the case and there would be an

opportunity to revise the risk rating in the future.

Directors discussed the content of the BAF and its presentation and noted that the form and content of the document would be kept under continual review. Mrs Bosnjak-Szekeres confirmed that the Trust's internal auditors were about to commence a review of the BAF and offered to share the outcome of the review with the Board members. Directors noted that the document was currently retrospective rather than real time. Mr Smyth commented that whilst the document was live and fluid, the content of the document needed to provide clarity in terms of the actions that were planned and include clear timescales for their completion, in addition to being able to clearly see any gaps in controls and assurances.

Directors received, discussed and approved the updated document.

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

TB/2020/037 SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRI) REPORT

Mr Husain referred Directors to the previously circulated document and confirmed that there had been 27 incidents which had required reporting through the Strategic Executive Information System (StEIS) since the last report to the Board in January. The top three reporting categories were pressure ulcers, diagnostic delays and treatment problems.

Directors noted that there had been one never event in December last year, which related to a wrong site surgery. Mr Husain provided a brief overview of the case and confirmed that, although no harm had come to the patient, it met the criteria for reporting as a never event.

Directors noted that the Trust had been selected as a pilot site for the Patient Safety Incident Response Framework (PSIRF) which would replace the SIRI process and the future reports to the Trust Board and its relevant Sub-Committees would be revised as a result of it.

In response to Ms Malik's question, Mr Husain confirmed that any member of staff who is involved in an incident is offered support. He provided an overview of the support process for clinical staff.

Directors noted that since, improvements in reporting processes there had been an increase in the numbers of incidents reported. There was a need, to determine whether the increase was related to the changes or if there were underlying issues needing to be identified and managed.

RESOLVED: Directors received the report and noted its content.

TB/2020/038 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 areas of variation or change. He went on to recognise the huge efforts of staff to maintain safe, personal and effective care due to increased presentation of patients with Covid-19. It was recognised that not all of the Constitutional Standards were being met by the Trust in the reporting period.

a) Safe

Mrs Molyneaux provide an overview of the nurse staffing position for January 2020 and confirmed that the areas where staffing fell below the 80% threshold were as a result of the Co-ordinator shift not being filled and not related to staff providing direct patient care. Directors noted that no harms were caused to patients as a result of the shifts not being filled.

During the reporting period there were six red flag incidents reported in addition to a further five incidents that were reported through the Trust's Incident Management System (Datix) which should have been included in the red flag reporting. Mrs Molyneaux confirmed that subsequently Divisions had been reminded about the correct reporting of red flag incidents.

Mr Husain reported that the number of Clostridium Difficile cases identified in January 2020 were above the monthly trajectory. He went on to inform the Board that the Trust's Director of Infection Prevention and Control had confirmed that all such cases had been reviewed by the Trust's antimicrobial stewards to ensure there were no causes for concern.

Dr Riley joined the meeting at this point (2.25pm)

Mr McGee asked whether there was anything that the Trust/Board could do to support the Trust's Infection Prevention and Control (IPC) Team, particularly during the current response to Covid-19. Mr Husain confirmed that IPC team was at the centre of the Trust's response to Covid-19 but, there may be a need to increase overall capacity within the IPC Team in the short to medium term.

Directors noted that there were various implications for the IPC and more general workforce during the response to Covid-19 which would need would continuous review.

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

b) Caring

Mrs Molyneaux confirmed that there was nothing further to highlight under this section.

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

c) Effective

Mr Husain confirmed that the Trust's performance against the Summary Hospital-level Mortality indicator (SHMI) was 1.02 and the Hospital Summary Mortality Ratio (HSMR) was 96.9 for the reporting period and both remained within the expected range.

He confirmed that pneumonia was currently an outlier for the Trust in relation to mortality and that this may be partially caused by a coding error concerning specialist palliative care.

Directors noted that there had been no cases of patients with learning difficulties dying where there was a need to undertake learning from their deaths since the last report.

Mr Husain confirmed that the backlog of Structured Judgement Reviews (SJR) had been cleared and the only cases requiring SJRs were current cases.

Mr Hodgson commented that the SHMI and HSMR trends over the preceding 5 years were testament to the work that had been carried out by the Trust.

Professor Harrison agreed and suggested that over the course of the last few years the Trust had made great inroads and improved its performance significantly in relation to mortality.

Mr McGee suggested that whilst the coding issue was valid and required action for improvement, the Trust must focus on identifying and addressing any other underlying issues. Dr Riley confirmed that the Trust's internal auditors, Mersey Internal Audit Agency (MIAA) gave the Trust an assurance rating of 'Significant Assurance' following completion of their last audit on clinical coding.

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

d) Responsive

Mr McDonald reported that the Trust had not met the 4 hour accident and emergency standard for the reporting month but, it had achieved 83.4% which was a 6% improvement on the same reporting period in 2018/19.

He went on to confirm that there had been 12 breaches of the 12 hour trolley wait standard, 5 of which related to patients awaiting input from mental health services and 7 related to

physical health issues. Directors noted that all of the physical health breaches occurred on one day and were due to a high number of patients arriving into the department within a short space of time.

Mr McDonald informed Directors that the Trust had not met the 62 day cancer standard. Mr Wedgeworth asked how the performance against cancer standards was linked to the Cancer Alliance. Dr Riley provided an overview of the organisations (voluntary sector, as well as NHS and social care providers) included in the Cancer Alliance. He went on to highlight sharing of best practice and provision of mutual support taking place via the network.

In response to Ms Malik's question, Mr McDonald confirmed that the longest trolley wait during the reporting period was 20 hours and 28 minutes.

Directors briefly discussed what additional support could be given to improve the performance against the 4 hour standard. Professor Fairhurst commented that the overall improvement trajectory was of key importance.

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

e) Well-Led

Mrs Quinn highlighted the turnover and vacancy rates and confirmed that the Trust was currently below the threshold. This was due to the Trust now beginning to make headway in recruitment to a number of posts that had previously proved difficult to recruit to.

Directors noted that compliance with the core skills training had been achieved across all areas, including Information Governance. In addition, members were informed that there were ongoing challenges in relation to sickness absence which had an impact on temporary staffing use and costs.

Mrs Brown reported the continuation of improvements in the overall financial position of the Trust at the end of the reporting month. She went on to report that despite the improvements, there remained a risk to the year-end position, but confirmed that the current cash position remained good, as did compliance with the Better Payments Practice Code (BPPC).

Professor Fairhurst commented that the compliance with the BPPC was crucial, particularly in relation to Anchor Institutions, such as the Trust.

Directors recognised the areas of challenge for the Trust and the work that was being undertaken to improve performance. The Board confirmed that it had gained assurance from the report.

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

TB/2020/039 NATIONAL NHS STAFF SURVEY RESULTS

Mrs Quinn referred Directors to the previously circulated document and expressed her delight at the results of the most recent staff survey. She reported that Picker, on behalf of the Trust, had once again carried out a full census survey. She confirmed that the response rate to the survey was 47%, which was an increase on the 2018 response rate.

Mrs Quinn provided an overview of the report and Directors noted that the Trust had performed better than the average on nine of the themes and in line with average on two. In addition, the Trust had performed better than average in relation to the quality of appraisals and on matters relating to the equality, diversity and inclusion agenda.

Directors were informed that Picker had provided the divisional reports of the results and work was taking place in the Divisions to develop plans to address matters raised. Mrs Quinn confirmed that a series of Divisional 'Big Conversations' would be held and that the plans would be monitored through the Divisional Management Board (DMB) meetings.

In response to Mr Smyth's question concerning the response rate remaining below 50%, Mr McGee suggested that there was a need for the Trust to set its aspirations higher, particularly in the areas where response rates had been poor over a number of years. Mr Moynes confirmed that there had been good year on year improvements in the overall response rate, but agreed that there were areas where improvements were still needed, including staff involvement.

Mr McGee pointed out that the Trust was able to correlate the results of the staff survey to the high levels of quality of care that were being provided throughout the Trust.

Mrs Quinn reported that the Human Resources (HR) and Organisational Development (OD) Team put great time and effort into engaging with the Trust's Estates and Facilities Division to encourage improved response rates. This work would be replicated across the Trust in areas with lower than expected response rates.

Professor Fairhurst commented that the improvements in the response rate for the Estates and Facilities service had been testament to the input that the department had received.

Directors noted the positive news about the results of the survey, commended the work and look forward to receiving updates on progress.

RESOLVED: Directors received the report and noted its contents.

TB/2020/040 FLU VACCINATION COMPLIANCE REPORT 2019/20

Mrs Quinn reported that 94.8% of Trust staff had received the flu vaccination during the recent vaccination programme. She thanked the Occupational Health and Wellbeing team for ensuring that the programme was a success across the organisation. Directors noted that it was still to be confirmed which Trust had managed to vaccinate the highest percentage of staff, although it was hoped that the Trust would feature in the top five of all Trusts in England.

Mrs Gilligan extended her thanks to the vaccination teams for their responsiveness to requests for vaccination teams to attend clinical areas, particularly those within the Trusts' emergency care pathways.

In response to Ms Malik's question, Mr Moynes confirmed that the reasons that some staff had given for not wanting to receive the vaccination included a fear of needles, already having had flu and not being comfortable with the vaccination due to potential allergic reactions to it.

RESOLVED: Directors received the report and noted its contents.
The total percentage of staff who received the flu vaccination will be confirmed as will the ranking of the Trust at a national level for the flu vaccination campaign.

TB/2020/041 FINANCE AND PERFORMANCE COMMITTEE UPDATE REPORT

Mrs Brown presented the report to Directors and highlighted the discussion that had taken place with regard to referral to treatment performance. She went on to confirm that the Committee had received the detailed reports about the financial outturn for 2019/20 and future financial planning, including operational guidance and financial implications for future years.

Mr Hodgson commented that whilst there was still much work to do in relation to reducing the number of patients on the holding lists, the number of patients had reduced significantly since the last meeting.

RESOLVED: Directors received the report and noted its content.

TB/2020/042 QUALITY COMMITTEE UPDATE REPORT

Mrs Anderson referred Directors to the previously circulated report and highlighted the discussions which had taken place, particularly those relating to the presentation regarding staff safety and how that has been received across the Trust.

RESOLVED: Directors received the report and noted its contents.

TB/2020/043 AUDIT COMMITTEE UPDATE REPORT

Mr Smyth presented the report and confirmed that there was nothing specific to highlight to the Board from January's meeting.

RESOLVED: Directors received the report and noted its contents.

TB/2020/044 TRUST CHARITABLE FUNDS COMMITTEE UPDATE REPORT

Mr Smyth presented the report and highlighted the level of income into the fund for the first nine months of the year and the ways that the funds had been utilised to date. He went on to report that the Committee members had had a detailed discussion about the funding options for the surgical robot and it had been felt that leasing is likely to be a better option for the Trust as it allowed a longer time for funds to be raised.

RESOLVED: Directors received the report and noted its contents.

TB/2020/045 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/2020/046 ANY OTHER BUSINESS

Mrs Bosnjak-Szekeres asked Directors to review the Greenbury letters that they had received and once satisfied with the content, sign and return them to the Corporate Governance Team at their earliest opportunity.

TB/2020/047 OPEN FORUM

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

TB/2020/048 BOARD PERFORMANCE AND REFLECTION

Professor Fairhurst sought the views of the Board members in relation to the meeting. Mr Hodgson commented that there had been much triangulation of information which provided a good level of assurance to the Directors.

Ms Malik stated that there had been a number of positive things to take away from the meeting. She asked that the Executive Directors consider how to make further efficiencies by re-working the Board packs to reduce paper, without compromising on content. Mrs

Brown agreed that this would be taken into consideration during the review of the terms of reference for the Board and its Sub-Committees.

RESOLVED: Directors noted the feedback provided.

TB/2020/049 DATE AND TIME OF NEXT MEETING

The next Trust Board meeting will take place on Wednesday, 13 May 2020.

TRUST BOARD REPORT

Item **55**

9 September 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/2020/015: 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 Complete: on agenda
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.
TB/2020/033: Chief Executive's Report	A Trust specific strategy relating to the national Greener NHS Campaign will be presented to the Board at a later date.	Directors of Operations/ Executive Director of Service Development	November 2020	Agenda Item: November 2020
TB/2020/036: Board Assurance Framework	Outcome of the internal audit review of the Board Assurance Framework is to be shared with the Board at a later date.	Director of Corporate Governance/Company Secretary	November 2020	The report will be shared with Directors when published by MIAA (Mersey Internal Audit Agency)
TB/2020/040: Flu Vaccination Compliance Report 2019/20	The final percentage of vaccinated staff is to be confirmed at a later date and how this compares against other Trusts in the country.	Executive Director of HR and OD	September 2020	Update: the Trust vaccinated 94.8% of its staff and were ranked 1 st in the country.

TRUST BOARD REPORT

Item

57

9 September 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

September 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.

Phase 3 Planning Guidance / NHS People Plan

The national planning letter was received on the 31st July 2020, which coincided with the publication of the People Plan '**We are the NHS: People Plan 202/21**'. The planning letter established three priorities for the NHS from August, namely:

- Accelerating the return to 'near normal' levels of non COVID -19 services
- Preparation for Winter and COVID spikes locally/nationally
- Taking account of lessons learnt/lock in changes from the response to the pandemic, supporting staff and taking actions on inequalities and prevention.

The NHS response to the pandemic was also moved from a level 4 (national) to a level 3 (regional) in terms of incident management. However there is a recognition that COVID and its impact is likely to be with us for some time to come so we need to prepare the ground for moving from incident management mode to the 'new normal'.

The letter also stressed the need to work in integrated systems. The proposed architecture is very much in keeping with that already in place in Lancashire and South Cumbria.

The health and care workforce have responded with amazing resilience over the past few months. The publication of the NHS People Plan and the establishment of the North West People Board and development of system level People Plans affords the opportunity to build on the workforce changes we have seen and to put workforce planning, health and well being and

crucially equality, diversity and the inclusion agenda right at the heart of the future operating model.

In response to the Phase 3 guidance the Lancashire and South Cumbria ICS have submitted draft activity, capacity (including winter planning) and workforce plans on 1st September. These will be further refined for a final submission on 21st September 2020.

Couch to 5k app record downloads

A fitness tool backed by the NHS has been adopted by hundreds of thousands of people seeking to get in shape during lockdown.

From March until the end of June, there were almost one million downloads – 858,000 compared to 448,000 during the same time last year – a 92% increase compared to 2019.

The [Couch to 5k](#) beginners running plan provided by Public Health England, helps those who are unfit or don't regularly take exercise to take positive steps for their health and fitness. The app provides guided commentary from a coach and easily helps users to track progress, with getting three runs per week.

Online COVID-19 rehab service launched

Tens of thousands of people who are suffering long-term effects of coronavirus will benefit from a revolutionary on-demand recovery service.

The new ['Your COVID Recovery'](#) service forms part of NHS plans to expand access to COVID-19 rehabilitation treatments for those who have survived the virus but still have problems with breathing, mental health problems or other complications.

Nurses and physiotherapists will be on hand to reply to patients' needs either online or over the phone as part of the service.

Fast online access provides weight loss advice

People who are at high risk of developing Type 2 diabetes will be fast-tracked into the flagship [Healthier You NHS Diabetes Prevention](#) programme, following research showing those living with diabetes face a significantly higher risk of dying with COVID-19

The Know Your Risk programme supports people to lose weight and adopt healthier habits. It is the first national initiative of its kind in the world and has already helped hundreds of thousands of people.

The new rapid access enables the public to check their risk, and if the score is moderate or high, to self-refer to a local Healthier You service for support. Previously, people had to go to their GP for tests and referrals.

Roll out of ‘COVID-Friendly’ cancer treatments

A £160 million initiative is expanding and extending the use of ‘COVID-friendly’ cancer treatments, that are safer for patients, during the pandemic.

Thousands of patients have already benefitted from almost 50 treatments approved for use as ‘swaps’ for existing drugs and more are to become available.

Some of these new options mean that patients can take tablets at home or receive medicines with fewer side-effects instead of undergoing hospital-based treatment that can leave them more susceptible to coronavirus and other infections.

Targeted hormone therapies such as enzalutamide for prostate cancer and broadened use of lenalidomide in the treatment of myeloma – bone marrow cancer – are among the options now available for clinicians and patients.

Tackling loneliness and improving lives

The NHS is recruiting a growing army of social prescribing link workers to combat loneliness and isolation fuelled by coronavirus. As part of its [Long Term Plan](#), the NHS was committed to employing 1,000 social prescribers by March 2021, with that target already surpassed.

More than 1,200 are already helping people to improve their mental health and get more exercise by taking part in activities from gardening to ballroom dancing.

Now, with the coronavirus pandemic compounding loneliness, isolation and mental health problems for many people, the NHS is providing extra funding to groups of GPs to allow them to go further, so that more than 400,000 people a year can benefit from the additional support that link workers can provide to local communities.

Life-changing cystic fibrosis drug

Thanks to a landmark NHS deal, thousands of cystic fibrosis patients in England will benefit from a 'transformative' treatment.

NHS patients will be among the first in Europe to be prescribed Kaftrio, which significantly improves lung function, helping people with cystic fibrosis to breathe more easily and enhancing their overall quality of life.

The treatment – known as the 'triple combination therapy' – was given the green light by European regulators to get the drug onto the frontline of patient care as soon as it was licensed.

The [UK Cystic Fibrosis Medical Association](#) has described the treatment as showing evidence of being potentially 'truly life-transforming'.

Winter Funding confirmed

New £300m funding released by the Government will help [117 NHS Trusts](#) prepare for annual winter pressures, as well as the risk from potential further outbreaks of coronavirus.

A large part of these efforts will focus on the upgrading and investment into A&E facilities, increased provision of same day emergency care and improved patient flow within hospital settings.

Hospitals could use the new funding to expand waiting areas and increase the number of treatment cubicles in order to boost A&E capacity, providing additional space, reducing overcrowding and helping improve infection control measures.

Two - Pennine Lancashire Headlines

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

Think NHS 111 first

[NHS 111 First](#) is part of a national integrated programme to improve outcomes and experience of urgent and emergency care. To keep patients safe and allow them to maintain social distancing the public are being asked to call NHS 111 before they go to the Emergency Department.

Blackpool Teaching Hospitals NHS Trust is one of two 'first mover' sites, in the North West, who will adopt the approach by the end of August. ELHT is a 'fast follower', with an implementation date of 12 October.

Safeguarding homeless people

During the coronavirus pandemic, partners in [Lancashire and South Cumbria](#) worked together to provide housing and healthcare support to around 1,500 homeless people.

Colleagues from across housing, social care, health, other public sector and voluntary, community, social enterprise and faith sector organisations came together to safeguard rough sleepers and other vulnerable homeless people from COVID-19.

As the whole country prepared to go into lockdown and 2.2 million people were advised to shield from the coronavirus, the government issued guidance to councils to make arrangements for rough sleepers – known to be at a greater risk to the virus as they often have underlying health issues.

Rebrand of mental health service

A free mental health service available to everyone living in Lancashire and South Cumbria has been renamed. Big White Wall has supported thousands of people across the region over the past few years, but from today (5 August 2020) will be known as [Togetherall](#).

As thousands of local people were urged to stay at home to protect their physical health, it is understandable many struggled with their mental health as a result. Togetherall provides a

clinically safe and anonymous online community providing peer to peer support, personal assessments, and self-help courses for those who need it.

Let's keep talking

Health and care partners in Lancashire and South Cumbria launched the next phase of their [suicide prevention campaign](#). In light of the COVID-19 pandemic, the emphasis was on encouraging residents to 'keep talking'.

The first phase of the campaign saw more people than ever reaching out to local and national services for help. But the local health and care partnership remains concerned that people's mental health will continue to be adversely affected during the uncertain times ahead.

In the early stages of lockdown, organisations worked together to share campaign messages encouraging people to talk to friends and family to cope with stress, anxiety and social isolation – and to signpost people to mental health support.

Making cancer appointments safe

Together with hospital Trusts across the region, Lancashire and South Cumbria Cancer Alliance has been working to reassure the public that it is safe to attend cancer appointments despite COVID-19 being in the community.

Patients being tested or treated for cancer are urged to keep their appointments. New measures have been put into place to help protect patients and staff from the virus, and to ensure there are no delays to urgent cancer treatment.

Cancer assessment and treatments continued during the pandemic, with new innovations such as video consultation, reviewing photographs of skin lesions and arranging urgent tests supporting the recovery process. Meanwhile, specialised surgical hubs made sure patients received safe and timely operations for cancer.

NHS Charities Together donation

Colleagues at NHS hospital Trusts across Lancashire and South Cumbria are benefitting from generous donations from NHS Charities Together following heroic fundraising efforts from people like Colonel Tom Moore, who raised almost £33m for the NHS.

As a result of the coronavirus outbreak, NHS Charities Together, a national membership organisation representing, supporting and championing NHS Charities across the UK, recently granted an incredible £355,500 to the four hospital charities which operate across our region.

Charity teams at 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 have each received large donations to help support hospital staff while they are working under such challenging conditions.

Lancashire SEND report confirms improvements

A new [SEND Inspection report](#) published in August confirmed that significant improvements have been made to Special Educational Needs and Disability (SEND) services across Lancashire.

Lancashire County Council and health services within Lancashire have been recognised by Ofsted and Care Quality Commission (CQC) inspectors for the progress their partnership has made in improving and delivering outcomes for children and young people with SEND.

An inspection of Lancashire SEND services, which took place in 2017, found that there were 12 areas of significant concern in the services provided for children and young people.

At the revisit in March this year, inspectors identified seven of these areas as having sufficiently improved, and although there have been improvements in the remaining five areas, further on-going work is required.

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 **24 March 2020** the seal was applied to the Contract for the sale of Freehold Land with Vacant Possession at Burnley General Teaching Hospital. The contract was between the Trust and Calico Homes Ltd. The contract was signed by Mr Kevin McGee, Chief Executive and Mr Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive.
- On **6 July 2020** the seal was applied to the underlease between the Trust and Community Health Partnerships Ltd for Barbara Castle Way Health Centre, Blackburn. The document was signed by Mr Martin Hodgson, Executive Director of Service Development/Deputy Chief Executive and Mrs Michelle Brown, Executive Director of Finance.

Ground-breaking new study to fight Coronavirus

Researchers from the University of Edinburgh's [GenOMICC project](#) are working together with Genomics England and over 170 NHS hospitals, including ELHT. The study, announced by Matt Hancock, Secretary of State for Health and Social Care, aims to sequence the genomes of 20,000 people who were severely affected by COVID-19.

The data collected by the Trust and others will be compared to that from a further 15,000 COVID-19 patients who experienced only mild symptoms.

This ground-breaking research may help explain why some patients with COVID-19 experience a mild infection, others require intensive care and why for some it is sadly fatal. By discovering why some people are predisposed to developing life-threatening symptoms, the initiative will enable novel insights into the virus, as well as possible human factors that influence the effects of the disease, and whether a combination of both shape outcomes for NHS patients.

Prince's Trust partnership

ELHT was delighted to have been able to offer employment to 12 out of 14 unemployed young people who took part in an innovative new programme that began before the COVID-19 pandemic took hold.

The '[Get into Hospital Services](#)' programme is a [Prince's Trust](#) initiative delivered in partnership with [ELHT](#) at the Royal Blackburn and Burnley General Teaching Hospital sites. It is fantastic that the Trust is able to assist in getting so many young people into employment. The programme gives young people the additional skills, experience and most importantly the confidence to help them get a job or move onto a chosen career path.

Saying 'Thank you' with biscuits

Local biscuit company, [Farmhouse Biscuits](#), have rebranded their classic mild ginger biscuits to say "[Thank You NHS](#)" to health service staff following the COVID-19 pandemic. 10p from every packet sold will be donated to [ELHT&Me](#), East Lancashire Hospitals NHS Trust's official charity.

The company, founded in 1962, is a family-owned business with factories based in Nelson and Pendle. Having seen the hard work and sacrifice of NHS staff in response to the Coronavirus outbreak, the management team decided to relaunch one of their much-loved biscuits in "Thank You NHS" rainbow packaging and make donations to their local hospital.

The biscuits can be purchased in Booths and Spar stores nationwide, as well as farm shops and garden centres across the country. They are also available online, at www.farmhouse-biscuits.myshopify.com.

Best in the country for fighting flu

ELHT are celebrating, once again, following the announcement that we have retained the title of [top Acute Trust](#) in the country for staff flu vaccinations.

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

ELHT has been identified as one of the stand out Trusts in the UK. We continue to provide support and advice to other NHS organisation in their planning an implementation of their own

flu campaigns. We are in the final stages of planning for the 2020 Flu campaign, with the aim to improve on last year's uptake.

Marking 72 years of the NHS

The NHS has been providing free at the point of access care for 72 years. This year, in light of the COVID-19 pandemic, it seemed even more poignant to mark the occasion.

The Trust's Communications Team created a [special video](#) to pay special thanks to all the key workers who supported the health and care services during the challenging times. On Saturday 4 July, the day before the birthday, a moment of remembrance and reflection was held for those lives lost during the pandemic. It provided a chance for the nation to come together and pay respects. Led by the [Together Coalition](#), people were asked to place a light in their window or on their doorstep as part of the collective memorial.

In addition, iconic landmarks, including the London Eye, Royal Albert Hall, Blackpool Tower and Wembley Arch were illuminated in blue, along with our own [Royal Blackburn Teaching Hospital and Burnley General Teaching Hospital](#).

On Sunday 5 July, the day the NHS was founded, the whole country was invited to come together at 5pm to applaud all those who have been helping us through the pandemic and recognise the vital community connections that continue to support us all.

More personally, Chairman, Professor Eileen Fairhurst and Chief Executive, Kevin McGee took the anniversary as an appropriate moment to thank staff for all their extremely hard work and dedication throughout the COVID-19 pandemic. A [commemorative badge](#) was gifted to every member of staff, to wear with pride, and as a reminder of how truly amazing they were during the pandemic and to signify what can be achieved together in times of extreme difficulty.

Local COVID-19 restrictions

Due to a rising tide and local spikes of infections in the community, measures have been put in place to control the spread of COVID-19. The Trust continues to work closely with, and provide support to, Blackburn with Darwen Borough Council and Lancashire County Council.

ELHT Speaks up

Staff at ELHT are the most confident when it comes to speaking up freely about issues and concerns, according to a recent report.

The latest annual [National Guardian Freedom to Speak up Index](#) has been released and this shows that ELHT is the best performing Trust within the Lancashire and South Cumbria area. The Trust's increased score of 81.9% also ranks it as the overall highest performing Acute Trust in the Northwest.

Nursing Times Awards shortlisters

The Trust's Surgical Ambulatory Emergency Care Unit has been shortlisted in the Patient Safety Improvement category and the Emergency Department's Non-Invasive Ventilation improvement project has been shortlisted in the Emergency and Critical Care category. Winners will be announced on 14 October.

Four – Communications and Engagement

A summary of the external communications and engagement activity.

July 2020

Communications and Engagement

Monthly Media Update

Top Stories...

- Local hospital staff most likely in the Northwest to 'Speak Up'
- Local biscuit company launches tasty "thank you" to the NHS
- 72 years of the NHS - what we are doing to mark the occasion
- Local measures announced for controlling the spread of COVID-19
- Haslingden Road work recommences



Top flu-fighters! Best in country!

Press and Media Relations...



Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- Donations
- Ophthalmology fundraising videos
- Leaflet approval for various departments
- Social distancing campaign

Website...



Our website got **113,221** page views by **39,530** people.

The most viewed webpage was – Coronavirus guidance



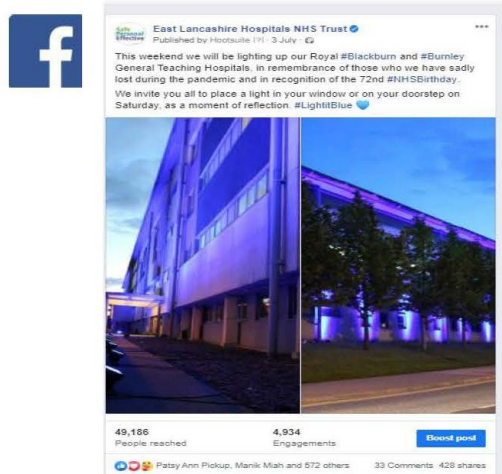
Social media and digital...



The most talked about issues on our social networks..

- Blackburn light up
- NHS Birthday
- Burnley Heroes
-

Posts of the month...



Top Tweet earned 13.6K impressions

⚽ Our #BurnleyHeroes will be featured in tonight's match programme for @BurnleyOfficial - can you spot any familiar faces?

Sending a big thank you to all the fantastic key workers! pic.twitter.com/ibYZaE4Nv



9 retweets | 35 likes

Facebook review rating:
4.6 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

Communications and Engagement

Monthly Media Update

Top Stories...

- New Lancashire SEND report published
- NHS Spitfire to fly over Royal Blackburn Teaching Hospital
- Employee of the Month
- Jasper and David in lights



Hospital Trust shortlisted for two national awards

Press and Media Relations...



Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- Video requests
- Leaflet approval for various departments
- Social distancing campaign
- Flu vaccination campaign
- Annual Report
- AGM preparation
- NHS 111 first
- Urgent Treatment Centre direct booking

Website...



Our website got **110,628** page views by **39,923** people.

The most viewed webpage was – Coronavirus guidance



Social media and digital...



The most talked about issues on our social networks..

- Maternity service updates and guidance
- Social distancing and face mask guidance
- Patient belonging drop off service
- Government guidance changes and updates
- Positive staff stories (other news clippings)

Posts of the month...



Top Tweet earned 4,495 impressions

Our Chief Executive has a new Twitter account! The new account will cover his role as CEO of both East Lancashire Hospitals NHS Trust and @BlackpoolHosp.

Follow him at @KMcG_CEO to keep up to date with his latest news! #FollowFriday
pic.twitter.com/CeqJ1KfuB4



Facebook review rating:

4.6 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 Chief Executive has chaired or attended since the last board meeting.

April 2020 Meetings

Date	Meeting
1 April	Accountable Officers and CEO
1 April	Operational Command
Weekly each Tuesday	Chairman/CEO briefing
Weekly Monday and Friday	Executive Team
2 April	Lancashire Resilience Forum
Weekly Tuesday and Thursday	LSC CEOs briefing
03, 07, 14, 21, 28 April	STP Hospital Cell – Bill McCarthy
Daily Monday - Friday	LSC Hospital Cell
6, 10, 17, 24 April	Bill McCarthy
7 April	Operational Command
8 and 16 April	Nightingale Manchester
9 and 14 April	Bed modelling
20 and 27 April	Out of Hospital and Hospital Cell Touchpoint
28 April	Team Brief filming
29 April	David Fillingham
30 April	Capacity Planning

May 2020 Meetings

Date	Meeting
1 May	Second Phase of NHS response to COVID-19 with Simon Stevens
4 May	Community Testing
Weekly each Tuesday	Chairman/CEO briefing
Weekly Monday and Friday	LSC CEOs briefing
Daily Monday - Friday	Out of Hospital and Hospital Cell Touchpoint
Weekly Monday and Friday	Executive Team
5 May	Employee of the Month
Daily Monday - Friday	LSC Hospital Cell
Twice weekly Tuesday and Friday	STP Hospital Cell – Bill McCarthy
6 May	ICS Board
6 May	Capacity Planning
6 May	Recovery Planning
15 May	Capacity Planning
20 May	Partnership Leaders
26 May	Team Brief filming
28 May	Diagnostics Programme Board
28 May	LSC Provider Collaboration Board

June 2020 Meetings

Date	Meeting
3 June	LSC ICS Board
3 June	Introductory meeting with David Flory
Weekly each Tuesday	Chairman/CEO briefing
Weekly Tuesday and Thursday	LSC CEOs briefing
Daily Monday - Friday	Out of Hospital and Hospital Cell Touchpoint

Weekly Monday and Friday	Executive Team
Twice weekly Tuesday and Friday	STP Hospital Cell – Bill McCarthy
9 June	Restoration
10 June	Trust Board Assurance
10 June	NHSE/I CEO Advisory Group
17 June	ICP development
26 June	LSC Provider Collaboration Board
30 June	Lancashire Health Scrutiny Committee

July 2020 Meetings

Date	Meeting
1 July	LSC ICS Board
Weekly each Tuesday	Chairman/CEO briefing
Weekly Tuesday and Thursday	LSC CEOs briefing
Weekly each Monday	Out of Hospital and Hospital Cell Touchpoint
Weekly Monday and Friday	Executive Team
Weekly Tuesday and Friday	STP Hospital Cell – Bill McCarthy
14 July	Lancashire Resilience Forum
17 June	NHSE/I CEO Advisory Group
17 June	ICP development
26 June	LSC Provider Collaboration Board
30 June	Lancashire Health Scrutiny Committee

August 2020 Meetings

Date	Meeting
5 August	LSC Informal ICS Board
5 August	ICP Chairs
5 August	Chorley ED Checkpoint
Weekly each Tuesday	Chairman/CEO briefing
weekly Tuesday and Friday	LSC CEOs briefing
Weekly - Monday	Out of Hospital and Hospital Cell Touchpoint
Weekly Tuesday and Friday	Executive Team
Weekly Tuesday and Friday	STP Hospital Cell – Bill McCarthy
19 August	LSC System Leaders
19 August	Chairs and Chief Officers
19 August	Partnership Leaders Forum

September 2020 Meetings

Date	Meeting
Weekly – Monday	Out of Hospital and Hospital Cell Touchpoint
Weekly - Tuesday	Chairman/CEO briefing
Weekly – Wednesday	LSC CEOs briefing
Weekly – Tuesday	NW System Leaders
Weekly Tuesday and Friday	Executive Team
Weekly Tuesday	STP Hospital Cell – Bill McCarthy
9 September	ELHT Trust Board
9 September	Chorley ED Checkpoint
10 September	Joint AEDB /ICCP
11 September	Bi-lateral Phase 3 planning
14 September	NHS Confed – System by default roundtable
15 September	Report out session
16 September	LSC System Leaders

16 September	ELHT Annual General Meeting
18 September	Vital Signs Transformation Guiding Board
23 September	Pennine Lancs Chairs and Chief Officers
23 September	Partnership Leaders Forum
24 September	LSC Diagnostics Programme Board
25 September	LSC Provider Collaboration Board

TRUST BOARD REPORT

Item **59**

9 September 2020

Purpose Approval

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

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 26/08/2020; these risks have been reviewed at RAM on the 31/07/2020.

Recommendation: Directors 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
	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	Yes
Equality	No	Confidentiality	No

ID	Risk Title	Risk Description	Current Score	Top 5 Controls	Action	Action Owner	Action Due date	Date last reviewed	Changes since the last report	Movement
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. 	<ol style="list-style-type: none"> 1. Submission of FBC for approval 2. NHSI Queries that come through will need to be submitted following their review of the FBC (Full Business Case) 	<ol style="list-style-type: none"> 1. Charlotte Henson 2. Charlotte Henson 	<ol style="list-style-type: none"> 1. Completed 2. 30/09/2020 	26/08/2020	<p>26/08/2020 – Paper is going to Board on the 9th September. Business case will be going to the National Committee in September with Full Business Case following which gives us the authority to spend. Further updates to be provided by next Quality Committee.</p>	
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. Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level. 4. Medical staffing support monitored and winter planning actions put in place to support increased HDU activity. 	<ol style="list-style-type: none"> 1. STP leading review of DGH HDU care 2. Review of funding in light of CCG funding 18/19 	<ol style="list-style-type: none"> 1. Vanessa Holme 2. Catherine Vozollo 	<ol style="list-style-type: none"> 1. 09/03/2021 2. 09/03/2020 (Delayed due to COVID 19 awaiting update on due date) 	26/08/2020	<p>26/08/2020 The risk remains extant; there have been no updates / decisions from the ICS at this current time.</p>	

8441	Coronavirus (COVID-19) Outbreak	This risk is to capture the risk to our patients and staff in the event of further infection rates across the UK from the coronavirus (COVID-19) outbreak.	15	<ol style="list-style-type: none"> 1. Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with daily update meetings taking place. 2. plans and processes will be put into place to re-locate staff to provide additional support in those areas most in need 3. Increased staffing during core hours to alleviate pressures - including current winter pressures measures. 4. Regular communications about next steps/working group outcomes to keep staff and patients informed 5. Social Distancing Group in place and Social Distancing Policy LIVE and in use across the trust. 	<ol style="list-style-type: none"> 1. Regular ICC meeting to be replaced/stood down by Senior Leadership meeting weekly. 2. Testing ongoing for staff and patients within national guidance, ensure regular review of national testing requirements. 3. Social Distancing Risks to be created and monitored as per Social Distancing Policy/Group. To be reviewed in the next group meeting. 	<p>All actions managed by Tony Mcdonald (Continued actions under development as pandemic progresses)</p>	<ol style="list-style-type: none"> 1. Completed 2. Completed 3. Completed 	19/08/2020	<p>19/08/2020 – Risk has been reviewed by the EPPR Manager and Director of Integrated Care and Partnerships and now scores 15. This is taking into account the current national risk profile as well as internal controls and actions implemented during the peak phase of the virus. Senior Management meetings still continue with COVID as a key point on the agenda, continued updates still provided through BAF and the operational linked risks. All actions completed since last report.</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 	No current open actions	None provided	N/a	27/08/2020	<p>No update received. Handler of the risk on leave and risk score has been reviewed but no summary provided.</p>	

				<ul style="list-style-type: none"> 4. Report being provided weekly to the Executive Team. 5. Holding List performance is discussed as part of the weekly performance meetings. 						
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	<ul 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. 4. Funding continuing throughout review period but capacity issues remain the same. 	<ul style="list-style-type: none"> 1. Conduct CNP Service review post COVID measures 	<ul style="list-style-type: none"> 1. Debbie Mawson 	<ul style="list-style-type: none"> 2. 30/10/2020 	24/08/2020	<p>26/08/2020 the service review planned has been postponed because of COVID - options are being explored to conduct the service review remotely. Funding for the IHA 16+ has been agreed for 12 months to secure this aspect of the service until any outcome from the CNP service review can be reviewed. Still no date agreed for service review and risk remains the same. Possible influx in demand from September when schools go back.</p>	
7067	Aggregated Risk - Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and	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	15	<ul 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 	<ul style="list-style-type: none"> 1. Embed recommendations from NTW (North Tyne Wear assessment) work 	<ul style="list-style-type: none"> 1. Jonathan Smith & LSCFT 	<ul style="list-style-type: none"> 1. 30/09/2020 	26/08/2020	<p>26/8/2020 -We continue to have weekly meetings with LSCFT to address ongoing issues and to plan for the new MH unit being launched in December</p>	

	quality	and mental health assessments, treatment and referral to specialist services. Due to lack of specialist knowledge, this may cause deterioration of the patient.		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.						
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 within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow	15	<ol style="list-style-type: none"> Further in-reach to department to help to decrease admission Workforce redesign aligned to demands in ED Review of processes across Acute / Emergency medicine in line with Coronial process and incidents. Work with CCG on attendance avoidance Phase 6 build commenced - completion Nov 2020 	<ol style="list-style-type: none"> Develop a public participation strategy to support community acceptance of change) Meeting with CCG to look at an appointment system for UCCs 	<ol style="list-style-type: none"> Jonathan Smith Jonathan Smith 	<ol style="list-style-type: none"> 31/08/2020 30/10/2020 	26/08/2020	<p>26/08/2020- Score remains the same. Challenges managing red and green pathway within ED and UCC. Business proposal sent to Division for sign off re permanent extension of department into Fracture Clinic. £15m investment in ED to extend UCC further. Work commenced on this and we will be opening before winter 2020.</p>	
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"> Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. The use of the Safe Care Tool within Allocate to support decisions regarding acuity and dependency E rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes; Dashboard review of good rostering compliance 	<ol style="list-style-type: none"> Twice yearly professional judgment review of nurse and midwifery staffing requirements Ongoing recruitment,, locally, nationally, and internationally 	<ol style="list-style-type: none"> Julie Molyneaux Julie Molyneaux 	<ol style="list-style-type: none"> 01/12/2020 30/12/2020 	26/08/2020	<p>26/08/2020 – recruitment still underway. Recruitment process has been eased for COVID19 to get nurses into posts quicker to support the trust.</p>	

East Lancashire Hospitals

				5. Monitor red flags, IR1s, complaints and other patient experience data						
5790	<p>Aggregated risk – Failure to adequately recruit to substantive medical posts may adversely impact on patient care and finance.</p>	<p>Gaps in medical rotas require the use of locums to meet service needs at a premium cost to the Trust.</p>	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 	<ol style="list-style-type: none"> 1. Ongoing recruitment and innovative packages offered 2. Workforce transformation and new models of skill mix 	<ol style="list-style-type: none"> 1. Jane McNicholas 2. Jane McNicholas 	<ol style="list-style-type: none"> 1. 31/12/2020 2. 31/12/2020 	26/08/2020	<p>26/08/2020 - Still awaiting the outcomes from the pension consultation and the work force control process. Further work has been done to review this risk with HR and ownership will now sit with HR to review the overall workforce part of this risk. This will reflect on reporting from next month.</p>	
7008	<p>Failure to comply with the 62 day cancer waiting time.</p>	<p>Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.</p>	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 	<ol style="list-style-type: none"> 1. Implement Secondary Care Patient Choice Post Card 2. Creation of comprehensive Cancer PTL and automated Hot list 3. Implementation of Rapid cancer diagnostic and assessment pathways 4. Capacity & Demand Review 5. Investment of 	<p>All actions managed by William Wood</p>	<ol style="list-style-type: none"> 1. 31/08/2020 2. 31/08/2020 3. 07/09/2020 4. 30/09/2020 5. 31/03/2021 	04/08/2020	<p>04/08/2020 - Cancer Performance continues to be impacted heavily by the COVID-19 pandemic, although attempts are being made to get back to pre-covid activity levels, limitations caused by social distancing, self-isolation, quarantine, etc. are making this challenging. TWW Referrals are not far off pre-covid levels, however diagnostic and treatment</p>	

					Alliance Funding in pathway to improve processes.				numbers still have some way to go. For a number of months we have been working more on a safety basis than a performance basis however as of the last couple of weeks we have started to work towards breach dates again, asking for treatments etc. to be brought forward in line with national waiting times.	
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. 	No actions provided by the handler for this risk escalated to Executive Director of Finance	None provided	N/A	Risk to be de-escalated from the CRR	Risk currently being recommended for removal from the Corporate Register. A new risk which focuses on 2020/2021 financial year is being proposed and taken through governance which will support quality updates and better linkage into the BAF.	

8257	<p>(NEW RISK) Loss of Transfusion Service</p>	<p>Denial of the laboratory premises at RBH, especially blood transfusion, due to:</p> <ol style="list-style-type: none"> 1. Planned evacuation due to fire alarm test. 2. Unplanned evacuation, in response to local fire alarm activation 3. Evacuation due to actual fire within the laboratory. 	15	<ol style="list-style-type: none"> 1. Emergency bloods can be stored in temporary insulated boxes for a period of time 2. The BMS (Bio Medical Scientist) would either station themselves outside the entrance to the laboratory, where they could issue emergency units out 3. If level 0 was out of bounds, clinical flow room would be point of contact. 	<p>No Risk actions in place yet – new risk added to CRR. Action plan being developed.</p>	None	None	17/08/2020	<p>17/08/2020 – New risk added and approved to the Corporate Register. Approved in July's exec meeting. Actions are being scoped by the risk handler and this risk will be actively managed by the HTC (Hospital Transfusion Committee) which has recently been re-set up.</p>	
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Risk Register update (Page 3 -9):

1. **Risk 7010** has been proposed to be de-escalated from the Corporate Risk Register to ensure that better quality updates are provided through the yearly actions plans which are based around the financial year. A new risk which focuses on 2020/2021 financial year has been opened and will go through governance for approval onto the Corporate Risk Register,
2. **Risk 8257** which is around potential loss of the transfusion service if there was an emergency, such as fire has been added to the Corporate Risk Register after being approved by executives on the 07/07/2020. This risk is being actively managed within Diagnostic Clinical Services and some actions are in place with some underway.
3. **Risk 8061** has been chased but regular updates have not been provided. SAS have been made aware that 'No update' will be added to this report.

Changes to the report:

4. The risk register table now includes open actions of importance, including their due date and their owner for accountability. This will improve the view of the risk and show its progression each report.
5. There are **18** risks which score 15 and above and are LIVE on the risk system. **12** of these risks sit on the corporate register and have gone through appropriate governance (as above). **6** risks are either:
 - a) Historical risks which link into one of the aggregated risks on the corporate register.
 - b) Risk has recently been created and not been through appropriate governance yet or the score has increased.
 - c) Risks that are 15 and above are requested to be reviewed monthly and those that are not on the Corporate Register have been requested to be re-taken through governance to ensure that the scoring is correct.

Risk updates:

6. A new Risk Management Framework is in development and currently in the review stage. Once this is completed, this will be shared with the Quality Committee for review and approval.
7. Divisional Risk meetings are now active across the trust and resuming normal practice of reviewing divisional risks and escalating risks which score high and need

management attention. During COVID measures, these meetings had been stood down.

8. Over the last 6 months there has been extra work within divisions on Risk Management and training, including risk system improvements to notify a handler of their risks overdue and support them with making quality improvements to their risk information. Before COVID-19 measures were introduced there was around 30-40% of risks which were overdue and the quality of them needed improvement. As of the 27/08/2020 there are only 9% (162 risks) of risks overdue in the trust, their quality has improved and divisions have advised of better risk maturity in their areas.

Conclusion:

9. The Board is asked 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 respective functions/divisions throughout the Trust.

TRUST BOARD REPORT

9 September 2020

Item **60**

Purpose Assurance
Approval

Title	Board Assurance Framework (BAF) Review
Authors	Mrs A Bosnjak-Szekeres, Director of Corporate Governance/Company Secretary
Executive Sponsor	Mr J Husain, Executive Medical Director

Summary: With the onset of the Covid-19 pandemic from April 2020 the BAF review has been carried out by the additional risk BAF risk 6 (attached) in order that the implications of the pandemic were assessed against all the BAF risks. We are currently in the process of undertaking an annual review of the BAF and the Board session is being organised to carry out the review and include a review of the strategic objectives and risks, risk appetite, overarching risk strategy and learning from Covid-19

The revised BAF will be presented, including individual BAF risks will be presented to the next meeting of the Trust Board. The Audit Committee will also carry out its annual review of the BAF at its meeting in October 2020.

Recommendation: Members are asked to note and discuss the BAF risk presented.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No



East Lancashire Hospitals

NHS Trust

Safe | Personal | Effective

Reference Number: BAF/06

Responsible Director(s): Director of Integrated Care and Partnerships, Director of Infection Prevention and Control

Aligned to Strategic Objectives: 1, 2, 3, 4 and 5.

Strategic Risk: The risk to Staff, patients, the overall Trust and it's services from the COVID-19 outbreak.

Consequences of the Risk Materialising:

1. Increased death across the UK/Trust coverage from COVID 19
2. Increased pressures on Emergency Wards/Trust services through further infection and also normal winter pressures
3. Financial loss
4. Staff sickness/absence due to infection, overall impact on trust workforce.
5. Lack of PPE and equipment to support safe testing and management of the disease
6. Potential interruption of BAU activities which contribute towards normal regulatory work such as incident, health and safety, financial reporting etc.
7. Increased cyber security risk during Covid-19 pandemic

Risk specific consequences	Key Controls	Potential Sources of Assurance	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score				Gaps in Control	Gaps in Assurance	Actions Planned / Update
							2019/20		2020/21				
							Q4	Q1	Q2	Q3			
Overarching Risk: COVID-19	Incident co-ordination centre set up (ICC) and Operational Co-ordination centres (OCCs) covering all aspects of the organisation and externally the CCG.	Daily Incident reporting from the central governance team - daily updates and analysis sent through to the ICC (Incident Co-ordination centre) who collate and share this information.	25	10	20	5x4	20	20	20		Rapid changes in guidance/SOPs across Trust - risk that all information is not disseminated/understood appropriately.	Regular briefings are underway with the scope of meetings changing regularly to allow further discussion on impacts within division and across the Trust (Ongoing)	
	ICC hold a central decision log which is updated regularly.	Overall figures provided regularly from the ICC to show key metric.									Changing guidance regularly which can be confusing.	Single points of contact set up across all divisions/directorates to ensure smoother communication and delivery. (ongoing)	
	ELHT ICC reports through to the North West Emergency Preparedness and Resilience Response	Senior Leadership Group (SLG) established and oversees the restoration and recovery plans.										Internal audit to support review of ICC/OCC decision logs and risks (Completed)	
	All SOPs agreed by OCC and are approved by ICC	Green pathways (restoration of services)											
BAF 0: Covid Specific	PPE supplies may not be sufficient	Controlled through Procurement Cluster/Facilities								Push stock system from centre with no prior sight	PPE Supply	ICS PPE and Clinical Consumables Group established to oversee (Completed)	
		Additional laundered stock through in-house laundry									Ensuring PPE supply is managed efficiently through the system.	CEO of ELHT appointed as cell Leader for 'In Hospital' cell for the ICS	
		Mutual aid arrangement in place across Lancashire and South Cumbria Integrated Care System (ICS)											
	Social Distancing	Communication channels for staff reminders: - Policy Group - Checklists - Signage - Plexi-Glass Screens installed in relevant areas (Eg Restaurants/ shops/receptions) - Home/Agile working								No known current vaccine against the virus without any indication on timescales to resolve.	Without full testing of asymptomatic staff it is difficult to establish the exact numbers of positive staff and patients	Antibody testing being rolled out imminently for key staff (Completed)	
	Office accommodation moved to fill empty offices	Process signed off by ICC/OCC								Staff sickness levels of Covid positive staff	Results and activity reporting through Trust Executive		
	Covid testing for all elective/non-elective patients/staff									External capacity to test		Continual review and assessment with external partners (ongoing)	
										Increase in asymptomatic patients		Daily review by Flow team (ongoing)	
	Potential oxygen availability issues may occur	Oxygen availability monitored daily											
	Potential nosocomial transmissions may occur	detailed measures in place for management of nosocomial transmissions, including: - IPC - PPE Use - Social Distancing - Testing Regime										All patients who are admitted are tested at the point of admission. Testing is repeated at day 5, if they remain an inpatient. (ongoing)	

Risk specific consequences	Key Controls	Potential Sources of Assurance	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score				Gaps in Control	Gaps in Assurance	Actions Planned / Update
							2019/20		2020/21				
							Q4	Q1	Q2	Q3			
BAF 1: Transformation Schemes	Reducing hospital footfall and access	Implementation of digital solutions including virtual clinics and advice & guidance for outpatient	Activity numbers and positive patient experience										
		Use of tablets and smartphones for patients and wards to communicate with relatives	Patient experience and feedback										
		Implementation of Digital Interpretation services	Staff feedback/weekly reporting										
	Agile working (staff)	Managed through OCC	Digitally enabled solutions approved by Data Protection Officer and Senior Information Risk Owner								Weekly reporting by user/digital sign off of shift		New current state baseline and work to business as usual processes
	Implementation of IT systems	Monitored and developed by Information Management and Technology (IM&T) OCC											
BAF 2: Workforce	Increased sickness as a result of Covid-19 resulting in staffing pressures	Increased staffing during core hours to alleviate pressures - including current winter pressures measures in place.	Daily medical and nursing workforce huddles to identify gaps. HR and OD teams have moved to 7 day working to support service delivery and incident management.								NHS Staff pressures- already a low workforce, increased pressures from infections and sickness.	National guidance sometimes slow as changing to reflect emerging evidence	Mutual aid arrangements across L&SC Trusts being developed through HRD Forum. Participation in LRF as part of recovery phase.
		Significant recruitment underway to increase band 5 nurse capacity across the Trust, fast track interviews and employment underway.	Establishment of a Resourcing Hub to enable timely responses to staffing needs and enable redeployment of staff across the organisation.										
			Occupational Health team supporting staff with testing and appropriate isolation advice.										
BAF 3: Partnership	Increased risk to BAME staff from Covid-19	BAME staff included in the vulnerable category as defined by National Institute for Health Protection and risk assessments undertaken.	As of 30/07/2020 98% of BAME staff have had risk assessments completed and relevant mitigation identified/implemented.										Continued communication and continuation of risk assessments for remaining staff. Remaining staff are junior Doctors who are changing over. A plan is in place to complete their risk assessments during their induction to the Trust. (August 2020) Plan to quality assure the quality of the risk assessments and systems to maintain ongoing reviews as circumstances change (ongoing) Regular engagement with BAME network (ongoing) Implementation of BAME FTSU Champions (August)
		Faster testing for COVID-19 put in place with 8 hour waits now compared to 24 hours. Working in partnership with Preston. (BAF3)	Regular communication with NHS England, NHS subsidiaries, Commissioners and Senior/Exec Management between teams. (BAF3/5)										
		ICC links closely with Out of Hospital ICC to support Pennine Lancashire system response	Twice weekly teleconferences and associated notes										
		ICC links with ICS In-Hospital Cell and then to Regional ICC to ensure appropriate information cascade	Thrice weekly teleconferences and associated notes										
	Implementation of the phase three planning guidance												Working collaboratively at Trust, ICS and ICP level following receipt of the Phase Three planning guidance

Risk specific consequences	Key Controls	Potential Sources of Assurance	Initial Risk Score	Risk Tolerance Score	Current Risk Score	Likelihood x Consequence	Annual Risk Score				Gaps in Control	Gaps in Assurance	Actions Planned / Update
							2019/20		2020/21				
							Q4	Q1	Q2	Q3			
BAF 4: Finances	Increased Risk of Fraud	Finance, Procurement and I,M&T OCCs in place Additional fraud risk considered and reported through to ICC Any changes to SOPs agreed through OCC All SOPs consider risk and have review date Attendance at all regional and national response to Covid calls Decision log kept at OCC level Decision log kept at ICC level	Regular updates from Counter fraud reviewed by Finance OCC, Processes for all potential instances of fraud reported through OCC									Independent review of OCC decisions	Internal audit to support review of ICC/OCC decision logs and risks
	Income and cashflow reduced due to cancellation of activity	As above	Payment By Results (PBR) suspended/National block contract in place/National top up payments Double cash payment in April to avoid cash shortages										
	Covid costs not captured/reimbursed	As above	Dedicated accountant to report on all costs liaising with divisions New e-rostering guidance set up to identify additional Covid shifts Additional posts agreed through OCC/ICC - Finance rep on each of these calls Non pay and income pressures assess through OCC/ICC Capital costs agreed through ICC							Some costs may be missed			Retrospective review of all costs via OCCs to finalise
	Financial plans and efficiency schemes	As above	2020-21 Financial plans - draft plan to be used as plans not signed off Waste Reduction Programme (WRP) to be used in draft form							Financial plan only at draft stage - not signed off due to postponement of planning Formal development not possible for at least Q1	No central guidance on 20-21 financing and reporting Formal monitoring not possible until financial envelope for 20-21 determined	Awaiting guidance from the centre in length of block contract/PBR/cashflow/capital and reporting regime Monthly monitoring against daft plan Month 6 post budget review to be undertaken to Review current position with Improvement team to maximise benefits of developments that have taken place	
	Staffing for business critical posts	As above	Staff dispersed to work from home or other sites to support social distancing Single points of failure determined and cross working in place to mitigate this IT problems addressed through shift working										
	Reputational risk in respect of accounts 'except for' qualification relating to auditors not attending site for stocktake during pandemic	As above	External audit assurance that no implied criticism of Trust governance, processes or finance NHSE/I guidance indicating 37 Trusts affected/purely technical										Assurance to be sought in terms of CQC Well-led reviews recognising technical qualification only
	Delay to capital approval for Covid secure environment	As above	ICP prioritised bids/ICS bid collaboration Urgent requirements bid for Trust completed/risk assessments							No central guidance or dates for approval	Lack of control over central decision on funding	Continued discussions with ICS Pre-work on all plans being completed to get ready to expedite once approval and amounts agreed	
BAF 5: Constitutional Standards	New government guidelines in respect of targets and activity	Impact reviewed and monitored through ICC/OCC	Integrated Performance Report and ICC										
	Restoration period	Plans signed off by OCC/ICC Plans monitored externally Regular reporting to Trust Board	Activity monitoring Incident reporting										
										Increase in Covid patients Increase in Non-Covid patients (higher acuity) Effects of patient choice	Capacity to manage increase in Covid	Daily review by ICC/OCC and flow team Plans to escalate developed and being reviewed continually	

TRUST BOARD REPORT

Item 61

9 September 2020

Purpose Information
Action
Monitoring

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

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

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

Report linkages

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

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

Board of Directors, Update

Corporate Report

Executive Overview Summary

Positive News

- There were no confirmed post 2 day MRSA bacteraemia in July.
- There were no never events reported in July.
- The SHMI has remained as expected at 1.07.
- Delayed discharges remains low at 1.6% which is below threshold.
- Significant improvement in the vacancy rate which remains below threshold at 4.5%.
- Trust turnover rate continues to be below previous levels.
- At month 4 the Trust's actual position (net of Covid costs) is a deficit of £12.7 million, with an assumed top up equal to that amount to enable us to report a breakeven position

Areas of Challenge

- There were 7 healthcare associated clostridium difficile infections detected during July ('Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)').
- There were 11 steis reportable incidents in July and 1 medication error causing serious harm..
- Friends & family scores for maternity & community have deteriorated in the last 3 months.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in July at 93.4%, however continues to show significant improvement.
- There were 12 breaches of the 12 hour trolley wait standard in July due to mental health delays, however numbers are significantly lower than previous levels.
- There were 103 ambulance handovers > 30 minutes and 3 > 60 minutes in July. The trend is showing significant improvement.
- RTT over 40wks has increased to 1521 and there were 355 breaches of the 52 weeks standard due to COVID-19.
- The cancer 62 day standard was not met in June at 78.5%.
- The cancer 31 day standard was not met in June at 93.2%
- There were 8 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 24.8% in July. Many of the breaches were due to COVID-19
- There were 2 breaches of the 28 day standard for operations cancelled on the day

- Sickness rates are above threshold at 4.7% in July.
- Compliance against the Appraisal (AFC staff) remains below threshold and has deteriorated.
- Compliance against the Information Governance Toolkit has reduced to 86%, below the 95% target.
- Temporary costs as % of total pay bill remains above threshold at 8%.

No Change




- VTE risk assessment performance has deteriorated, however remains above threshold.
- All areas of core skills training are above threshold, with the exception of information governance and basic life support, however refresher training requirements are currently suspended.
- The emergency readmission rate is showing no change
- The complaints rate remains below threshold.
- The Referral to Treatment (RTT) number of total ongoing pathways has remained below threshold at 24,036.
- There were 38 operations cancelled on the day. This is within normal variation.
- A&E friends & family scores are showing in improvement but remain below threshold.
- Length of stay is showing no change.

Introduction




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

Key to Scorecard Symbols



























Variation

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

Assurance

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

Safe					
	Indicator	Target	Actual	Variation	Assurance
M64	CDIFF - HOHA	not set for 2020	1		No target set to provide assurance against
M64.3	CDIFF - COHA	not set for 2020	6		
M64.4	Cdiff Cumulative from April (HOHA& COHA)	not set for 2020	25		
M65	MRSA	not set for 2020	0		
M124	E-Coli (post 2 days)	not set for 2020	3		
M155	P. aeruginosa bacteraemia (total post 2 days)	not set for 2020	1		
M157	Klebsiella species bacteraemia (total post 2 days)	not set for 2020	1		
M66	Never Event Incidence	0	0		
M67	Medication errors causing serious harm (Steis reported date)	0	1		
M68	Maternal deaths	0	0		
M64.2	C Diff per 100,000 Occupied Bed Days (HOHA)	No Threshold Set	4.7		
M69	Serious Incidents (Steis)	No Threshold Set	11		
M70	CAS Alerts - non compliance	0	0		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	96%		

Caring					
	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	Data not currently being collected due to COVID 19		
C31	NHS England Inpatients response rate from Friends and Family Test	No Threshold Set			
C40	Maternity Friends and Family - % who would recommend	90%	90%		
C42	A&E Friends and Family - % who would recommend	90%	86%		
C32	NHS England A&E response rate from Friends and Family Test	No Threshold Set	8%		
C44	Community Friends and Family - % who would recommend	90%	85%		
C15	Complaints – rate per 1000 contacts	0.40	0.14		
M52	Mixed Sex Breaches	0			
Effective					
	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.07		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Mar-20)	Within Expected Levels	102.8		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Mar-20)	Within Expected Levels	100.9		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Mar-20)	Within Expected Levels	108.6		
M73	Deaths in Low Risk Conditions (as at Mar-20)	Within Expected Levels	74.9		
M159	Stillbirths	<5	0		
M160	Stillbirths - Improvements in care that impacted on the outcome	No Threshold Set			
M89	CQUIN schemes at risk	CQUIN Suspended for 2020/21			

Responsive					
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	93.0%		
C2H	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	93.4%		
M62	12 hour trolley waits in A&E	0	12		
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	103		
M84	Handovers > 60 mins (Arrival to handover)	0	3		
C1	RTT admitted: percentage within 18 weeks	No Threshold Set	43.7%		
C3	RTT non- admitted pathways: percentage within 18 weeks	No Threshold Set	75.9%		
C4.1	RTT waiting times Incomplete pathways Total	<31,500	24,036		
C4.2	RTT waiting times Incomplete pathways -over 40 wks	No Threshold Set	1521		
C37.1	RTT 52 Weeks (Ongoing)	0	355		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	24.8%		
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	78.5%		
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	33.3%		
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	93.2%		
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	100.0%		
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	70.7%		
C36	Cancer 62 Day Consultant Upgrade	85.0%	71.1%		
C25.1	Cancer - Patients treated > day 104	0	8.0		
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	2		
M138	No.Cancelled operations on day	No Threshold Set	38		
M55	Proportion of delayed discharges attributable to the NHS	3.5%	1.6%		
C16	Emergency re-admissions within 30 days	No Threshold Set	13.2%		
M90	Average LOS elective (excl daycase)	No Threshold Set	2.6		
M91	Average LOS non-elective	No Threshold Set	4.5		

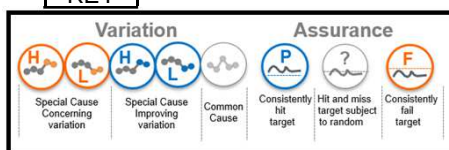
Well Led					
	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	7.0%		
M78	Trust level total sickness rate Reported as at July	4.5%	4.7%		
M79	Total Trust vacancy rate	5.0%	4.5%		
M80.3	Appraisal (AFC)	90.0%	61.0%		
M80.35	Appraisal (Consultant) Reported up to February - now suspended	90.0%	97.0%		
M80.4	Appraisal (Other Medical) Reported up to February - now suspended	90.0%	99.0%		
M80.2	Safeguarding Children	90.0%	92.0%		
M80.21	Information Governance Toolkit Compliance	95.0%	86.0%		
F8	Temporary costs as % of total paybill	4%	8.0%		
F9	Overtime as % of total paybill	0%	0%		
F1	Adjusted financial performance surplus / (deficit) (£M)	0.0	0.0		
F2	SRCP Achieved % (green schemes only)				
F3	Liquidity days				
F4	Capital spend v plan	85.0%	114.0%		
F16	Finance & Use of Resources (UoR) metric - overall				
F18	Finance and UoR metric - capital service capacity				
F17	Finance and UoR metric - liquidity				
F19	Finance and UoR metric - I&E margin				
F20	Finance and UoR metric - distance from financial plan				
F21	Finance and UoR metric - agency spend				
F12	BPPC Non NHS No of Invoices	95.0%	97.6%		
F13	BPPC Non NHS Value of Invoices	95.0%	98.7%		
F14	BPPC NHS No of Invoices	95.0%	95.6%		
F15	BPPC NHS Value of Invoices	95.0%	98.4%		

NB: Finance Metrics are reported year to date.

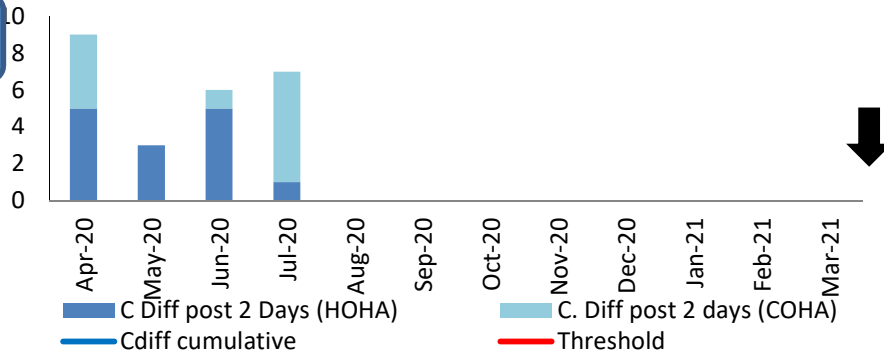
KEY

SPC Control Limits

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



C Difficile

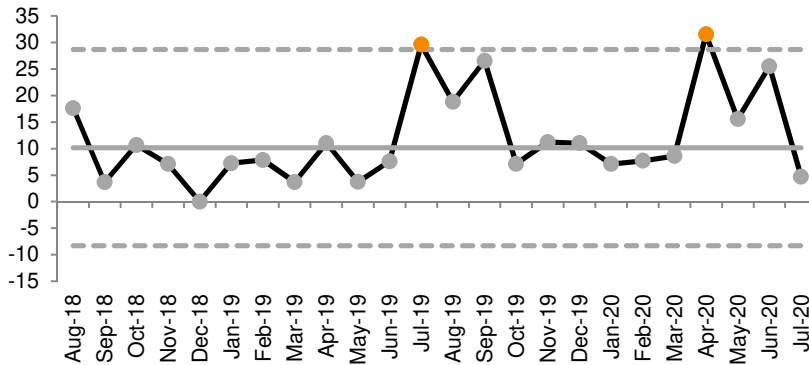


There were no post 2 day MRSA infections reported in July. So far this year there has been no cases attributed to the Trust.

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

The 2020/21 objective has not yet been set.

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

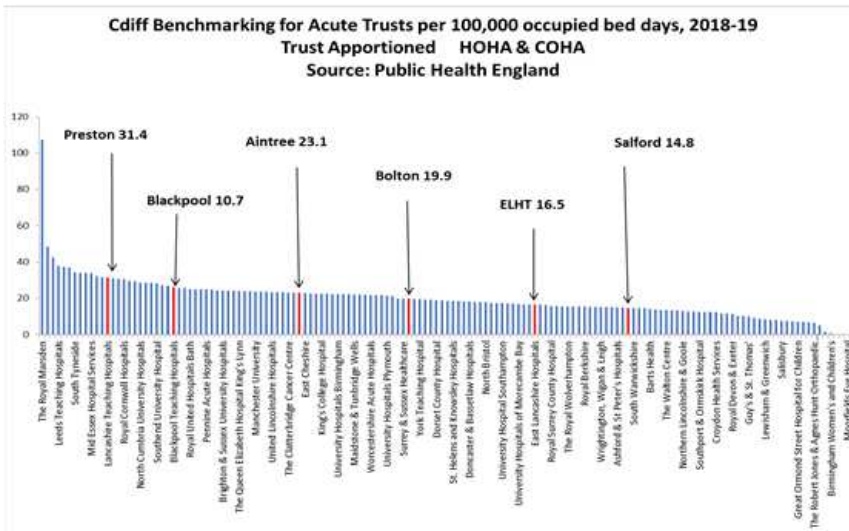


There were 7 healthcare associated Clostridium difficile toxin positive isolates identified in the laboratory in July, post 2 days of admission, 1 of which was 'Hospital onset healthcare associated (HOHA)' and 6 were 'Community onset healthcare associated (COHA)'.

The year to date cumulative figure is 25. The detailed infection control report will be reviewed through the Quality Committee.

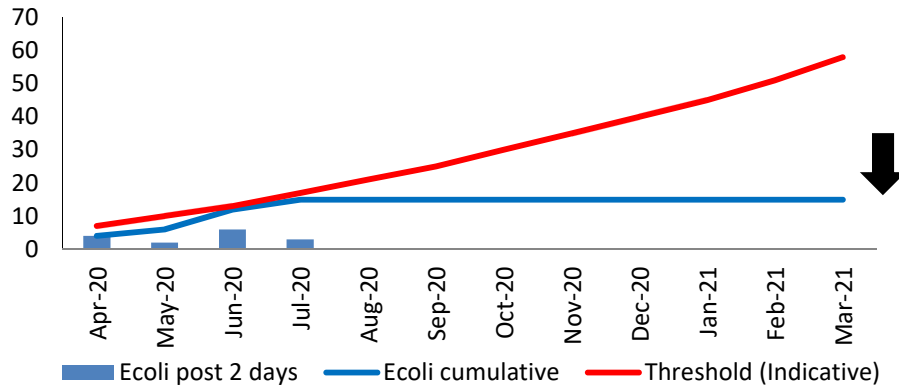
The rate of HOHA infection per 100,000 bed days has shown a return to normal levels following a significant increase in April.

C Difficile benchmarking



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.

E. Coli



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

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

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

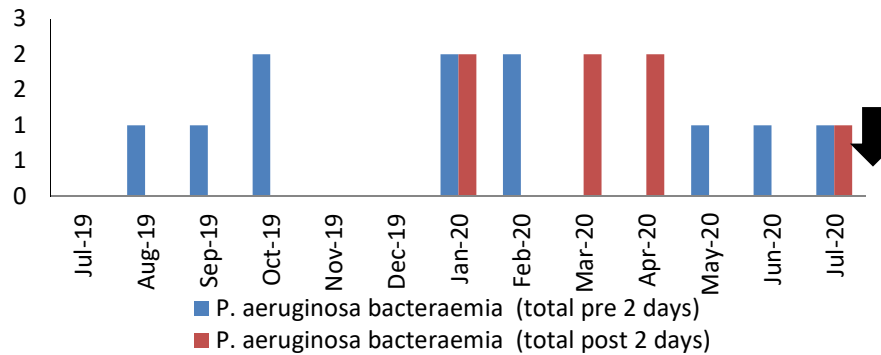
There were 3 E.coli bacteraemia detected in July, which is above the indicative monthly threshold.

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

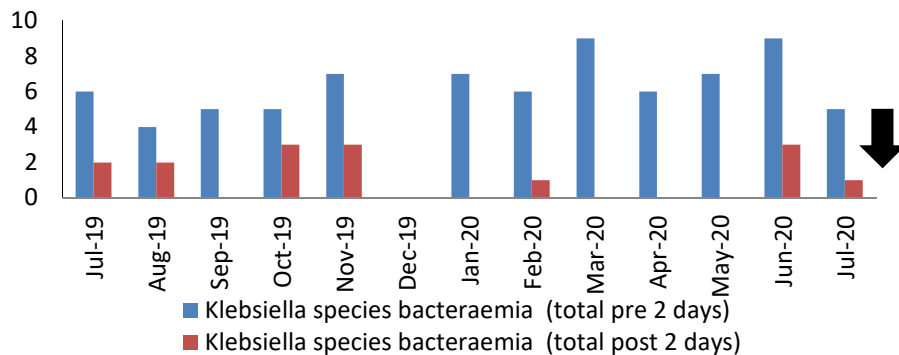
Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

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

P.aeruginosa



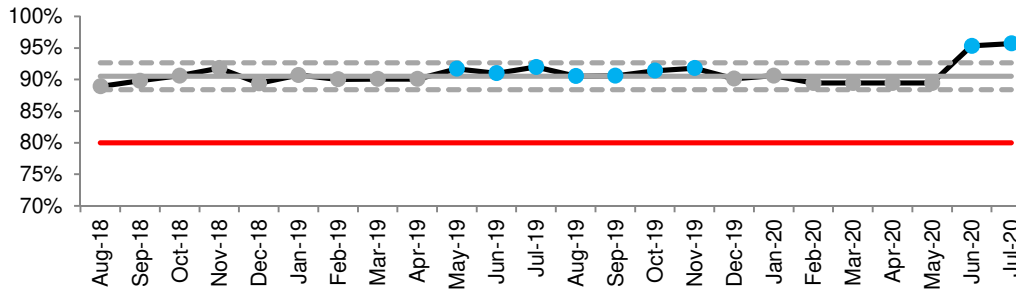
Klebsiella



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

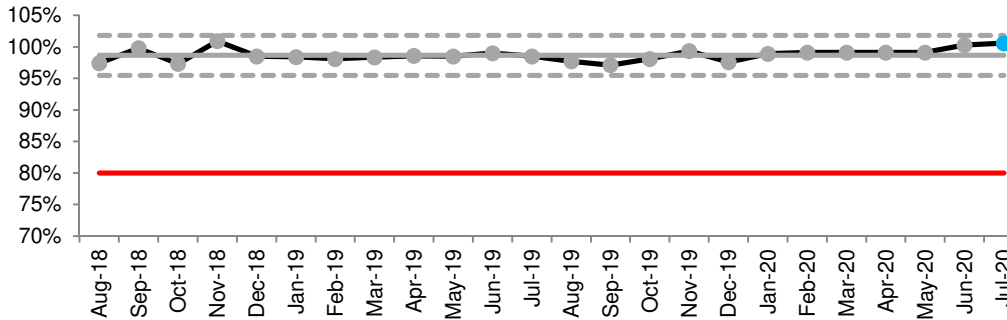
SAFE

Registered Nurses/
Midwives - Day



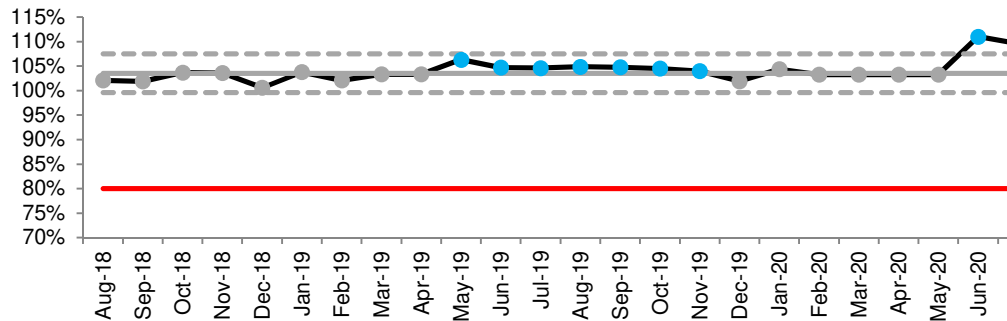
The average fill rate for registered nurses/ midwives during the day is showing a significant increase in July and based on current variation will consistently be above threshold.

Registered Nurses/
Midwives - Night



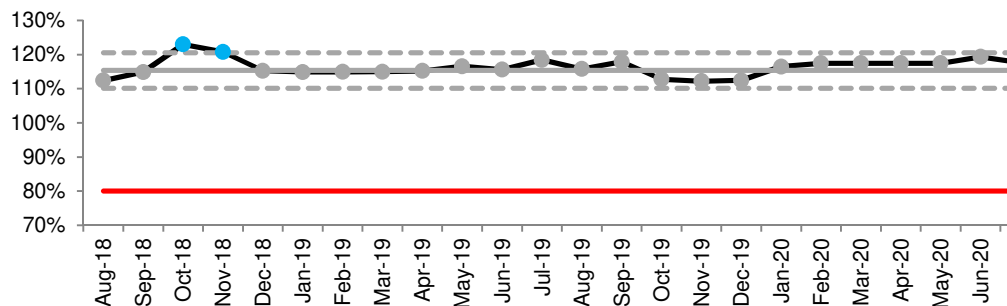
The average fill rate for registered nurses/ midwives at night is showing a significant increase in July and based on current variation will consistently be above threshold.

Care Staff - Day



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

Care Staff - Night



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

Staffing in July 2020 showed some improvement on months earlier in the year. This will be in part due to:

- some wards being intermittently paused due to COVID and those staff being redeployed elsewhere
- Lesser bed occupancy
- Support of student nurse workforce throughout Covid(students now returning to education)

It is anticipated that there may be a deterioration again in the actual against planned as wards are un-paused and escalation plans are implemented for winter. The recruitment strategy is about to be relaunched, we are interviewing another 50 Global Learners, notwithstanding the current travel restrictions we are hopeful that the global learners who were due to travel will soon be able to do so if we are able to provide accommodation for them in order to quarantine for 14 days.

Safe care (acuity data) is utilised when considering safe staffing and the redeployment of staff and safe staffing is monitored throughout the day.

One ward fell below the 80% for registered nurses on day shift; this was B22, fracture neck of femur ward (currently on ward B8). The ward is currently supporting the COVID positive ward from a staffing perspective; however the less than 80% was due to lack of a coordinator which is in addition to safe staffing

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 a consequence of nurse or midwifery staffing

Average Fill Rate

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night		Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Day		Night	
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
Jul-20	95.7%	109.6%	100.6%	117.6%	21,210	11.4	1	1	0	0

Monthly TREND

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night				Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Sum of Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Jan-20	90.60%	104.40%	98.90%	116.50%	28172	8.7	5	0	0	0
Feb-20	89.50%	103.30%	99.10%	117.50%	25956	8.81	4	1	0	1
Mar - May submission Suspended due to Coronavirus										
Jun-20	95.30%	111.00%	100.30%	119.30%	19574	11.9	1	1	0	0
Jul-20	95.70%	109.60%	100.60%	117.60%	21210	11.4	1	1	0	0

Red Flag Incidents

There were 4 red flag incidents reported in DATIX. One is related to maternity services and will be discussed under the family care section. Of the remaining 3 incidents, 2 are discounted as one relates to an outpatient service and one relates to the failure of a nurse to attend a nursing home, both incidents will be investigated by the divisions.

The remaining red flag is for:

B20 - the COVID positive ward and relates to less than 2 registered nurses on a ward during a shift. One registered nurse and 2 HCA's were on the shift all day on the 20/07/20. The contingency was for the intensive care nurses to support if required as at this time the ward was split between intensive care and COVID positive patients. At the commencement of the shift the ward only had 4 patients with a further 2 admissions. The ICU nurses checked medications and offered help where required. No harm was identified as a consequence.

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. Going forward more work is required within Safe Care to utilise the function of raising red flags.

C11 – Staff reported high acuity on the ward which caused some delays with administering medication and recording vital signs. No patient or staff harms reported

C11 - Staff reported high acuity on the ward which caused some delays with the administration of medicines, including pain relief, intentional rounding and recording vital signs, nursing risk assessments were not updated timely and staff missed breaks. No patient or staff harms reported

OPU - staff reported high acuity on the unit which caused some delays with intentional rounding and recording of vital signs. Staff missed breaks. No patient or staff harms reported.

Family Care July 2020

Maternity

No staffing concerns to report for the month of July. Staffing levels are reviewed throughout the day at the safety huddles on the Central Birth Suite and staff rotated to the areas of high acuity where needed.

There has been some difficulty this month collating the monthly Midwife to Birth Ratio due to ongoing organisational pressure but this will be rectified for next month

Red flags

On reviewing DATIX, 5 incidents were reported red flags events in Family Care Division

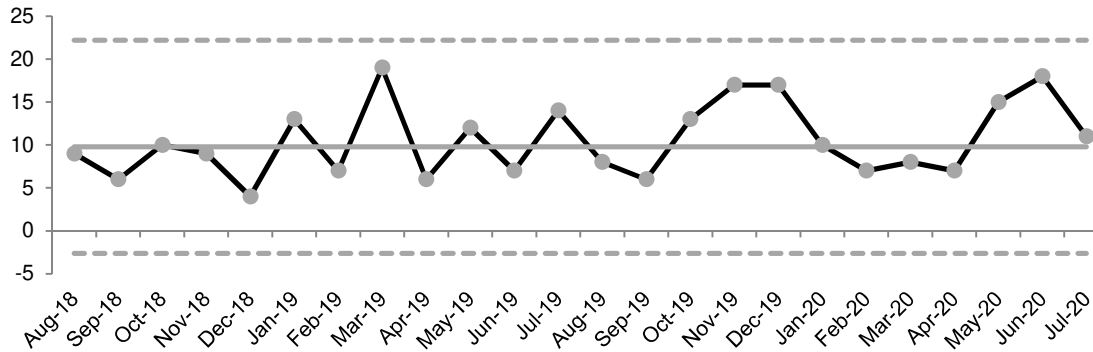
Of the 5 incidents reported, 4 have been excluded as they were not red flags events when analysed further. 2 of the 5 related to outpatient services and 2 of the 5 were not related to staffing

The remaining incident occurred within Maternity Services and was reported under the category and sub-category – maternity/obstetrics, delayed recognition and action on abnormal vital signs – No harm, impact prevented. A rapid review was commissioned and completed and the learning and actions are being progressed in Division

There are no exceptions to report for NICU, paediatrics and gynaecology

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

Serious Incidents



There were no never events reported in July.

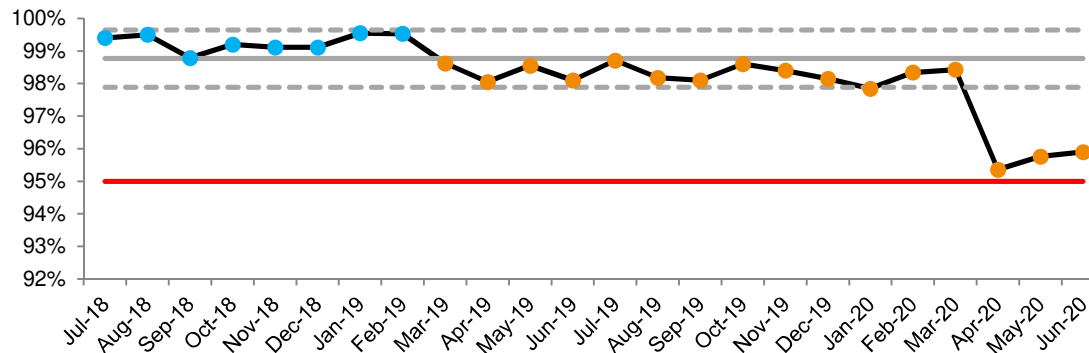
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in July was 11 incidents.

The trend is not showing any significant change.

StEIS Category	No. Incidents
Pressurer Ulcer	8
Diagnostic	1
Slips, trips & falls	1
Abuse/Alleged Abuse of Child by Third Party	1

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

VTE assessment



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

Pressure
Ulcers

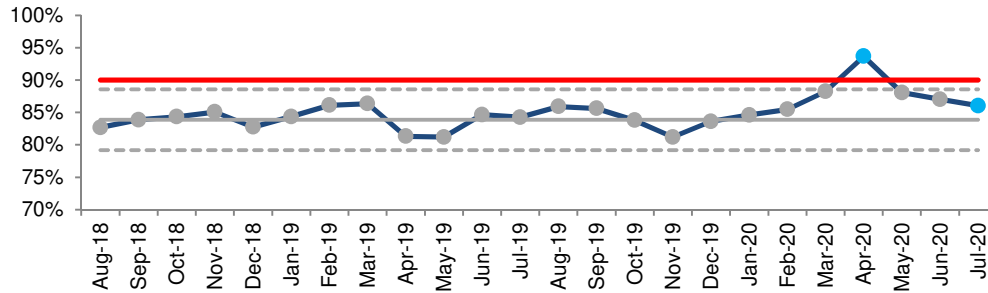
For July we are reporting the current unvalidated 'avoidable' pressure ulcer position, pending investigation, as follows:

Cat 2 - Developed / Deteriorated during care of ELHT	4
Cat 2 - Device related - developed/ deteriorated during ELHT care	1
Cat 3 - Developed / deteriorated during care of ELHT	0
Cat 3 - Device related - developed / deteriorated during care of ELHT	0
Cat 4 - Developed / deteriorated during the care of ELHT	0
Cat 4 - Device related - developed / deteriorated during the care of ELHT	0
Deep tissue injury - Device related - developed / deteriorated during the care of ELHT	1
Deep tissue injury - developed / deteriorated during the care of ELHT	4
Unstageable - developed / deteriorated under the care of ELHT	4
Unstageable - device related - developed / deteriorated under the care of ELHT	0
TOTAL	14

CARING

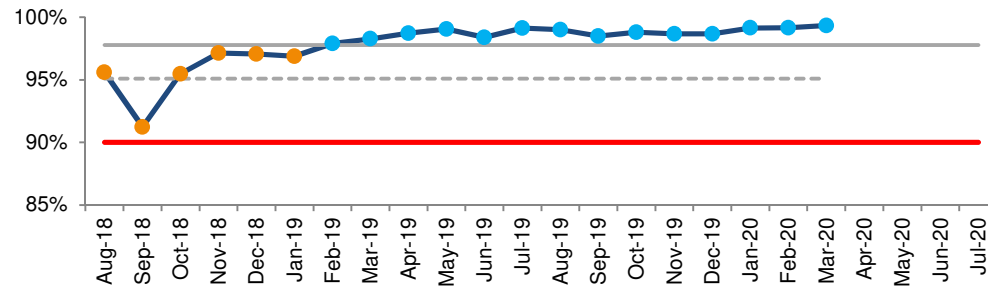
These metrics reflect national measurement methodology, which measures the proportion of patients that would recommend the Trust to friends and family. The threshold has been set at 90% since April 2018.

Friends & Family A&E



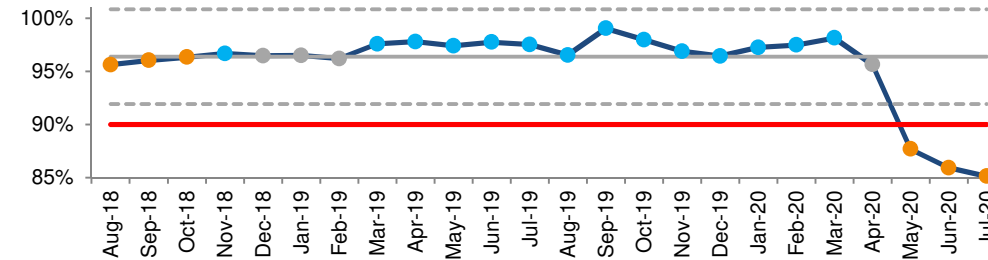
A&E scores are showing significant improvement in July, however based on current variation this indicator is not capable of hitting the target routinely.

Friends & Family Inpatient



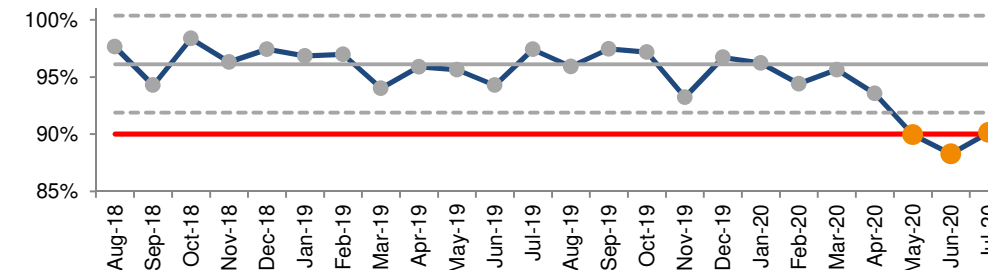
Inpatient friends and family not currently collected due to COVID-19

Friends & Family Community



Community scores show significant reductions in the last three months, which is significantly lower than usual variation. Based on normal variation this indicator would consistently hit the target.

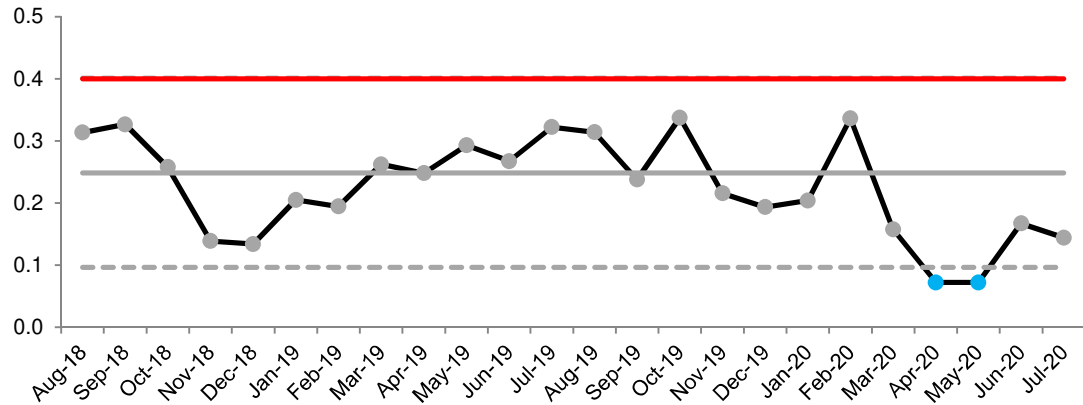
Friends & Family Maternity



Maternity scores are showing significant reductions in the last three months, which is significantly lower than usual variation.

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

Complaints per 1000 contacts



Patient Experience

April 2020 Totals (May - July not currently available)	Dignity	Information	Involvement	Quality	Overall
	Average Score	Average Score	Average Score	Average Score	Average Score
Community and Intermediate Care Services				100	100
Diagnostic and Clinical Support	100	88	100	81	90
Family Care	100	100	89	97	97
Medicine and Emergency Care	89	88	88	88	88
Surgery	98	96	100	95	97
Trust	94	92	89	91	92

The Trust opened 14 new formal complaints in July.

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

For July the number of complaints received was 0.14 Per 1,000 patient contacts.

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

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

The new system is currently being configured and the reports are not yet available, therefore no July 2020 data is currently available.

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

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

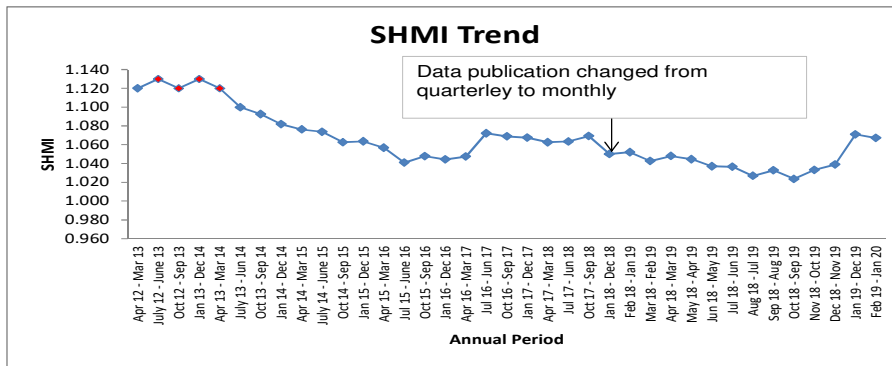
The overall Trust performance from the range of patient experience surveys is above the threshold of 90% for 3 of the 4 competencies, just falling below on the involvement competency.

Due to the COVID-19 pandemic the collection of feedback via paper surveys has been put on hold following advice from NHS England and NHS Improvement.

SHMI
Published
Trend

Dr Foster HSMR
rolling 12 month

Dr. Foster HSMR
monthly Trend



The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period February 19 to January 20 has remained within expected levels at 1.07, as published in June 20.

The latest indicative 12 month rolling HSMR (March 19 – February 20) has deteriorated slightly from last month, however is still 'as expected' at 102.8 against the monthly rebased risk model.

	HSMR Rebased on latest month April 19 – March 20 (Risk model Dec 19)
TOTAL	102.8 (CI 97.9 – 107.9)
Weekday	100.9 (CI 95.3 – 106.7)
Weekend	108.6 (CI 98.6 – 119.3)
Deaths in Low Risk Diagnosis Groups	74.9 (CI 42.8 – 121.7)

There are currently two HSMR diagnostic groups with significantly high relative risk scores; Acute Myocardial Infarction and Pneumonia. These are being investigated through the mortality steering group and each have a nominated clinical lead and associated action plan. The same groups are currently also alerting on the nationally monitored SHMI groups.

Four learning disability deaths were reviewed through the Learning Disability Mortality Review Panel in June. All cases reviewed so far have been reported to the LeDeR National Programme.



There is currently a backlog of 26 cases requiring review. The LDMR Panel have agreed a plan to manage the backlog of reviews and the input of new reviews, by increasing the frequency of meeting from monthly to weekly.

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

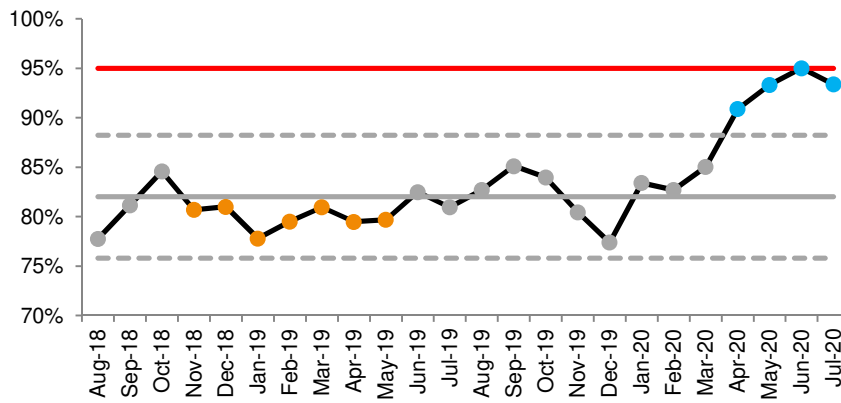
Stage 1	Month of Death																		TOTAL
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
Deaths requiring SJR (Stage 1)	46	212	249	28	22	30	28	19	13	16	25	23	21	17	13	9	14	9	794
Allocated for review	46	212	249	28	22	30	28	19	13	16	25	23	21	17	13	9	14	9	794
SJR Complete	46	212	249	28	22	29	26	18	13	16	25	22	20	16	5	5	9	0	761
1 - Very Poor Care	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
2 - Poor Care	8	19	21	1	5	5	2	4	2	2	4	3	3	0	1	0	1	0	81
3 - Adequate Care	14	68	70	8	5	9	7	6	3	4	6	7	2	1	0	1	2	0	213
4 - Good Care	20	106	133	17	9	12	13	7	6	10	10	10	11	13	3	3	4	0	387
5 - Excellent Care	3	18	25	2	3	3	4	1	2	0	5	2	4	2	1	1	2	0	78
Stage 2																			
Deaths requiring SJR (Stage 2)	9	20	21	1	5	5	2	4	2	2	4	3	3	0	1	0	1	0	83
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	10
Allocated for review	6	18	20	1	5	5	1	3	2	1	3	3	3	0	1	0	1	0	73
SJR-2 Complete	6	18	20	1	5	5	1	3	2	1	3	3	2	0	1	0	1	0	72
1 - Very Poor Care	1	1	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	5
2 - Poor Care	3	6	6	1	3	2	0	0	1	0	2	1	1	0	0	0	0	0	26
3 - Adequate Care	2	10	13	0	2	3	1	2	0	1	0	2	1	0	1	0	1	0	39
4 - Good Care	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Total
stage 1 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stage 1 requiring completion	0	0	0	0	0	1	2	1	0	0	0	1	1	1	8	4	5	9	33
Backlog	0	0	0	0	0	1	2	1	0	0	0	1	1	1	8	4	5	9	33
stage 2 requiring allocation	0	0	1	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	5
stage 2 requiring completion	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Backlog	0	0	1	0	0	0	1	1	0	1	1	0	1	0	0	0	0	0	6

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

RESPONSIVE

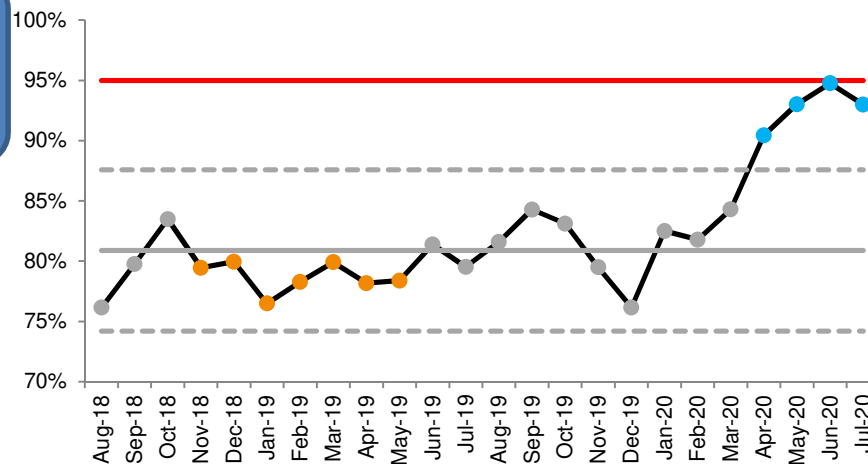
A&E 4 hour standard % performance - Pennine



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 93.4% in July, which is below threshold.

The trend is showing a significant improvement following a period of statistical deterioration, however based on current variation is not capable of hitting the target routinely.

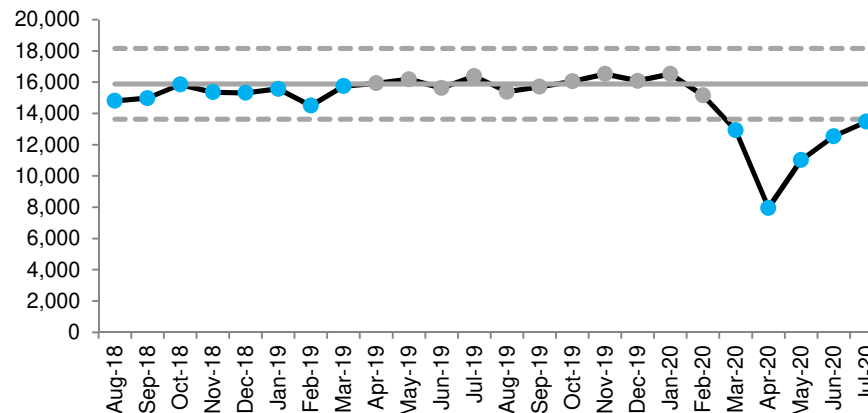
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 93.0% in July

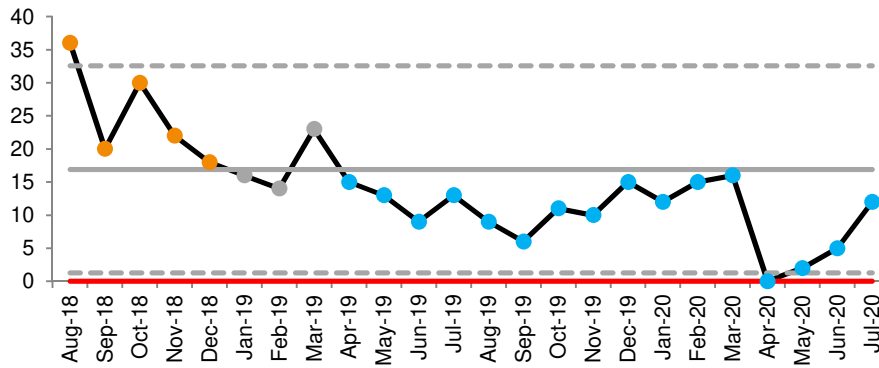
The national performance was 92.1% in July (All types) with 27 of the 114 reporting trusts with type 1 departments achieving the 95% standard. (Field testing sites excluded)

A&E Attendances - Trust

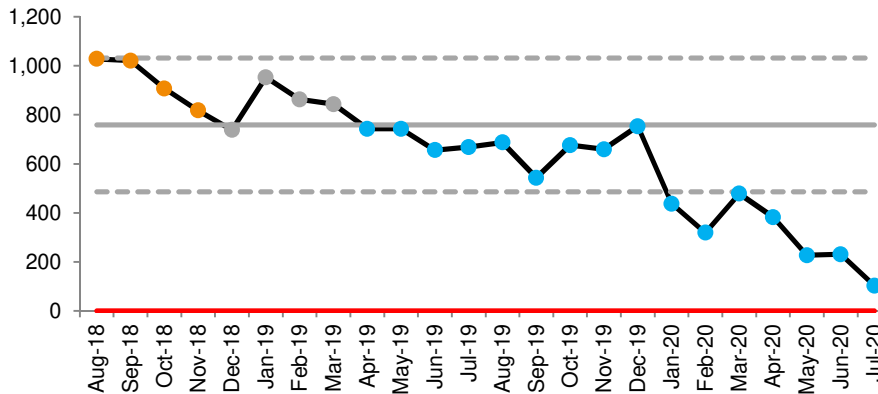


The number of attendances during July was 13,472, which has increased but remains significantly lower than normal and likely to be as a result of the COVID-19 response.

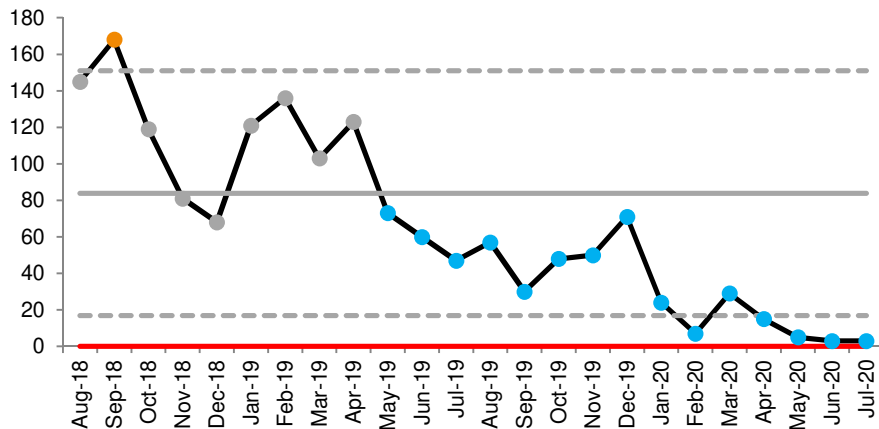
12 Hr Trolley Waits



Ambulance Handovers - >30Minutes



Ambulance Handovers - >60 Minutes



There were 12 reported breaches of the 12 hour trolley wait standard from decision to admit during July. These were mental health breaches. The trend is showing a significant reduction.

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

	Mental Health	Physical Health
No. 12 Hr Trolley Waits	12	0
Average Wait from Decision to Admit (Hrs)	21:13	
Longest Wait from Decision to Admit (Hrs)	41:21	

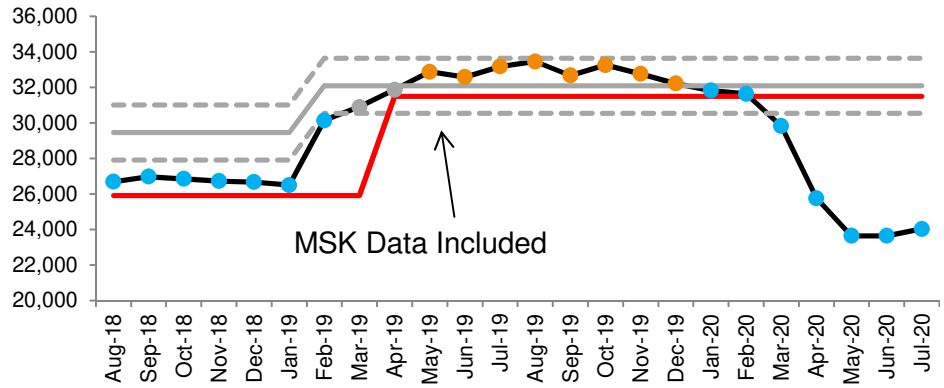
Following a review of NWAS data and reporting, the ambulance handover metrics have been amended and now show the arrival to handover time, having previously shown the notification to handover.

There were 103 ambulance handovers > 30 minutes in July. The trend is showing significant improvement.

There were 3 ambulance handovers > 60 minutes in July, which is also showing a significant improvement.

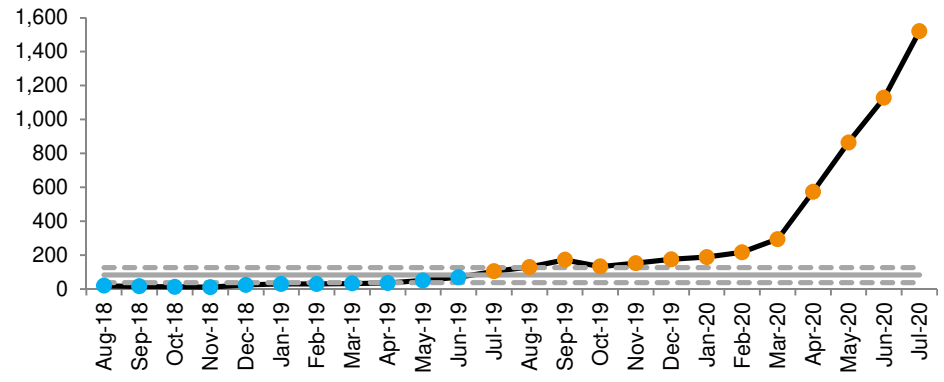
The average handover time was 18 minutes in July and the longest handover was 1hr 34 minutes.

RTT Total Ongoing



There were 24,036 ongoing RTT pathways at the end of July, which is slightly higher than last month.

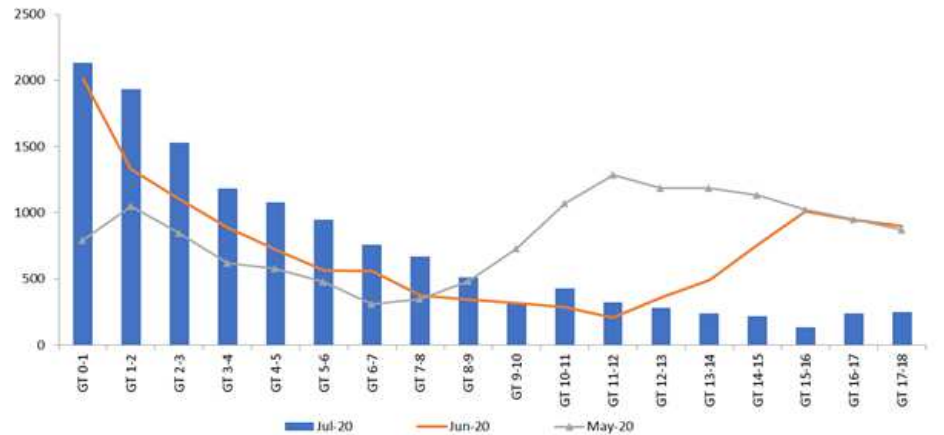
RTT Total Over 40 wks



The number of pathways over 40wks increased further in July with 1521 patients waiting over 40 wks at month end.

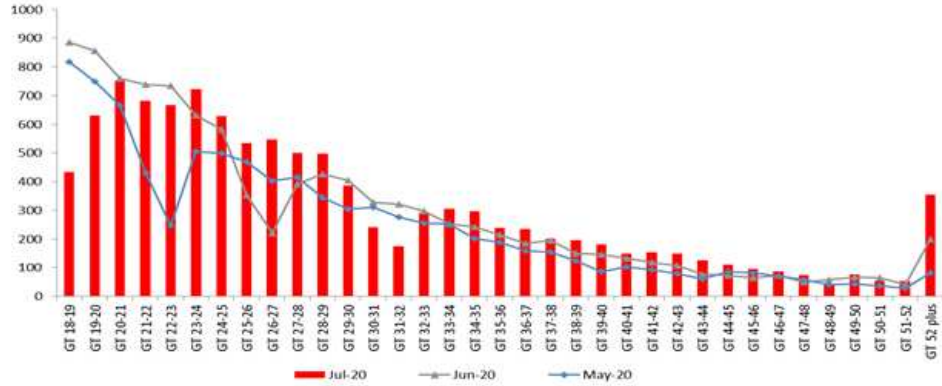
There were 355 patients waiting over 52 weeks at the end of July, due to the COVID-19 pandemic.

RTT Ongoing 0-18 Weeks

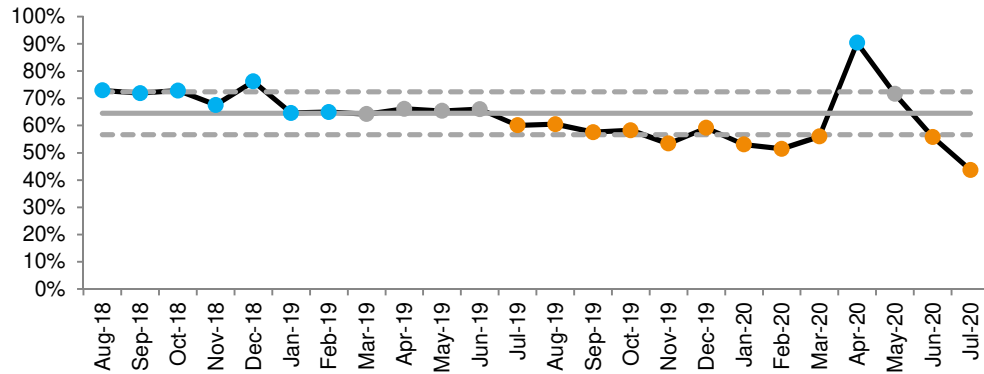


The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

RTT Over 18 weeks



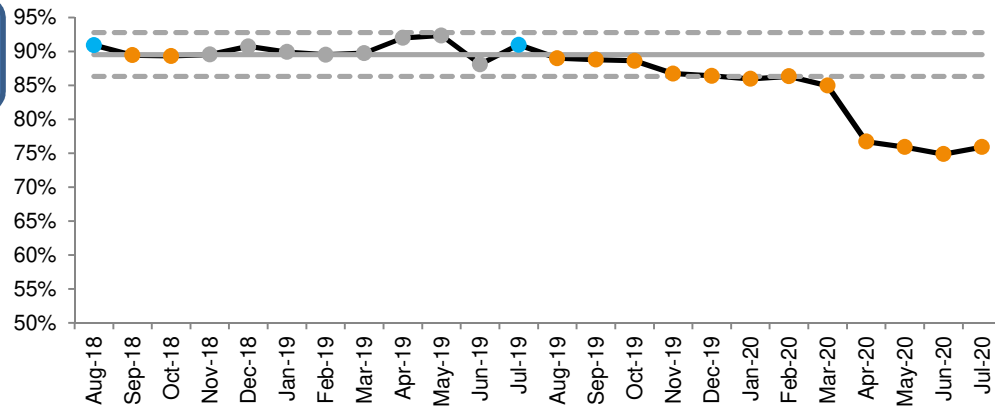
RTT Admitted



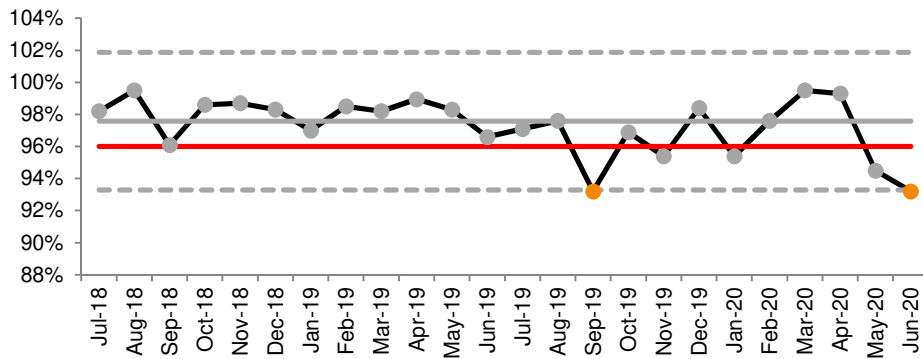
Although no longer a national target, the proportion of admitted and non-admitted patients, admitted within 18 weeks is included for information.

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

RTT Non-Admitted



Cancer 31 day

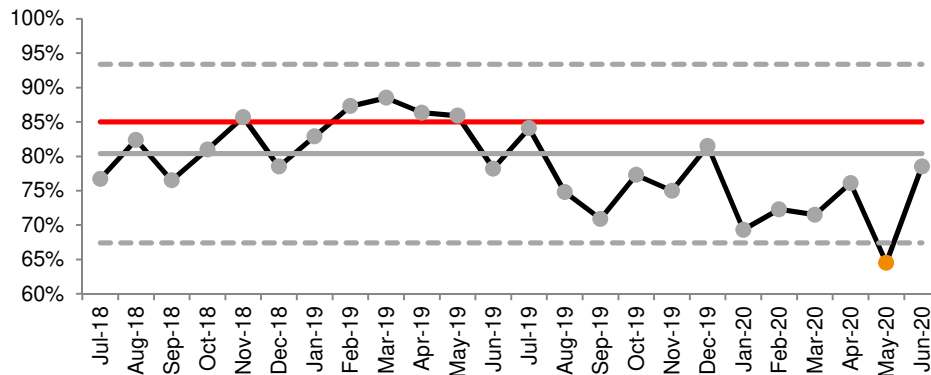


The 31 day standard was not achieved in June at 93.2%, below the 96% threshold.

The quarter 1 performance was not achieved at 95.7%

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

Cancer 62 Day

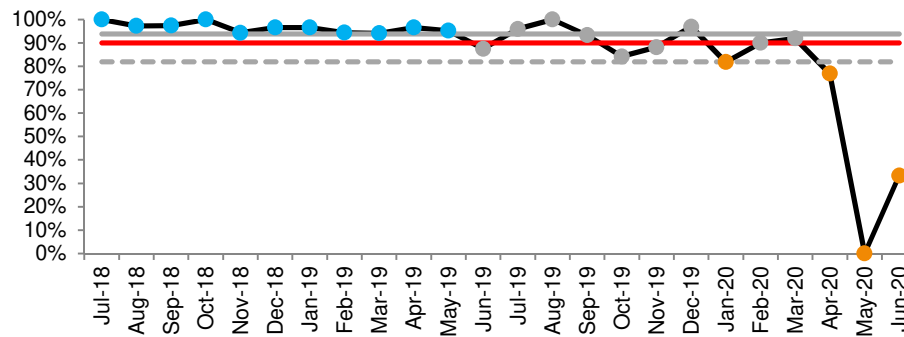


The 62 day cancer standard was not achieved in June at 78.5% below the 85% threshold.

The quarter 1 performance was not achieved at 73.4%

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

Cancer 62 Day Screening

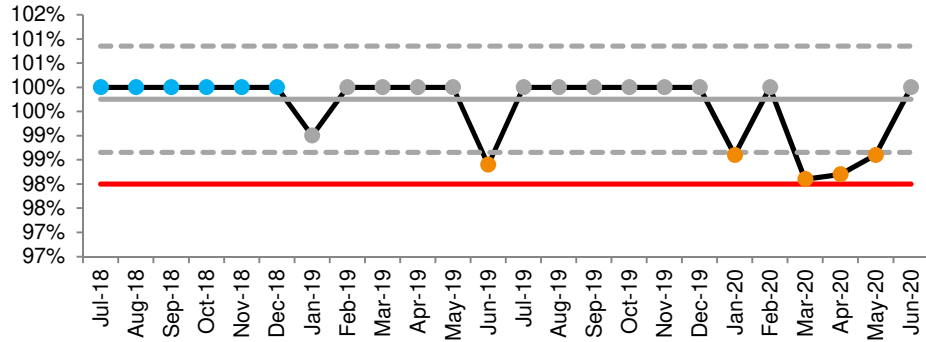


The 62 day screening standard was not achieved in June at 33.3%, below the 90% threshold. Two of the three treatments recorded had breached the standard.

The quarter 1 performance was not achieved at 54.5%

The trend is showing a significant deterioration this month.

Cancer - Subsequent treatment within 31 days (Drug)

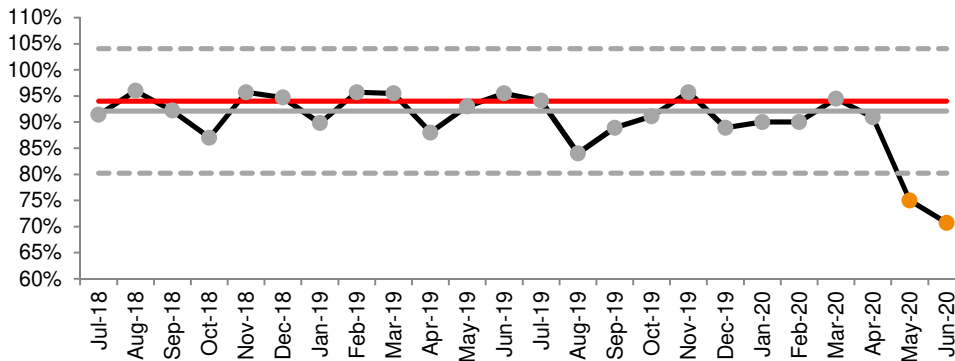


The subsequent treatment - drug standard was met in June at 100%, above the 98% threshold.

The quarter 1 performance was achieved at 99%

The trend is showing a return to normal levels and based on the current variation, the indicator should consistently achieve the standard.

Cancer - Subsequent treatment within 31 days (Surgery)

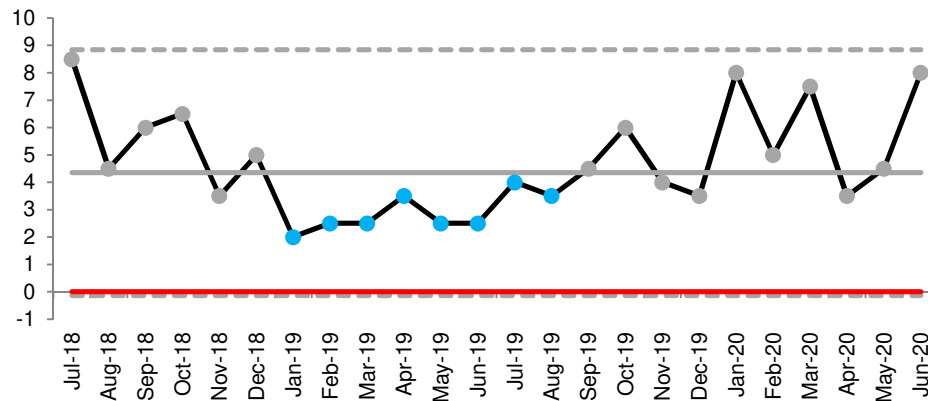


The subsequent treatment - surgery standard was not met in June at 70.7%, below the 94% standard.

The quarter 1 performance was not achieved at 78.1%

The trend shows significant deterioration and based on the current variation, the indicator is at risk of falling below threshold.

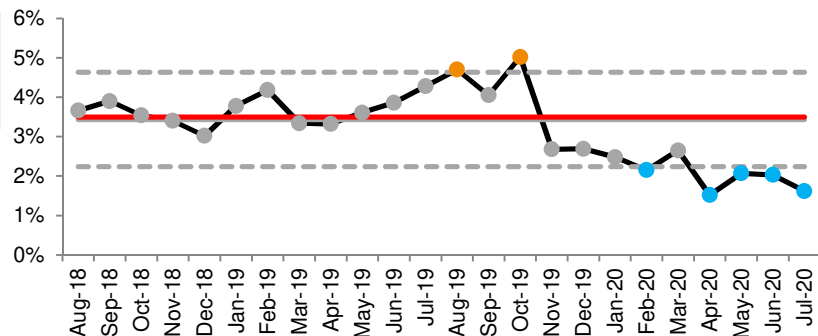
Cancer Patients Treated > Day 104



There were 8 breaches allocated to the Trust, treated after day 104 in June 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



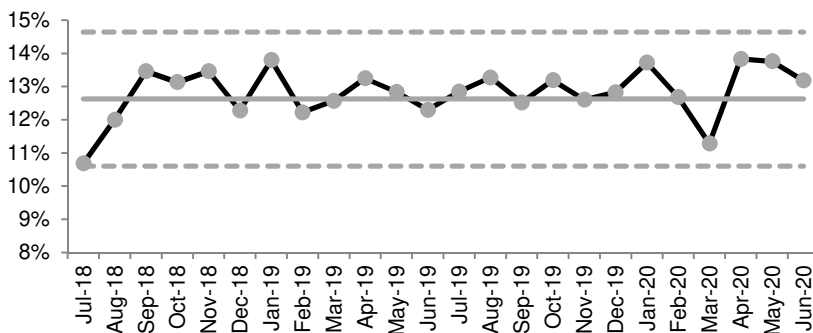
The proportion of delays reported against the delayed transfers of care standard was 1.6% for July, below the 3.5% threshold.

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

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

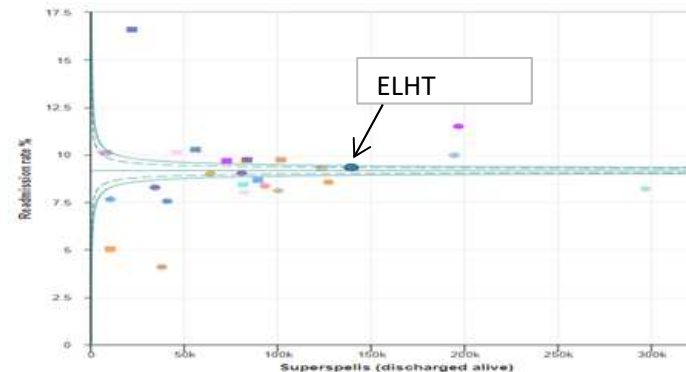
The emergency readmission rate trend is showing no significant change.

Emergency Readmissions



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

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

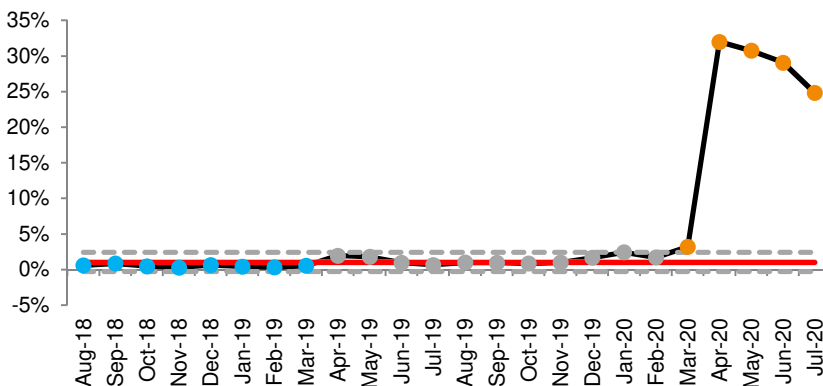


In July 24.8% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

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

Nationally, the performance is failing the 1% target at 47.8% in June (reported 1 month behind).

Diagnostic Waits



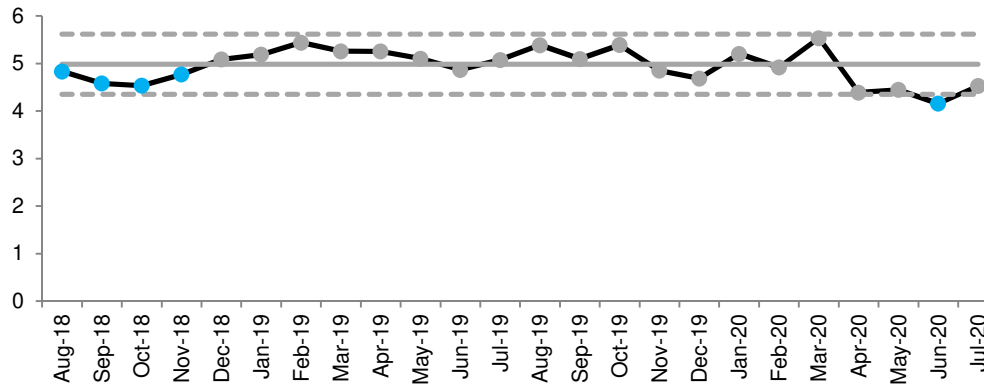
Average length of stay benchmarking

Dr Foster Benchmarking Apr 19 - March 20

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	60,377	60,377	0	4.2	4.2	-0.1
Emergency	56,629	9,355	47,274	3.3	2.6	-0.8
Maternity/ Birth	13,516	13,516	0	2.0	2.2	0.2
Transfer	179	179	0	10.5	29.4	18.9

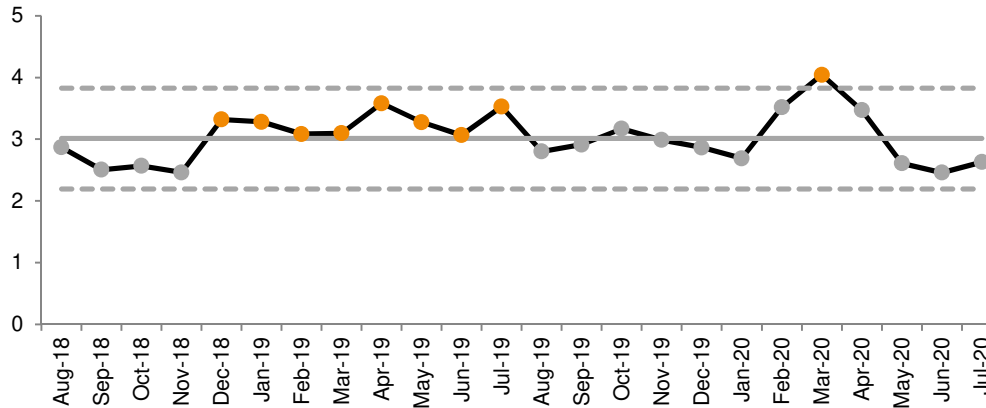
Dr Foster benchmarking shows the Trust length of stay to be below expected for non-elective and for elective when compared to national case mix adjusted, for the period April 19 - March 20.

Average length of stay - non elective



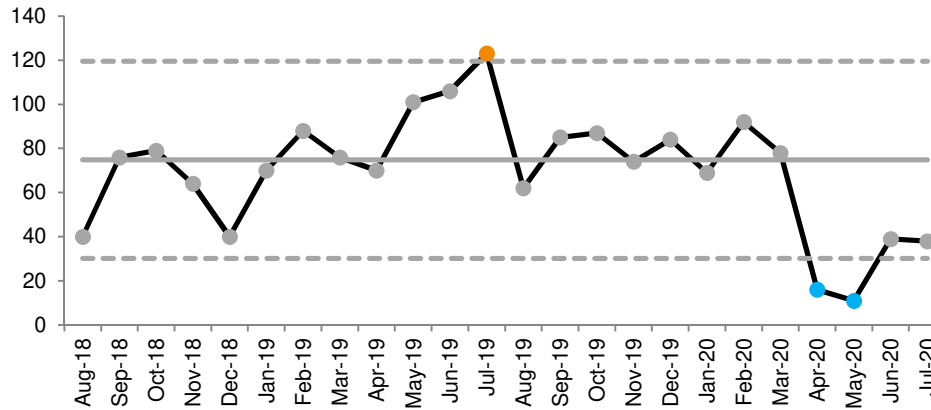
The Trust non elective average length of stay is showing normal variation this month at 4.5 days.

Average length of stay - elective



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

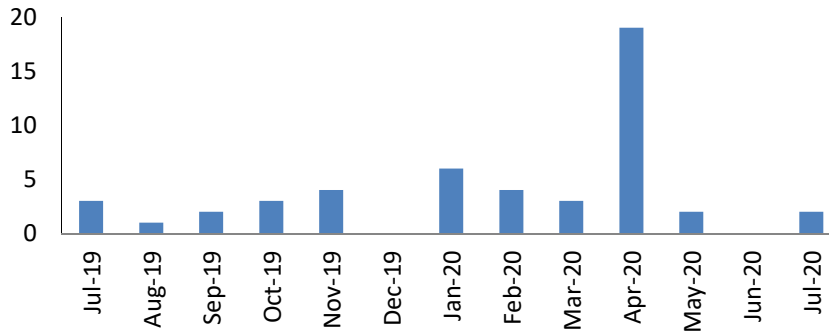
Operations cancelled on day



There were 38 operations cancelled on the day of operation - non clinical reasons, in July.

The trend is showing a return to normal variation.

Operations cancelled on day - breaches of 28 day standard

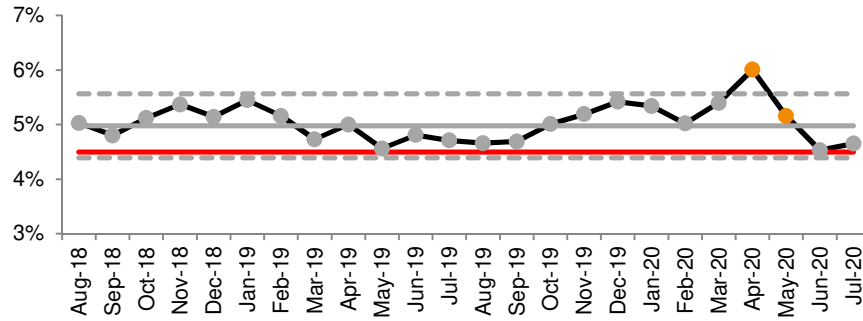


There were two 'on the day' cancelled operations not rebooked within 28 days in July.

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

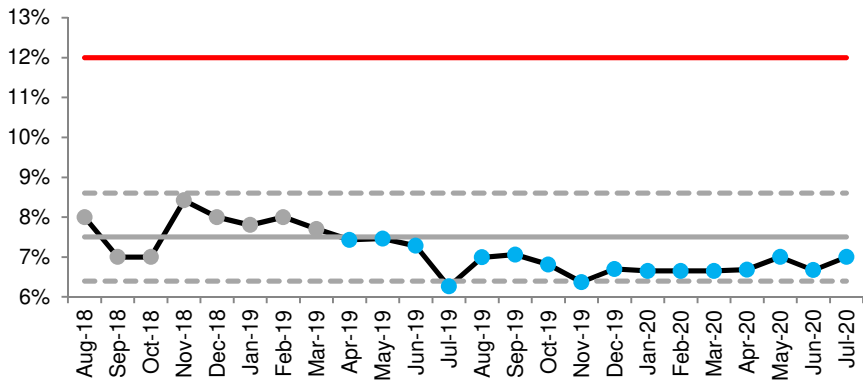


Sickness



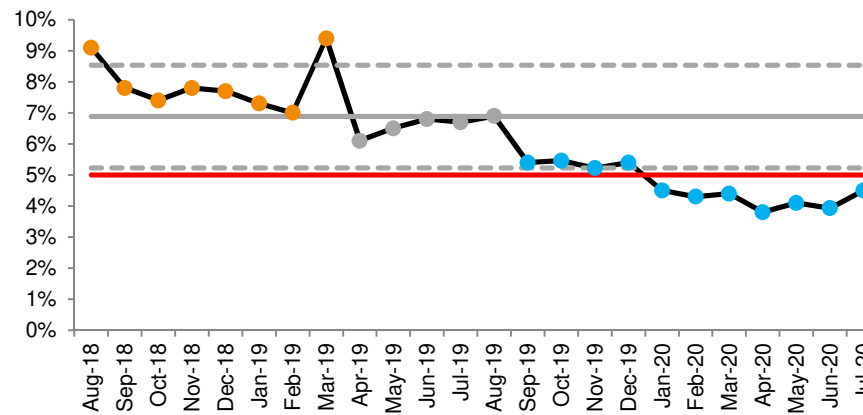
The sickness absence rate was 4.7% for July which is above the threshold of 4.5%. The trend is showing a return to normal variation and based on the current level of variation, remains unlikely to achieve the target.

Turnover Rate



The trust turnover rate continues to show a significant reduction at 7.0% in July which is below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate



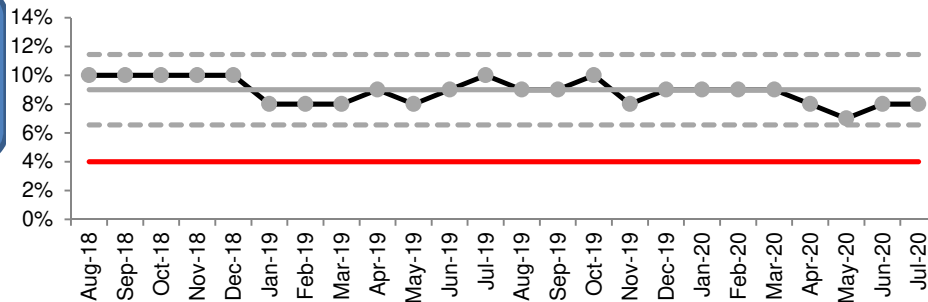
The vacancy rate is 4.5% for July which is below the 5% threshold.

The trend has shown a significant reduction.

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 July 2020, £3.1 million was spent on temporary staff, consisting of £1.0 million on agency staff and £2.1 million on bank staff. WTE staff worked (8,891 WTE) which was 150 wte more than is funded substantively (8,741 wte). Pay costs are £2.2 million more than budgeted establishment in July.

At the end of July 20 there were 384 vacancies

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

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

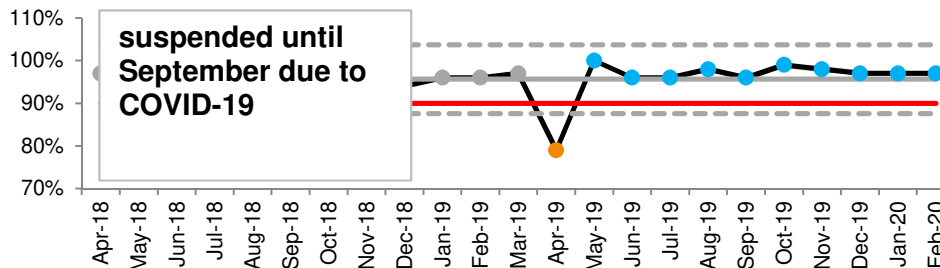
The appraisal rates for consultants and career grade doctors are reported cumulative year to date to February and reflect the number of reviews completed that were due in this period.

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

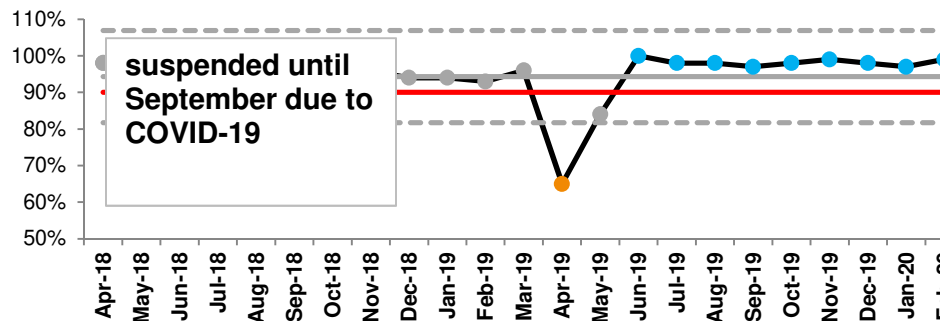
The trend is showing significant deterioration and based on current variation the indicator is not capable of achieving the target

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

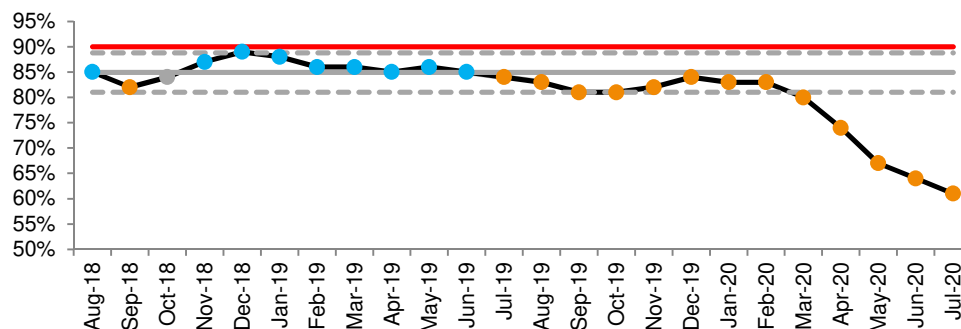
Appraisals, Consultant



Appraisals, Other Medical



Appraisals AFC

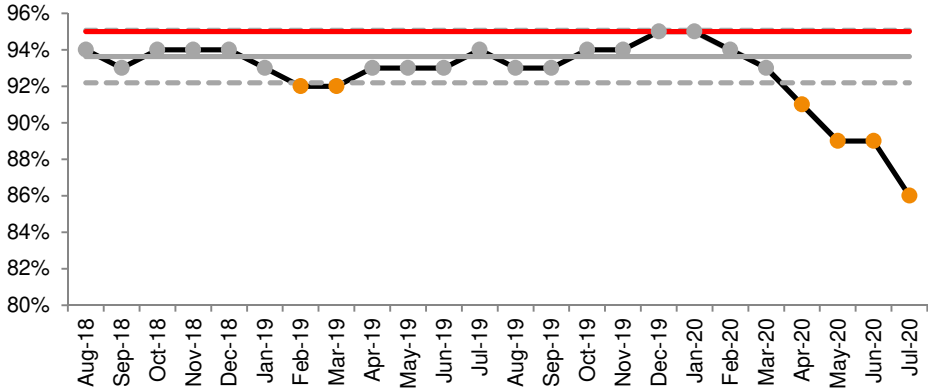


Job Plans

Stage	Consultant	SAS Doctor
Draft	1	0
In discussion with 1st stage manager	180	24
1 st stage sign off by consultant	19	0
1 st stage sign off by manager	34	1
2nd stage sign off	22	0
Signed Off	62	0

As at July 2020, there were 318 Consultants and 25 SAS doctors registered with a job plan on Allocate. The table shows the numbers in each stage of the job planning process.

Information Governance Toolkit Compliance



Information governance toolkit compliance is 86% in July which is below the 95% threshold. The trend is showing significant deterioration and based on current variation, the indicator is not capable of achieving the target routinely.

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

Core Skills Training %

	Target	Compliance at end July
Basic Life Support	90%	87%
Conflict Resolution Training Level 1	90%	95%
Equality, Diversity and Human Rights	90%	95%
Fire Safety	90%	91%
Health, Safety and Welfare Level 1	90%	95%
Infection Prevention	90%	95%
Information Governance	95%	86%
Prevent Healthwrap	90%	95%
Safeguarding Adults	90%	93%
Safeguarding Children	90%	92%
Safer Handling Theory	90%	95%

Revised arrangements during Covid-19 pandemic

For **existing** ELHT staff who have not changed roles and who have previously undertaken Core Skills training/e-Learning, refresher training requirements in all Core Skills subjects have been suspended for the duration of the crisis in line with national guidance from NHS Employers.

To support staff who are **new or returning** to the NHS, there are identified Core Skills face to face and e-learning modules that must be completed as a minimum. This is indicated within the Required Learning area of staff Learning Hub accounts. The minimum training requirements are communicated to new and returning staff, and time is provided during the Trust Induction day for staff to complete their minimum Core Skills Training requirements.

WELL LED

Finance & Use of
Resource metrics

As reported at month 1 the Trust is currently operating in a revised financial framework due to the Covid-19 pandemic and, as per the latest NHSE/I guidance, continues to report a breakeven position to month 4. Under this guidance the requirement to report breakeven will continue to July 2020.

At month 4 the Trust's actual position (net of Covid costs) is a deficit of £12.7 million, with an assumed top up equal to that amount to enable us to report a breakeven position.

Including Covid costs, the Trust is anticipating receipt of £24.6 million top up funding to month 4, £17.6m of which has been received.

The Better Payment Practice Code (BPPC) targets continue to be achieved year to date and work continues towards paying all suppliers within 7 days.

The cash balance at 31st July 2020 of £52.3 million is an increase of £1.5 million in month and within anticipated levels.

Capital expenditure totals £6.3 million, 14% ahead of the planned position at month 4.

Phase 3 planning guidance has been released which has confirmed that the current block and top up funding arrangements will remain in place for months 5 & 6.

The detailed financial technical guidance is yet to be released, however it is expected that post month 6 the block arrangement will remain in place but will be flexed according to the restoration of activity. Covid costs will be managed through the ICS.

Work is ongoing to prepare a forecast financial outturn based on a number of commonly agreed ICS assumptions.

Adjusted financial
performance (deficit)

Efficiency Savings

TRUST BOARD REPORT

9 September 2020

Item 62

Purpose Information
Action
Monitoring

Title	People Strategy and Implementation Plan
Author	Mrs E Davies, Deputy Director HR & OD
Executive sponsor	Mr K Moynes, Executive Director of HR and OD Mrs K Quinn, Operational Director HR & OD

Summary: This report provides an update in relation to the implementation of the Trust People Strategy and outlines key priorities for the remainder of financial year 2020/21.

Recommendation: The Board is asked to note the contents of the report and approve the proposed priorities for the remainder of financial year 2020/21.

Report linkages

Related strategic aim and corporate objective	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework	Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care. Recruitment and workforce planning fail to deliver the Trust objectives The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework.

Impact

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

Introduction

1. This report outlines progress made to date in relation to the Trust People Strategy and provides an overview of the key priorities to be delivered from the implementation plan up until the end of March 2021.
2. The key priorities have been identified taking account of the ongoing Covid-19 pandemic and the NHS People Plan which was published on the 6th August 2020, and the implementation plan has been refined and re-prioritised as a result (see appendix 1).

Context

3. Since ratification of the East Lancashire Hospitals NHS Trust (ELHT) People Strategy, the NHS and ELHT has had to manage the ensuing Covid-19 pandemic, which has seen significant and rapid changes in ways of working, the health, wellbeing and resilience of the workforce stretched to new limits, but possibly most of all, the experience and dedication of our workforce stand out when rising to meet the challenges this has brought.
4. The Trust is now faced with the challenge of managing the restoration of services, alongside managing Winter pressures and the threat of a potential second Covid-19 wave.
5. To support this, the Human Resources and Organisational Development (HR & OD) Directorate has reviewed the People Strategy Implementation Plan, to ensure that it takes account of lessons learned from the Covid-19 pandemic, supports restoration of services and Winter plans, and ensures that we continue to prioritise looking after our workforce.
6. The proposed implementation plan also ensures delivery of the actions expected of employers and systems that are outlined in the NHS People Plan. These include specific commitments around:
 - a) Looking after our people – with evidence based and timely health and wellbeing support for everyone
 - b) Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face and ensuring equality for all
 - c) New ways of working and delivering care – making effective use of the full range of our people's skills and experience

- d) Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return
- 7. Like the NHS People Plan, the ELHT People Strategy Implementation Plan covers key actions to be taken over the remainder of 2020/21 to support our workforce and help manage the pressures and uncertainty that will continue to be felt. However, it also recognises that transformation is an ongoing process, and work will continue beyond 2020/21 in many of the areas set out in the plan.
- 8. The HR and OD team are also closely involved in the delivery of the NHS People Plan at a system level in relation to a number of key workstreams including:
 - a) Supporting our Carers
 - b) Flexible working
 - c) Agile working
 - d) Careers
 - e) Digital Staff Passport
 - f) International Recruitment
 - g) Health and Wellbeing
 - h) WRAPT workforce planning

Progress to Date and Key Priorities

- 9. The following provides a summary of progress made to date and key priorities between now and the end of March 2021 in relation to each of the 7 People Priorities. It is important to note that these priorities will be delivered in the context of the HR & OD team working with increased business as usual volume due to restoration of services and the ongoing Covid-19 pandemic.

People Priority 1: Recruitment and Retention

Feb – Aug 2020

- a) During the course of the pandemic, recruitment activity has increased significantly across the Trust compared to the same period last year, with the HR and OD team recruiting 444 new starters to the Trust between March and July 2020. ELHT now has 9282 staff in post compared to a figure of 8647 staff this time last year, a significant difference of 635 additional staff in post. The team also secured an additional 463 Bank staff during the same period, an increase of 182 compared to the previous year

Aug – Mar 2021

- a) Delivery of a recruitment and retention plan to enable the Trust to source the workforce pipeline needed to support restoration and the Winter Plan
- b) Continue to increase the number of nurses recruited through the Health Education England (HEE) Global Learners Programme
- c) Recruit to Nurse Recruitment and Retention lead role to support the launch of a refreshed Nurse recruitment campaign
- d) Launch recruitment campaign for Volunteer Responders
- e) Targeted recruitment campaigns to increase recruitment from local community, particularly given the impact on local unemployment as a result of the Covid-19 pandemic

People Priority 2: Engagement and Communication

Feb – Aug 2020

- a) The latest National Guardian Freedom to Speak Up Index published in July 2020 shows that ELHT is the best performing Trust within Lancashire and South Cumbria area in respect of our staff being most likely to ‘Speak Up’ about issues. The Trust’s increased score of 81.9% also ranks ELHT as the best performing Acute Trust in the North West
- b) Staff engagement at ELHT has continuously improved with an overall staff engagement indicator score of 7.3. ELHT is in the top 20% for staff satisfaction nationally with 8 of the 11 indicators in the top 20%
- c) The NHS People Pulse Survey has been rolled out across the Trust to provide real time data on staff experience and mood. ELHT has been asked by NHS Improvement to provide a case study around our implementation of the survey as an exemplar of good practice as ELHT’s response rate to the survey has been consistently the highest in the country

Aug – Mar 2021

- a) Plans are well developed for the roll-out of the Annual National Staff Survey (September – end of November 2020)
- b) Big conversations and staff survey workshops are scheduled from March 2021, which are virtual to feed into lessons learned and inform the new normal

- c) Improve engagement with recognised Trade Unions and review of terms of reference for the Trust Joint Local Negotiating Committee (JLNC) and Joint Negotiation and Consultation Committee (JNCC)
- d) Establish Joint Staff Guardian Office across the Trust and Blackpool Teaching Hospitals NHS Foundation Trust (BTHT)

People Priority 3: Leadership, Organisational Development and Talent Management

Feb – Aug 2020

- a) The Culture and Leadership programme has moved through the discover, design and delivery phases to facilitate the improvements seen in staff experience
- b) Behavioural Standards have now been incorporated within the new appraisal documentation and implemented from January 2020. Appraisal documentation is also now aligned to the national NHS approach to talent management and for the first time ELHT will have a base line for talent management potential by 31st Dec 2020
- c) Co-designed with divisional leadership teams and launched a virtual 80 minute training package for managers ‘Leading Virtual Teams’

Aug – Mar 2021

- a) Appraisals were paused nationally in light of the pandemic and restarted on the 1st August – the HR & OD team is now supporting Divisions with their agreed trajectory plans to restore compliance levels
- b) The HR & OD team will continue to work closely with the Improvement Team to support restoration and embed the positive changes made as a result of the pandemic
- c) Continue to review how we deliver leadership development in the current context
- d) Developing a data driven approach for the priorities outline in the People Strategy to ensure continuous improvement
- e) Develop and deliver bite-size training modules to support restoration, including workplace trauma support for line managers, delivering quality appraisal conversations and talent management

People Priority 4: Workforce Transformation

Feb – Aug 2020

- a) The pandemic has seen a significant shift across the Trust towards more agile and flexible ways of working. In addition to those staff who already had the IT equipment necessary to support agile working, the Trust IT department has enabled an additional 1270 staff to work in an agile manner and the HR and OD team now has an agreed Agile Working Policy in place to support this way of working moving forward, which has been co-designed with divisional management teams.
- b) The Trust has also agreed a set of Guiding Principles which will underpin how we transform the way that we work going forward to both enable social distancing and ensure we 'lock in' our new ways of working and use these to propel us forward in modernising the way we work to become an 'employer of choice'.
- c) Established a new post as part of the Workforce Design and Innovation Team from within existing budget, recognising the pressing need to assign HR and OD resource in line with the People Strategy priorities.
- d) Used Trust Covid-19 lessons learnt feedback to review and the A3s to reshape workforce transformation priorities

Aug – Mar 2021

- a) Creation of a Workforce Design and Innovation Team to focus on workforce transformation, leading the innovation required to embed the Guiding Principles, to launch and embed our behavioural framework, design and launch a customer communication and HR engagement approach, design the new look people management training and take the lead role in progressing the ICP/ICS workforce agenda. This team will also oversee the People A3 and progress against deliverables using the Safe, Personal, Improvement method
- b) Modernise the Trust Flexible Working Policy and ways of working and ensure that there is a Board level commitment to supporting flexibility
- c) Build in the flexible working conversation into the appraisal process
- d) Develop flexible working employment offer and include in all Trust job advertisements
- e) Continue to build upon and embed changes to the way the Trust provides services through agile working, use of technology and workforce redesign

People Priority 5: Equality and Inclusion

Feb – Aug 2020

- a) Data from the latest Workforce Race and Disability Equality Standards (WRES/WDES) submitted to NHS England at the end of August 2020 shows that the Trust has improved in 8 out of 9 indicators (WRES) and has improved in 7 out of the 10 indicators (WDES)
- b) Nationally, the Covid-19 pandemic has had a disproportionate impact on people from BAME communities, on older people, men, those with obesity and those with a disability or long-term health condition. The Trust has offered Covid-19 risk assessments to all staff falling within the vulnerable groups and to date, has risk assessed 99% of all BAME staff and 98% of the total number of staff falling into one of those groups and put appropriate measures in place to mitigate any identified risk
- c) Trust Disability Network is now established which will support the delivery of the actions identified in the WDES
- d) Trust Mental Health and Wellbeing Network is now well established, having met regularly during the last several months and has a collective work plan aimed at supporting the mental health agenda within the Trust.

Aug – Mar 2021

- a) Recruit to a strategic lead role for Equality and Inclusion across ELHT and Blackpool
- b) Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets
- c) Facilitate the development and support the management of staff networks across the Trust in order to engage staff from diverse backgrounds
- d) Increase the level of disclosure from staff with protected characteristics
- e) Train 8 BAME Staff Guardian Champions to encourage BAME staff to speak up
- f) Carry out a more detailed data analysis against all 8 protected characteristics to understand out hotspots as a Trust in all areas

People Priority 6: Health and Wellbeing

Feb – Aug 2020

- a) The Covid-19 pandemic has seen the Trust Occupational Health Department deal with an additional 13,254 related queries between 13th March 2020 and 21st August 2020
- b) 286 clinically extremely vulnerable staff have had to shield and protect due to being in the most vulnerable group. All staff in the clinically extremely vulnerable group have had a Covid-19 risk assessment and individual consultations carried out with them by Occupational Health in order to support their health and wellbeing and safe return to work. Throughout the shielding period, shielding staff had access to the stay at home buddy scheme and monthly updates
- c) Overall, non-Covid-19 related sickness has reduced to 4.45% compared against 4.71% at the same time last year (NB, even with Covid-19 sickness it was slightly lower - 4.65% - based on July 2020 data)
- d) Musculoskeletal related absence continues to decrease since the introduction of the Trust EASE service and is currently 1.02% compared to 1.17% at the same time last year (based on July 2020 data)

Aug – Mar 2021

- a) Mental health related absence has seen a rise over the course of the pandemic, which ties in with the results of the first People Pulse survey which showed 28% of staff reporting that they felt anxious. The Trust has been instrumental in shaping the creation of the Lancashire and South Cumbria Resilience Hub, which launches in September 2020 and will provide fast track psychological interventions to our workforce and their families. In addition to this, ELHT has launched the Workplace Trauma Support and Wellbeing training and aims to have all line managers trained by the end of March 2021
- b) Appoint a Board level Trust Wellbeing Guardian
- c) Proactive management of breaks and annual leave to ensure that staff can have sufficient rest

People Priority 7: Education and Training

Feb – Aug 2020

- 10. During the Covid-19 pandemic the Directorate of Education, Research & Innovation revised service delivery to meet the changing demands and achieved the following:

- a) Reviewed and condensed Trust Induction from two days to one which was delivered up to 3 times per week to meet additional recruitment demands
- b) To assist with Healthcare Support Worker (HCSW) recruitment the Directorate supported 179 HCSW through a specialised induction day
- c) Ensured that all Bank HCSW had access to Care Certificate
- d) Essential training was paused for current staff and reduced for new starters as per national guidance. This is being restarted from 1st September.
- e) The team redeployed staff within the Directorate and trained them along with other staff to deliver Fit Mask Testing across the Trust. Fit testing was carried out on both main Trust sites, 7 days a week, to ensure that all staff had the correct mask given the ongoing challenges with availability across the system. To date the team have undertaken 4385 fit tests and have recently developed a plan to address this ongoing need for future delivery within services
- f) Developed and delivered 686 sessions of an Upskilling programme to ensure that all clinical staff had the right skills and competencies to deliver care in the context of the pandemic
- g) Preceptorship Programme – the team inducted 40 newly qualified Nurses and provided their essential training including medicines management, blood transfusion, venepuncture and cannulation and IV therapies.
- h) Supported 12 international nurses on the Global Learners Programme to join the temporary COVID-19 register and inducted them onto preceptorship programme in addition to above
- i) Supported the recruitment and training of the following numbers of student nurses into paid employment:

	Band 3	Band 4
Adult Nurses	94	59
Paediatrics	8	11
Allied Health Professionals	14	8
Midwives	8	10

- j) Developed a two week assistantship programme for Year 5 Medical Students
- k) Supported the induction of 30 Foundation Year Interim Doctors by offering clinical skills and resuscitation updates. Planned rotations and employment within the organisation and ensured support for all learning needs

- l) Delivered in-situ Covid-19 simulation to 80 members of staff within wards and departments
- m) Developed eLearning and digital technology to support education across the Trust
- n) Developed and agreed a Business Case for the recruitment of Nursing Apprentices, on a condensed 2 year programme which supported development of our current Assistant Practitioners and Nursing Associates - 18 starting programme in September 2020
- o) Commenced an Apprenticeship Strategy Group working on opportunities to expand apprenticeships
- p) Gained funding from the Integrated Care System (ICS) to develop Placement Hub as proof of concept to address placement capacity across all learners
- q) Commenced Education Leads Group across ICS to ensure system wide approach to education and funding
- r) Paused 79% of research activity to commence Covid research studies. The work undertaken has been acknowledged as good practice by NIHR and staff involved have been in the media to raise awareness of studies being undertaken that have national significance.

Aug – Mar 2021

- a) Continue placement capacity expansion working across the ICS and achieve the key objectives of the Placement Hub Project Plan
- b) Continue to support Divisions with workforce transformation to deliver services that meet demands now and in the future
- c) Support the increase in number of Global Learners and Return to Practice nurses with Objective Structured Clinical Examination (OSCE) and skills needed to obtain Nursing and Midwifery Council (NMC) registration to address workforce shortages
- d) Deliver a revised clinical skills programme that ensures upskilling competencies are maintained
- e) Maximise available funding opportunities to enhance and expand the offer
- f) Increase number of Apprenticeships within the organisation and have fully established Strategy with related KPIs

- g) Develop a Business case to allow for expansion of Simulation facilities across the Organisation
- h) Further expand on our digital learning technology to enable increased accessibility for training and education across a range of platforms
- i) Library and Knowledge Services to continue work with Divisions on clinical guidelines
- j) Increase the Trust's research activity and further develop and enhance our partnerships with regional networks and Higher Education Institutions (HEIs) on this agenda. This includes increasing jointly funded posts, honorary contracts and supporting staff to undertake research studies up to PHD level
- k) To continue work across Integrated Care Partnership (ICP) and ICS to drive the Education agenda forward through the newly established Education Leads Group and People Board

Recommendation

- 11. It is recommended that the Trust Board approve the proposed People Strategy implementation plan for the remainder of the financial year 2020/2
- 12. To receive an update on delivery against the strategy and plans for 2021/22 activity, at Trust Board in March 2021.

Emma Davies, Deputy Director HR & OD, 28 August 2020

Action / Deliverable	Strategic Theme	Start	Delivery by	Progress Update	Status
Develop workforce redesign plan for ELHT (and more broadly) reflecting back on lessons learnt and setting out our focus for the future.	Workforce Transformation	Q3 (Oct 20 - Dec 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
Design the ELHT workforce redesign method and associated toolkit	Workforce Transformation	Q4 (Jan 21 - March 21)	Q4 (Jan 21 - March 21)	Will be ongoing	
Review completed A3s (x5) and align People A3	Workforce Transformation	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	People A3 completed	
Design training programme for workforce redesign method (align with SPEC+)	Workforce Transformation	Q4 (Jan 21 - March 21)	Q4 (Jan 21 - March 21)	Will be ongoing	
Development of the Workforce Solutions Group to bring a system focus with a small number of refined, strategically aligned priority areas to focus on	Workforce Transformation	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	Group established and reviewing priorities/ToR	
Develop Agile Working Policy and supporting toolkit along with implementation plan	Workforce Transformation	Q1 (April 20 - June 20)	Q2 (July 20 - Sep 20)	Agile Working Policy ratified in Aug	
Implementation plan for Guiding Principles	Workforce Transformation	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	Guiding Principles now agreed and implementation plan being developed	
Design of ELHT approach to productive, effective and engaging meetings	Workforce Transformation	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	Ongoing and system-wide working group in place. Will be an improvement project	
Develop flexible working policy, supporting toolkit along with implementation plan and data recording system	Workforce Transformation	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
Develop a suite of case studies to showcase productive and effective agile and flexible working	Workforce Transformation	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
Review behaviour framework, gain approval and launch, develop integration plan into employment lifecycle	Workforce Transformation	Q3 (Oct 20 - Dec 20)	Q4 (Jan 21 - March 21)	Ongoing	
Design workforce redesign dashboard in Power BI	Workforce Transformation	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Version 1 built	
Design and roll out of 'Leading Virtual Teams' and 'Working in a Virtual Team' 80 min sessions and evaluate impact	Workforce Transformation	Q1 (April 20 - June 20)	Q2 (July 20 - Sep 20)	Ready to launch in Sept 2020	
Scope the 'problem' using our data and insight under each of the protected characteristics along with a self assessment against the EDS framework	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	WRES and WDES action plans in place, networks established. Refresh of Equality and Inclusion plan being undertaken. Review of workforce data linked to protected characteristics will be completed	
Develop a 'positive statement' setting out our commitment to inclusion at ELHT	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	Draft statement in place - plan to launch at Oct Festival of Inclusion	
Conduct an ESR diversity data refresh and communication campaign to encourage disclosure of protected characteristics	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Group in place to take forward	
Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Project team established and initial conversations have taken place with the staff networks	
Implementation and embedding of reverse mentoring with evaluation to understand experience and impact	Equality and Inclusion	Q1 (April 20 - June 20)	Q3 (Oct 20 - Dec 20)	24 reverse mentoring relationships in place. 4 NEDs trained as mentors. Plan to train sub-Board level managers between now and March 2021. Planning evaluation session for Dec 2020	
Identify role models to support targeted / specific recruitment campaigns	Equality and Inclusion	Q3 (Oct 20 - Dec 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
WRES data submission and development of actions to address top 3 hotspots	Equality and Inclusion	Q3 (Oct 20 - Dec 20)	Q3 (Oct 20 - Dec 20)	WRES data submitted Aug	
Design and delivery of Board development programme on inclusion	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Planning Board development session	
Staff Networks coordinated and aligned and promoted, enabling with work plan aligned to hotspots, with oversight through the equality and inclusion group	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
Preparation for and delivery of the festival of inclusion event	Equality and Inclusion	Q1 (April 20 - June 20)	Q3 (Oct 20 - Dec 20)	Festival taking place on 5th - 9th Oct. Draft plan in place	
Eliminating the ethnicity gap in relation to numbers of staff entering formal disciplinary processes - introduction of Employee Relations Review Panel	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Group established. WRES and WDES indicators linked to disciplinary cases are positive - will look to improve by 10% by end of Q4	
Design of an equality and inclusion calendar and actions to raise awareness of its use	Equality and Inclusion	Q3 (Oct 20 - Dec 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
Design strategic lead role for equality and inclusion for BTHT and ELHT and appoint suitable candidate	Equality and Inclusion	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	Job description agreed and funding being secured	
Design recruitment and retention dashboard	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
Develop suite of employment contracts to support flexible and agile working	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Ongoing	
Develop head hunting approach to recruitment	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Recruit individual with head hunting expertise to team - preparing business case to support investment	
Redesign leaver process (exit questionnaire and ESR process)	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Ongoing	
Redesign of top ten most commonly used job descriptions and person specifications	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Currently reviewing the job matching/job evaluation process which will support this	
Develop plan to improve recruitment from local population (link to Anchor Institution and employment situation post Covid)	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Scoping opportunities in partnership with the Education Directorate team. Business case developed to support further development of the Care Academy	
Redesign of job matching/evaluation process	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Group in place to review process	
Implementation of the Digital Passport	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Currently in Beta testing phase	
Design recruitment brand and Comms/marketing campaign	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Working with Comms team to develop	

Roll-out of job planning for AHPs	Recruitment and Retention	Q3 (Oct 20 - Dec 20)	Q4 (Jan 21 - March 21)	ICS project lead role appointed to	
Develop international recruitment plan	Recruitment and Retention	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Expression of interest submitted to HEE to increase number of Nurses recruited through the Global Learners Programme	
Implementation of NHS People Pulse Survey once a month (except for Sept/Oct/Nov due to national staff survey) followed by "You said, we did" feedback and action methodology via various comms mechanisms	Engagement and Communication	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	In progress - NHS People survey commenced 15th-29th July 2020	
Implement Annual National Staff Survey (Sept-end of Nov 2020) and support divisions with a target response rate of 50%	Engagement and Communication	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	On going staff survey preparation commenced with Staff Survey Contractor. Full census agreed- sample will be extracted week 1 in Sept.	
Deliver Staff Survey feedback Workshops to all Divisions (March 2021)	Engagement and Communication	Q4 (Jan 21 - March 21)	Q4 (Jan 21 - March 21)	Provisionally booked with Picker for 2021	
Co-ordinate and facilitate support with Divisional Big Conversations (March-June 2021)	Engagement and Communication	Q4 (Jan 21 - March 21)	Q4 (Jan 21 - March 21)	Co-ordination completed in Q1 2021, Big Conversations delivered in Q2 2021.	
Develop HR & OD newsletter and communication linked to People Strategy	Engagement and Communication	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Will be ongoing	
Redesign of HR & OD DMB with focus on improvement	Engagement and Communication	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	New meeting structure and terms of reference in place	
Review terms of reference for JLNC and JNCC	Engagement and Communication	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Groups in place to review terms of reference	
Establish Joint Staff Guardian Office	Engagement and Communication	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Agreement reached to recruit to Joint Staff Guardian Office lead role	
Presentation of Staff Stories to Board	Engagement and Communication	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Aim to have 2 shared at Board before end of March 2021	
Develop and delivery bite-size training modules to support restoration	Leadership, organisational development and talent management	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	In progress - Workplace Trauma Support launched week one in August 2020	
Develop guidance & toolkit to support virtual appraisals & monthly 1:1s	Leadership, organisational development and talent management	Q2 (July 20 - Sep 20)	Q2 (July 20 - Sep 20)	Appraisal video in production. Appraisal toolkit being designed	
Restoration of appraisal completion levels. Target 100% by 31st Dec 2020	Leadership, organisational development and talent management	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Restart date confirmed as 1st August 2020. Comms designed to make all staff aware of restoration of appraisal. Compliance reports issued from August 2020	
Reinstate career clinics (virtually) and deliver monthly sessions.	Leadership, organisational development and talent management	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	In progress- recommended via virtual delivery. Will be ongoing delivered monthly into 2021	
Implement Workplace Trauma Support and Wellbeing model to all Line Managers	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	In progress- Trainers identified and trained 17th July 2020. Monthly Supervision in place with LSCFT. Training of Line Managers commences 3rd August 2020	
Implement Workplace Trauma Support and Wellbeing model to identified Workplace Practitioners	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	In progress - Pilot training for practitioners completed 8th July with FY1s. Training & materials ready to be delivered once Line Manager training commences in August 2020	
Deliver a range of fast track evidence based psychological interventions in a confidential and supportive setting.	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	In progress - Large offer of Fast Tracked psychological interventions available for all staff groups. Lancashire & South Cumbria Resilience Hub to launch Sept 2020	
Active management of annual leave and rest breaks at Divisional level	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Monthly via Divisional DMBs	
Scope the 'problem' in relation to bullying and harassment on staff and develop plan to address	Health and Wellbeing	Q3 (Oct 20 - Dec 20)	Q4 (Jan 21 - March 21)	Ongoing	
Review of Attendance at Work Policy	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Ongoing	
Our EASE service has resulted in a reduction of days lost due to MSK and mental health related sickness absence and the average length of absence for these two main reasons.	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	In progress - significant increase in mental health demand due to Covid 19	
Our approach to 'Resolution' of workplace issues is well embedded and the average time to manage a case is 20 days	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Review being undertaken of the Resolution Process to evaluate success and lessons learned	
Our well-being portal is widely used as a first point of reference for staff and managers for guidance or signposting to other services and resources.	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	In progress - Staff Portal being refreshed and updated to house additional offers and interventions available to all staff. Ongoing into 2021	
Deliver annual calendar of events to help promote a range of health and well-being initiatives/awareness days throughout the year	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	In progress - currently being refreshed post Covid	
Utilise annual survey and other feedback mechanisms to understand the needs of our staff to improve our staff health and well-being offer	Health and Wellbeing	Q4 (Jan 21 - March 21)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Design and deploy interventions so that staff have improved access and opportunity to participate in physical activity	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	In progress - Instructor Live, couch to 5k App and various interventions now in place to support physical activity	
We work closely with external services to support staff to understand and manage their financial wellbeing	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Scoping options	

Staff have access to a range of tools and advice on common health and lifestyle issues/events including sleep, menopause, breast screening, smoking cessation and alcohol reduction, bereavement	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	In progress - Staff Portal being refreshed and updated to showcase additional tools available to all staff for common lifestyle health promotion and awareness	
Introduce the Wellbeing Conversation (including review of risk status) throughout the employee lifecycle	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Ongoing	
Appoint Wellbeing Guardian	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)	Being progressed	
Staff feel safe at work and have confidence that that they will be supported if they experience incidents of violence or aggression/harassment or bullying.	Health and Wellbeing	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021 - Staff Safety meeting reinstated from 16th July	
Continue placement capacity expansion working across the ICS and achieve the key objectives of the Placement Hub Project Plan	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Continue to support Divisions with workforce transformation to deliver services that meet demands now and in the future	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Support the increase in number of Global Learners and Return to Practice nurses with Objective Structured Clinical Examination (OSCE) and skills needed to obtain Nursing and Midwifery Council (NMC) registration to address workforce shortages	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Deliver a revised clinical skills programme that ensures upskilling competencies are maintained	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Maximise available funding opportunities to enhance and expand the offer	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Increase number of Apprenticeships within the organisation and have fully established Strategy with related KPIs	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Develop a Business case to allow for expansion of Simulation facilities across the Organisation	Education and Training	Q2 (July 20 - Sep 20)	Q3 (Oct 20 - Dec 20)		
Further expand on our digital learning technology to enable increased accessibility for training and education across a range of platforms	Education and Training	Q2 (July 20 - Sep 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Library and Knowledge Services to continue work with Divisions on clinical guidelines	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
Increase the Trust's research activity and further develop and enhance our partnerships with regional networks and Higher Education Institutions (HEIs) on this agenda. This includes increasing jointly funded posts, honorary contracts and supporting staff to undertake research studies up to PHD level	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	
To continue work across Integrated Care Partnership (ICP) and ICS to drive the Education agenda forward through the newly established Education Leads Group and People Board	Education and Training	Q1 (April 20 - June 20)	Q4 (Jan 21 - March 21)	Ongoing into 2021	

TRUST BOARD REPORT

Item 63

9 September 2020

Purpose Monitoring

Title	Doctors Appraisal and Revalidation Annual Report
Author	Ms U Krishnamoorthy, Associate Medical Director (Appraisal and Revalidation)
Executive sponsor	Mr J Husain, Responsible Officer, Executive Medical Director

Summary: This reports provides evidence of compliance against GMC and NHS England standards for Medical Appraisal and Revalidation.

Recommendation: The Board is asked to approve the report and sign the compliance statement for submission to NHS England.

Report linkages

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

Impact

Safe | Personal | Effective

Legal No Financial No

Equality No Confidentiality No

Previously considered by:

Designated Body Annual Board Report

Introduction

1. This is the tenth annual report on doctors' appraisal to come to the Board, the seventh since Revalidation was introduced in 2012. This year, 2019/20, was Year 2 of the second 5 year cycle,
2. At the time of writing this report on 15th August 2020, there are 576 doctors with a prescribed connection to ELHT as their Designated Body (DB). These are Consultants, SAS doctors and Clinical Fellows. This number changes over the year as doctors' start and leave. Doctors in training have a prescribed connection with the North West Deanery and consequently do not form part of this report.
3. The first revalidation cycle of 5 years finished on 31.03.2018. Medical Appraisal and Revalidation (A&R) is now well embedded at ELHT. This report details the performance and governance in place for medical A&R, using the new report template provided by NHS England in 2019. As this is the second year this template has been used, the actions from previous years report were reviewed and pleased to assure the board that these actions were completed apart from a couple of actions that are ongoing and currently being progressed as highlighted within the report. Designated Body annual Board report from 2019 is included in Appendix1.

Section 1 – General:

The Board of East Lancashire Hospitals NHS Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been completed as in Appendix 2 and action plans arising from this is summarised under appendix 3.

Date of AOA submission: September 2020 further to Board.

Action from last year: Completed

Comments: AOA for 2019/20 shows that 96.5% of doctors (531 out of 550) completed an appraisal (appendix 2). Pleased to assure Board regarding high annual appraisal rates at 96.5% again similar to last year's figures that was higher than same sector and all sector organisations. AOA submission to NHSEI will be made in September 2020 after Board. Please see further details on AOA in response to section 2 question1 in page 4.

Action for next year: Review communication strategies with communications team to assure public regarding medical A&R at ELHT and highlighting appraisal rates that are higher than same sector and all sector organisations regionally and nationally in consecutive AOA's and robust Quality assurance processes and systems in place.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: N.A.

Comments: Mr Jawad Husain is the appointed Responsible Officer (RO) for ELHT.

Action for next year: None

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Action from last year: Extended hours for appraisal co-ordinator from 30 to 36 hours. However banding stays the same at band 4 despite attempts to upgrade to band 5 given the responsibilities and role specifications.

Comments: The demand on and function of the Appraisal and revalidation administration team (currently a single individual at Band 4 for 36 hours) has increased over the years, e.g. including the appraisal and revalidation specific induction of new doctors, recruitment and development of appraisers, managing appraiser networks, running Trust wide medical appraisal workshops etc. The number of doctors connected to ELHT has risen from 331 in 2013 to 550 by end of last appraisal year on 31/3/2020 and currently the figures represent 576 doctors connected to ELHT on 15/8/2020 which represents a 74% rise.

Action for next year: Review the resource for medical appraisal and revalidation to ensure that appropriate support that is proportionate to the 74% rise in number of doctors connected to ELHT is in place. This includes a review of the banding of the appraisal co-ordinator role in line with other peer organisations and hours of support available for medical A&R team besides enabling further administrative support to the role to ensure systemic avoidance of a single point of failure within the relevant administrative processes.

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: N.A.

Comments: There are Standard operating procedures (SOPs) in place for ensuring new starters are added to GMC connect site and leavers are removed. These are reviewed regularly between Medical appraisal and revalidation team and medical staffing team and were updated again recently in August 2020 aligned with timing of the updates to Trust medical appraisal policy HR 46 V3.3.

Action for next year: None

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: Review HR 46 Appraisal Policy for Consultants, Associate Specialists, Specialty Doctors and Non-Deanery Training Grade Doctors- completed

Comments: HR46 v3.3 was reviewed in August 2020 and content approved through the Professional Standards Committee in July 2020 with a further review date of August 2023.

Action for next year: Ensure formal ratification of the recently updated HR 46 Appraisal Policy through Trust Policy Council.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes

Action from last year: Peer review across the four Acute Trusts in Lancashire and South Cumbria planned for 2020 had to be deferred due to Covid19 pandemic.

Comments: Regional and National level benchmarking of organisational performance of medical appraisal and revalidation is enabled through the higher level RO's AOA report from NHSEI with benchmarking outcome report received annually by Trust RO. Delay with this national reporting from NHSEI due to Covid 19 pandemic this year. Last peer review took place in May 2017 between the four Acute NHS Trusts in Lancashire and South Cumbria with review of implementation completed in December 2018. A Peer group meeting was held again in October 2019 and consensus decision by all four acute provider Trusts was to hold the next Peer review in 2020 summer. Unfortunately this had to be deferred due to Covid19 pandemic.

Action for next year: Repeat four Trusts' Peer review after the pandemic further to consensus across all four peer organisations and seek Board support for a Non Exec Director to support peer review.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Audit of doctors employed as locum, short term, or temporary on fixed term contract in 2019/20 revealed that all 113 doctors connected to ELHT during this period were supported appropriately for their medical appraisals as above. 106 out of 113 doctors (93.8%) successfully completed a timely appraisal during this appraisal period. The remaining 7 doctors had approval in place through the RO team for delayed appraisals (Two due to maternity leave, two due to doctor factors, three delayed due to Covid19 pandemic phase1 lockdown as was due in March 2020). All doctors were supported in their continuing professional development, A&R and governance.

Comments: An induction information bundle for locum doctors was developed in 2018/19 and this continues to be provided to new short term/ locum doctors. A strengthened process has been put in place since 2018/19 to check the identity of locum doctors since this bundle implementation. Exit reports are requested for all locum doctors and provided to doctor and their agency. Where concerns are raised about a locum doctor, there is direct RO (deputy) to RO information sharing.

Action for next year: Nil

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the

appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: An SOP was developed and implemented in 2019 for streamlining the management of early non engagement concerns through a stepped escalation approach.

Comments: AOA for 2019/20 shows that 96.5% of doctors (531 out of 550) completed an appraisal (appendix 2). The higher level RO benchmarking report on AOA is yet to be received from NHSEI. Given the trends from last 5 consecutive years, ELHT appraisal rates have been consistently higher than same sector and all sector organisations nationally and regionally. Of the 3.5% who didn't complete an appraisal (19), all had a postponement request formally approved on behalf of RO whereby the reasons were understood and agreed as valid. One of the doctors had early non engagement concerns discussed with GMC and new appraisal date agreed for April 2020 but this was subsequently deferred by GMC due to Covid19 Pandemic. Plans are in place for this doctor's PDP to be reviewed by appraiser during this time and this is monitored closely through the Professional standards committee.

100% of medical appraisals completed at ELHT are subject to quality assurance review and feedback. 20% of appraisals are quality assured using a detailed numerically scored National tool called PROGRESS tool and the remaining 80% are quality assured using a generic non-numerically scored quality assurance review template developed locally.

There is a standardised operating process in place whereby an annual governance report is provided for each doctor the month before their appraisal as an extract from the Datix system which has all details of the complaints, claims, inquests and significant events or concerns regarding the doctor which enables reflective practice and further discussions to facilitate experiential learning through reflection and action plans agreed for the personal/professional development plan.

There is a process in place for sharing information about doctors regarding their scope of work outside ELHT through a locally developed, standardised template 'letter of good standing' from other places of work to feed into appraisal. This includes information about complaints, significant events, claims and/or any other concern regarding the doctor signed by the Medical director or delegated deputy from the external organisation.

Within the Appraisal and revalidation online management system (L2P), there is an 'RO note share' option whereby the Associate Medical Director (Appraisal and Revalidation) or Deputy Medical Director (Professional Standards) on behalf of RO can share information regarding doctors' concerns and action plans recommended for appraisal matters with doctor and appraiser in an open and transparent manner so that the agreed action plans and reflections, through facilitated discussions with appraiser feed into the appraisal process for enabling personal and professional development.

For doctors joining ELHT as a new starter and those leaving organisation there is a streamlined SOP developed for the medical staffing team and appraisal and revalidation teams to follow. SOP is in place for management of 'MPIT' (Medical Professional Information Transfer) from other organisational RO to ELHT RO for leavers and from ELHT to other RO's for new starters.

MPIT document highlights and details whether there are any concerns about the doctor that are ongoing and may not yet appear on GMC site.

Action for next year: None

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: Stream line processes for dealing with late appraisals – SOP in place.

Comments: Reasons for delayed appraisals are included in the AOA. There were nil unapproved delays in this appraisal year. There were 19 approved delays (3.5%) where the reason for the delay in each was understood and approved by RO team including one doctor with early non engagement concern escalated to GMC through formal Rev6 processes as outlined in response under section 2 question1.

Action for next year: None

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Update Medical appraisal policy HR 46 V3.2- completed

Comments: As outlined in section 1, question 5.

Action for next year: Nil

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: New appraiser training November 2019 - completed

Comments: There are 76 appraisers at ELHT, in line with the recommended 5-10 appraisees per appraiser. An Appraiser training programme has been developed locally at ELHT as a blended programme with an e-learning component and a one day face to face workshop in 2019. This significantly saves costs to trust from the outsourcing of this training in the past. 10 new appraisers were trained in November 2019 to ensure succession planning for retired colleagues and those who gave up the role due to job plan changes.

Action for next year: Further training planned for another 10 appraisers in December 2020.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

Action from last year: Appraiser network meeting times have been changed to day time work hours with more than eight weeks advance notice. Internal experts on coaching, IT& performance, post graduate medical education, and other similar invited to the network.

Comments: Appraiser network meetings are organised 4 per year. Agendas include updates from national meetings, regional RO networks and Medical appraisal lead networks, peer review audits, workshops to develop coaching techniques etc. Locally developed leadership module within L2P medical appraisal platform which is the first such within any appraisal platform in UK as identified on market research is now well embedded at ELHT with the long term strategic aim of positively influencing the growth of a compassionate and inclusive organisational culture through reflective learning enabled through appraisal discussions on value based leadership experience.

Action for next year: Re-Audit the Quality assurance review outcomes and present at appraiser network for shared learning in January 2021.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: N.A.

Comments: See section 1, question 6

Action for next year: Re-Audit the Quality assurance review outcomes and present at appraiser network for shared learning in January 2021.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: Continue to improve the number of recommendations made in the early part of the 'window'- completed and ongoing.

Comments: 127 doctors were due their revalidation recommendation between 1st April 2019 and 31st March 2020. All 127 recommendations were made to the GMC, prior to the revalidation date. (It is possible to make a recommendation when the 'window' opens, 4 months prior to the final date). Of the 127 there were 8 deferrals and the remaining 119 were positive recommendations for revalidation. 6 out of 8 deferrals were due to insufficient supporting information to make a recommendation. 2 of the deferrals were due to the doctors being subject to an ongoing investigation process due to local concerns. All 127 timely recommendations were accepted by the GMC.

One doctor had early non engagement concerns discussed with GMC and new appraisal date agreed for April 2020 but this was deferred further by the GMC due to Covid19 Pandemic. Plans are in place for this doctor's PDP to be reviewed by their appraiser in the interim and

this is monitored closely through the Professional standards committee. See also section 2 response to question1.

Action for next year: Continue to improve the number of recommendations made in the early part of the 'window'.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: N.A.

Comments: All recommendations are communicated to the doctor. Where a deferral is recommended, an action plan to ensure the new revalidation date is met is agreed with the doctor.

Action for next year: None.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: Action plans arising from self-assessment have been completed or ongoing.

Comments: The GMC's self-assessment tool 'Effective Clinical Governance for the medical profession' was completed and reviewed at the Quality Committee in February 2019 and action plans implemented. This will continue to be periodically reviewed. Governance report provided for doctors to be part of the appraisal inputs has been updated and enhanced since last report with additional staffing resource secured to support this provision since last report.

Action for next year: None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: Datix administrator in place to generate governance report for doctors' annual appraisals. Updates made since last report to enhance quality of governance reports. Updated SOP developed and implemented for Provision of Governance reports for annual medical appraisals.

Comments: Processes for monitoring the conduct and performance of all doctors were included in the GMC self- assessment tool completed last year. Governance report provided for doctors to be part of the appraisal inputs has been updated and enhanced since last report with additional staffing resource secured to support this since last report.

Action for next year: Review and Update Trust Policy for Responding to Concerns about Doctors Clinical performance HR039 V4.1 that is due for update presently by December 2020.

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Review HR39 in by January 2020 – the review date has been extended further.

Comments: HR 39v4.1 Responding to concerns about Clinical Performance was ratified by policy council in June 2018, due for review in January 2020. The policy is based on the national guidance 'Maintaining high Professional Standards' and includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns. A further extension period was granted in January 2020. The new deputy medical director for professional standards commenced in role from 17th August 2020 and will review this alongside HR team colleagues.

Action for next year: Review and Update Trust Policy for Responding to Concerns about Doctors Clinical performance HR039 V4.1 that is due for update presently by December 2020

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors².

Action from last year: Continue monitoring

Comments: An audit undertaken by the former Deputy medical Director for Professional Standards analysing concerns raised about doctors, including numbers, type and outcome of concerns and protected characteristics is performed annually. Appendix 4 shows the results for the audit on professional standards undertaken between 2015 and 2019. It is noted there are approximately 34% doctors with ethnicity in the 'unknown' category in this audit which is a wide gap compared to the 0% in this category normally in trust employed doctors. One of the contributory factors is due to most of these doctors being in the locum category and therefore unable to check and correlate in retrospect as they have left the organisation.

Action for next year: Continue monitoring and aim to ensure that ethnicity of all doctors undergoing professional standards inquiries and processes at ELHT are captured in a

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

prospective manner so that this data is reliably assured in future audits. Repeat the annual re audit on Doctors with concerns for this reporting period between April 2019 and March 2020 and continue annually.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation³.

Action from last year: Audit on information sharing including MPITs requested for new doctors and exit report from locums by Medical staffing team in conjunction with medical A&R team to be undertaken as audit planned in April was impacted by the Covid19 pandemic.

Comments: Processes for sharing information about doctors were reviewed in the GMC self-assessment and found satisfactory.

Action for next year: Audit on information sharing, including MPITs requested for new doctors and exit reports for short term locums -to be undertaken by Medical staffing team in conjunction with medical A&R team.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: One action from the self-assessment: To add a section on Equality and Diversity to the Medical appraisal policy. This has been completed.

Comments: Processes to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination were reviewed in the GMC self-assessment tool and found satisfactory.

Action for next year: Continue monitoring through annual audits as highlighted in section 4 responses to question 4 and the action agreed under that as well.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Action from last year: N.A.

Comments: This was also reviewed as part of the GMC Self-assessment tool. All relevant checks are in place

Action for next year: None

Section 6 – Summary of comments, and overall conclusion

Overall conclusion:

The Board is asked to:

1. Receive this annual report and note that it will be shared, along with the annual organisation audit on medical appraisals and revalidation, with the higher level Responsible Officer at NHS England/NHS Improvement NHSEI.
2. Approve the 'statement of compliance' section 7, confirming that the organisation, as a designated body, is in compliance with the regulations

Section 7 – Statement of Compliance:

The East Lancashire Hospitals Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief executive or chairman

Official name of designated body: East Lancashire Hospitals NHS Trust

Name: _____

Signed: _____

Role: _____

Date: _____

Section 8 – Appendix

Appendix 1: Designated Body Annual Board Report 2019



ELHT signed Annual
Report 2019.pdf

Appendix 2: Annual Organisational Audit Report on Medical Appraisals and Revalidation 2020



AOA Medical
Appraisals 2019 20

Appendix 3: Action Plan Matrix from this Designated Body Annual report to Board

	Action	By Who	By When
1	Review communication strategies with communications team to assure public regarding medical A&R at ELHT and highlighting appraisal rates that are higher than same/all sector organisations and robust Quality assurance	AMD A&R on behalf of RO team with Trust Communications	Dec 2020
2	Review the resource for medical appraisal and revalidation administrative team to ensure that appropriate support that is proportionate to the 74% rise in number of doctors connected to ELHT is in place. This includes a review of the banding of the appraisal co-ordinator role in line with other peer organisations and hours of support available for medical A&R team besides enabling further administrative support to the role to ensure systemic avoidance of a single point of failure within the relevant administrative processes.	DMD for professional standards on behalf of RO team with Learning & Development Manager and HR manager	Dec 2020
3	Ensure formal ratification of the recently updated HR 46 Appraisal Policy through Trust Policy Council.	AMD A&R on behalf of RO team	September 2020
4	Repeat four Trusts' Peer review after the pandemic further to consensus across all four peer organisations and seek Board support for a Non Exec Director to support peer review..	AMD A&R and DMD Professional standards on behalf of RO team	January 2021
5	Successfully recruit new medical appraisers further to training planned for new appraisers in December 2020.	AMD A&R on behalf of RO team	December 2020
6	Re-Audit the Quality assurance review outcomes and present at appraiser network for shared learning in January 2021	AMD A&R on behalf of RO team	January 2021
7	Review and Update Trust Policy for Responding to Concerns about Doctors Clinical performance HR039 V4.1 that is due for update presently by December 2020.	DMD for professional standards on behalf of RO team	December 2020
8	Continue monitoring and aim to ensure that ethnicity of all doctors undergoing professional standards inquiries and processes at ELHT are captured in a prospective manner so that this data is reliably assured in future audits. Repeat the annual re audit on Doctors with concerns for this reporting period between April 2019 and March 2020 and continue annually. Audit to be shared at the appraiser network in January 2021	DMD for professional standards on behalf of RO team with HR team	January 2021
9	Audit on information sharing, including MPITs requested for new doctors and exit reports for short term locums -to be undertaken by Medical staffing team in conjunction with medical A&R team.	AMD A&R on behalf of RO team with Medical staffing manager	April 2021

10	Submit this Board report when signed by Chairman /CEO on behalf of designated Body to NHSEI	RO & Exec MD on behalf of ELHT Board	September 2020
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Appendix4: Professional Standards Audit on Doctors with Concerns 2015-2019



Appendix 6 Audit
Professional Standarc

TRUST BOARD REPORT

Item 64

9 September 2020

Purpose Information

Title	Emergency Preparedness, Resilience and Response (EPRR) Annual Statement
Author	Ms A Whitehead, EPRR Manager
Executive sponsor	Mr T McDonald, Director of Integrated Care and Partnerships

Summary:

This paper describes the Trust’s current position with regard to emergency preparedness, resilience and response (EPRR) pending the submission of a formal Statement of Assurance in October 2020.

Recommendations:

- a) To note that agreed, additional staffing resources has been allocated to the EPRR function to maintain the Trust Incident Co-ordination Centre (ICC) until at least March 2021. This will ensure that existing structures and systems are maintained as the Trust heads into winter and towards a potential second wave of the pandemic
- b) To receive this report as assurance that the Trust has robust, evidence based and tested EPRR practices in place and that it fulfils its statutory and non-statutory duties and obligations.
- c) To give delegated authority to the Deputy Chief Executive and the Director of Integrated Care and Partnerships to submit the EPRR Assurance Statement on behalf of the Trust. The final Assurance Statement will be presented to the Trust Board at its next meeting.

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	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/No	Financial	Yes/No
Compliance with Health & Social Care Act 2012		Additional Investment in resources to support ICC response agreed	
Compliance with Civil Contingencies Act 2004 and subsequent amendments			
Equality	Yes/No	Confidentiality	Yes/No

Executive Summary

1. This paper summarises the current position of the Trust in relation to emergency preparedness, resilience and response (EPRR).
2. There have been two key 'incidents' that the Trust, and indeed country, has been faced with this year. These are: a potential EU 'no deal' exit scenario and the covid-19 pandemic, the impacts of which were not anticipated or expected. However, as a Trust, we have robust and resilient plans and structures in place to deal effectively and efficiently when responding to such situations.
3. This report provides an overview of the Trusts emergency preparedness, resilience and response during the past 12 months and provides the Trust Board with assurance that ELHT meets its statutory duties under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 and its other non-statutory obligations.

2020/21 EPRR Assurance Process

4. The EPRR Core Standards Assurance Process usually commences in July each year. This process requires the Trust to complete a comprehensive self-assessment in relation to compliance against a set of national core standards. It is a very detailed and granular process and has been deemed, by NHS England and Improvement (NHSE/I), to be excessive while we prepare for a potential further wave of covid-19.
5. The events of 2020 have tested all NHS organisation plans to a degree above and beyond that routinely achievable through exercises or assurance processes. Therefore the Department of Health and Social Care have approved an alternative approach to the annual assurance process for 2020/21.
6. The amended process for 2020/21 will require a statement of assurance in relation to three specific areas:
 - a. Progress made by organisations that were reported as partially or non-compliant in the 2019/20 process:

For the period 2019/20, the Trust reported **Substantial compliance**, with 59 standards assessed as green and 5 standards assessed as amber. These were all related to our decontamination facilities (in relation to chemical, biological, radiological and nuclear contamination - CBRN). The Trust is progressing well towards fully achieving these core standards with a robust action plan in place.

- b. The process of capturing and embedding the learning from the first wave of the Covid-19 pandemic:

A substantial amount of work has been undertaken and is ongoing in relation to capturing and embedding learning from the first wave of the covid-19. This has been co-ordinated internally through the Trust's Improvement Practice Office and externally via the Pennine Lancashire Out of Hospital Group and Lancashire and South Cumbria (L&SC) Integrated Care System (ICS) Hospital and Out of Hospital Cells.

In addition the Trust has contributed to reviews undertaken by a range of external stakeholders such as the Healthcare Safety Investigation Branch (HSIB) and North West Association of Directors of Adult Social Services (ADASS). Both reviews focus on the learning from the first wave of Covid-19 to help identify learning that can be taken forward to response to further waves.

- c. Inclusion of progress and learning in winter planning preparations:

Planning preparations for winter are well underway and Covid-19 related issues and learning are incorporated into that. To support winter planning, the EPRR Manager is co-ordinating a review of divisional escalation triggers and action plans which will be facilitated through scenario based exercises.

- 7. The Trusts EPRR Assurance Statement will be submitted to the Clinical Commissioning Group by 2nd October 2020. As these nationally amended timescales do not align to the existing Trust Board schedule, the Trust Board are requested to give delegated authority to the Deputy Chief Executive and the Director of Integrated Care and Partnerships to

issue the assurance statement on behalf of the Trust. The final Assurance Statement will be presented to the Trust Board at its next meeting.

Covid-19 Pandemic Response

8. The UK has been responding to the covid-19 pandemic outbreak since March 2020. In line with the nationally recognised NHS command and control structure for responding to major incidents and emergencies, the Trust established an Incident Co-ordination Centre (ICC) and Divisional and Corporate Operational Co-ordination Centres (OCCs) which remain in place now and will continue to be in place throughout winter.
9. The ICC provides the overarching co-ordination of the Trust's planning, response and resilience from an organisational, local, system, regional and national perspective. **Appendix 1** of this report describes the initial Trust Covid-19 Incident Command and Control arrangements and **Appendix 2** sets out the Trust's Covid-19 Response Strategy.
10. The ICC acts as the single point of contact for the Trust and provides a facility to provide communication, co-ordination and leadership during an incident. It provides robust systems to receive and disseminate information, to co-ordinate and submit situation reports and is formally overseen by the Director of Integrated Care and Partnerships as the Trust's Covid-19 Executive Lead and nominated Director responsible for EPRR.
11. Additional staffing resources have been allocated to the EPRR function to maintain the ICC until at least March 2021. This will ensure that existing structures and systems are maintained as the Trust heads into winter and towards a potential second wave of the pandemic
12. The Trust has established a senior level, multi-disciplinary Incident Management Team (IMT) which originally met twice daily, but adjusted its frequency as the Covid-19 incident has evolved, and now meets on a weekly basis to support the review, approval and decisions made by the ICC and individual OCCs in relation to Covid-19 and is chaired by a Covid-19 Executive Lead.
13. Where needed, ad-hoc, time sensitive, working groups have been established to ensure that specific targets were achieved. This included Swabbing and Testing, Social Distancing and Personal Protective Equipment (PPE) and Clinical Consumables.

14. The Trust has also been represented on various local, system and regional multi-agency groups throughout the Covid-19 pandemic including mutual aid and the management of local outbreaks.
15. Governance arrangements are in place through the completion of ICC and OCC decision logs and through the action and decision logs of the IMT. The Director of Finance maintains oversight of all major Covid-19 related financial costs and all Covid-19 related resource costs e.g. staffing, equipment, estate are recorded and monitored centrally.
16. All Covid-19 related risks have been recorded on Datix and where appropriate, escalated to the Quality Committee and Trust Board. This process ensures that all risks and their impact to quality and safety, operational performance, compliance requirements, finance, workforce and stakeholders are recorded and monitored.
17. During the pandemic, all Divisional and Corporate Business Continuity Plans have been reviewed to reflect the potential impact of Covid-19 to ensure that we can maintain services and business as usual as much as is possible.
18. There have been some significant challenges relating to implementing national guidance including the issuing and wearing of PPE, implementing social distancing and other restrictions, providing hand hygiene stations across the Trust and implementing surveillance programmes. The Trust has responded to these challenges well, though some remain with mitigation, six months down the line, and there will no doubt be new challenges ahead as we head towards winter. However, the IMT is committed to ensuring safe, personal and effective care for its patient and visitors and to maintaining the health and well-being of its staff.
19. The Trust's response has had to evolve week by week and it has been a huge learning curve not only for us, but for the wider NHS. As with any emergency or incident response, it is imperative that lessons to be learned and good practice be captured to improve how we manage such incidents moving forwards. A substantial learning, review and evaluation exercise has been, and continues to be, co-ordinated by the Trust's Improvement Practice Office. The EPRR Team are also reviewing the Trust's Incident Command and Control structure and processes in order to improve our overarching preparedness and response to incidents and emergencies in the future.

20. The response by ELHT staff to Covid- 19 has been outstanding. The dedication, commitment, resolve and resilience of staff has been truly amazing and clearly represents the Trust values. Staff health and well-being has been paramount throughout this response and will continue to be monitored as we head into winter and a potential second wave of covid-19.

EU ‘No Deal’ Exit Operational Planning Group

21. During 2019 and 2020, the Trust undertook a significant amount of work in relation to planning for a potential EU ‘no deal’ exit scenario. This was co-ordinated through a weekly multi-disciplinary Operational Planning Group.

22. The Group focused on several key risk areas consisting of:

- a. Medicines and vaccines
- b. Medical devices and consumables
- c. Non-clinical consumable, goods and services
- d. Workforce
- e. Reciprocal healthcare
- f. Research and clinical trials
- g. Data and IT
- h. Finance

23. As part of its planning, the Trust undertook self-assessments and completed and submitted situation reports (locally and regionally) in relation to its preparedness, resilience and response to a ‘no deal’ scenario.

24. As we head towards 31st December 2020, when the transition period ends, if a trade deal is not agreed and implemented, the UK will default to trading on World Trade Organisation (WTO) terms with the EU. This means that most UK goods would be subject to taxes or tariffs until a free trade deal is agreed.

25. The Operational Planning Group will re-convene in September, chaired by the Director of Integrated Care and Partnerships as the Trust’s Executive Lead for EU Exit and the

EPRR Manager will co-ordinate the undertaking of the self-assessment to identify the Trusts key risks in order to ensure that systems and processes are in place to mitigate these risks.

Recommendations

26. The Trust Board is asked to:

- a. To note that additional staffing resources have been allocated to the EPRR function to maintain the ICC until at least March 2021. This will ensure that existing structures and systems are maintained as the Trust heads into winter and towards a potential second wave of the pandemic
- b. To receive this report as assurance that the Trust has robust, evidence based and tested EPRR practices in place and that it fulfils its statutory and non-statutory duties and obligations.
- c. To give delegated authority to the Deputy Chief Executive and the Director of Integrated Care and Partnerships to submit the EPRR Assurance Statement on behalf of the Trust. The final Assurance Statement will be presented to the Trust Board at its next meeting.

Alison Whitehead, EPRR Manager, 27th August, 2020

Appendix 1 - Covid-19 Incident Command and Control Arrangements

This provides a summary of the Incident Command and Control arrangements in place for the management of the Covid-19 outbreak.

Please note this is a dynamic and rapidly evolving incident and these arrangements will be kept under review and updated to reflect the response required.

An Incident Co-ordination Centre and Operational Co-ordination Centres established as outlined below.

The Incident Co-ordination Centre reports to the Lancashire and South Cumbria Strategic Co-ordinating Group (Gold) and Operational Co-ordination Centres report to the Incident Co-ordination Centre (Silver).

Nothing in these reporting arrangements shall impair the Chief Executive or Deputy Chief Executive from discharging their leadership and direction to the Trust Command and Control Structures.

1. Trust Triumvirate Leads

- Tony McDonald, Director of Integrated Care and Partnerships (cross-cover: Sharon Gilligan, Director of Operations)
- Jawad Husain, Medical Director (cross-cover: Ian Stanley, Director of Infection Control and Prevention)
- Chris Pearson, Director of Nursing (cross-cover: Julie Molyneaux, Deputy Director of Nursing)

2. Incident Co-ordination Centre – ICC - (Tactical/Silver)

Senior Leadership

- Tony McDonald, Director of Integrated Care and Partnerships
- Dr Ian Stanley, Director of Infection Prevention and Control

Management

- Alison Whitehead, ICC Manager and Specialist EPRR Advisor

Support

- Julia Fielden, ICC Administrator
- Nicola Stead, ICC Administrator

Hours

Initially, the Incident Co-ordination Centre (ICC) will function on a 24/7 basis. During the hours of 08:00 and 18:00 the ICC will operate from Trust Headquarters.

During Monday to Friday the ICC will be overseen by the Director of Integrated Care and Partnerships and Director of Infection Prevention and Control.

During Saturdays, Sundays and Bank Holidays, the ICC will be overseen by an Executive Director Lead together with the Incident Manager and ICC Administrator. The ICC Administrator will produce a rota of Executive Directors to cover the ICC. The Director on Call and Senior Manager on Call will be resident on site between 08:00 and 18:00 on Saturdays, Sundays Bank Holidays with a lieu day taken for this. These cover will be stood down when appropriate to do so on the proviso that it can be re-instated if needed.

During the hours of 18:00 and 08:00 the ICC will operate from the Patient Flow and Clinical Site Management Operational Co-ordination Centre and will be overseen by the Director on Call, Senior Manager on Call and Clinical Site Manager. Senior clinical advice will be provided by the Senior Clinician on Call.

The ICC and OCCs will flex the hours that they are manned depending on local and national need.

Facilities

The ICC management will have an office and the ICC will have hot desk facilities available for OCC links and other key colleagues to use. Break-off meeting space will be available.

There will be phones, IT and associated infrastructure available.

Kitchen facilities will be available.

Situational Reporting and Assurance Templates

The ICC will oversee the completion and submission of all external reporting and assurance arrangements. OCCs will respond to such requests and ensure the timely completion and return of these to the ICC.

3. Operational Co-ordination Centres - OCCs – (Bronze)

The following Operational Co-ordination Centres will be established:

Clinical

- Community and Intermediate Care Division
- Diagnostic and Clinical Support Services Division
- Discharge Management
- Family Care Division
- Medicine and Emergency Care Division (MEC and ED representative to attend ICC meetings)
- Patient Flow and Clinical Site Management
- Surgery and Anaesthetics Division

Corporate

- Communications and Engagement*
- Education
- Estates and Facilities*
- Finance

- Infection Prevention and Control*
- Medical Devices and Equipment
- Occupational Health
- Performance and Information
- Quality and Safety (including risk and patient experience)
- Workforce*

System

- Clinical Commissioning Group* – based at Fusion House

*means will have a representative based within ICC to act as a key conduit between the ICC and respective OCC.

All OCCs will operate between the hours of 08:00 and 18:00, have identified command and control leadership at all times and have a single point of contact established e.g. email address and telephone number. OCCs will be required to have Microsoft Teams/Video-conferencing facilities in place.

4. Meeting Structure

The following meeting structure will be established. Frequency of meeting may change as the incident evolves. All other meetings will be stood down unless there is a direct patient safety requirement not related to Covid-19. Microsoft Teams/Video Conferencing will be in place for meetings. These will be co-ordinated through the Quality and Safety Operational Co-ordination Centre.

Incident Management Meetings

Incident Management Team meetings will be held initially at 08:00 and 14:00 daily on Mondays to Fridays.

These will be chaired by the Director of Integrated Care and Partnerships (cross-cover: Director of Operations).

Core attendees will be ICC Leads, Director of Operations and 1 representative from each OCC unless stated otherwise.

OCCs are expected to establish their meetings from 09:00 and 15:00 and these will act as a cascade for information and actions from Incident Management Team meetings.

Executive Oversight Meetings

An Executive Oversight meeting will be established. This will meet initially on Tuesdays and Fridays at 09:00 for 30 minutes.

This meeting will support the effective oversight of the incident and provide a space for any other relevant Trust business not related to the Covid-19 outbreak to be conducted and managed.

5. Communication and Verbal Cascade

A Trust Covid-19 Bulletin will be produced.

Bulletins will be initially be provided twice daily (morning and afternoon/evening) on Mondays and Fridays and once daily on Saturdays, Sundays and Bank Holidays.

Bulletins will be produced by the Communications and Engagement OCC and approved and issued in the name of the Director of Integrated Care and Partnerships and Director of Infection Prevention and Control as the ICC Leads.

An information cascade system will be established to ensure all key priority services will receive a verbal communication of Covid-19 Bulletins. This will include:

- Assessment Units (including Ambulatory Pathways, Paediatrics and Maternity)
- Critical Care
- Emergency Medicine
- Medical Handover
- Patient Services
- Theatres

The Operational Co-ordination Centres for the relevant key priority area will be responsible for implementing this verbal cascade system.

TM/IS/AW
16/03/20
28/08/2020

Appendix 2 - Covid-19 Response Strategy

The UK and Lancashire faces unprecedented challenges arising from the Covid-19 global pandemic. East Lancashire's Hospital's response must be absolutely prioritised to protecting the community we serve. This will no doubt mean that we will need to operate outside conventional operating practices to ensure we deliver a co-ordinated, resourced and effective service to save lives and protect the vulnerable.

Our response strategy:

- To provide the most appropriate care for our patients within the hospital and in our community
- To ensure ALL staff are supported with decision making, safeguarding, health and well being
- Co-ordinate and support an effective, integrated approach across all divisional areas to this public health and social emergency
- Manage the response across the Trust through the command and control structure put in place ensuring our response adapts collectively as the situation develops
- Ensure the Trust's response is aligned to the NHS structures at the local, regional and national levels
- Ensure the Trust's response is aligned to and contributes to the response of the Lancashire Resilience Forum

To achieve these objectives we will:

Ensure functions within the Trust at strategic, tactical and operational levels operate effectively, these include:

- Strategic Coordination through the Executive Team
- Tactical Coordination through the Incident Coordination Centre and Incident Management Team
- Operational Coordination through the Operational Co-ordination Centres:

Clinical

- Nursing
- Medical
- Therapies
- Medicine and Emergency Care (including Emergency Medicine)
- Surgery and Anaesthetics (including Critical Care)
- Family Care
- Diagnostics and Clinical Support Services
- Community, Intermediate Care and Discharge Management
- Infection Prevention and Control
- Acute Care Team

- Patient Flow and Clinical Site Management

Corporate

- Quality and Safety (including Incident Reporting)
- Estates and Facilities
- Workforce (including Staff Health and Wellbeing Service)
- Education
- Procurement
- Medical Devices and Equipment
- Information Management & Technology
- Finance
- Communications and Engagement

System

- Clinical Commissioning Group* – based at Fusion House

*means will have a representative based within ICC to act as a key conduit between the ICC and respective OCC.

The Command and Control function will also facilitate the:

- Provision of links into system partner ICCs
- Linking in with Lancashire Resilience Forum
- Planning for the Recovery Phase

Through the areas highlighted above the Trust will:

- Promote individual responsibilities to prevent the spread of the disease through good hygiene practice and subscription to behavioural changes as required by national guidance
- Plan for reasonably forecast impacts upon our ability to maintain patient care whether in the hospital or community and mitigate these impacts through the emergency response structures
- Promote ethical and defensible decision making across the organisation
- Support the continuity of critical activities across the Trust
- Promote a return to normality and the recovery from disruption and restoration of services at the earliest opportunity
- Ensure that health and other professionals, the public and media are engaged and well informed throughout the pandemic period, with information provided in a timely and appropriate manner

[Signature Here](#)

Kevin McGee

Chief Executive/Accountable Officer



3rd April 2020

TRUST BOARD REPORT

9 September 2020

Item 66

Purpose Information Assurance

Title	Annual Audit Letter
Author	Mr G Kelly, Associate Director, Grant Thornton UK LLP
Executive sponsor	Mrs M Brown, Executive Director of Finance

Summary: The Annual Audit Letter, which summarises the key findings arising from the work carried out by Grant Thornton UK LLP, as external auditors for the Trust for the year ended 31 March 2020.

The Board is asked to note and approve the document.

Report linkages

Related strategic aim and corporate objective	-
Related to key risks identified on assurance framework	The Trust fails to achieve a sustainable financial position and appropriate continuity of service risk rating.

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

The Annual Audit Letter for East Lancashire Hospitals NHS Trust

Year ended 31 March 2020

July 2020



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Appendices

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- B Audit Adjustments

Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at East Lancashire Hospitals NHS Trust (the Trust) for the year ended 31 March 2020.

This Letter is intended to provide a commentary on the results of our work to the Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit Committee as those charged with governance in our Audit Findings Report on 1 July 2020.

Our work

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the Trust's financial statements (section two)
- assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the Trust financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Materiality	We determined materiality for the audit of the Trust's financial statements to be £6,642,000, which is 1.3% of the Trust's gross revenue expenditure.
Financial Statements opinion	<p>We gave an qualified opinion on the Trust's financial statements on 1 July 2020. It is important to note this does not affect our opinion that, the statements give a true and fair view of the Trust's financial position and its income an expenditure for the year.</p> <p>We qualified the audit opinion due to a limitation of scope relating to our team being unable to attend the Trust's stocktakes at year end. We included a going concern material uncertainty paragraph in our report on the Trust's financial statements to draw attention to the note which explains the basis on which the Trust has determined that it is still a going concern. We included an emphasis of matter paragraph in our report on the uncertainty over asset valuations as at 31 March 2020 given the pandemic.</p>
NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to the National Audit Office with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	We did not identify any matters which required us to exercise our additional statutory powers.

Executive Summary

Value for Money arrangements	We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for its arrangements for securing sustainable resource deployment in terms of financial sustainability. We therefore qualified our value for money conclusion, on an except for basis, in our audit report to the Directors of the Trust on 01 July 2020.
Quality Accounts	Due to the Covid-19 pandemic, the Department of Health and Social Care suspended the requirement for the Trust's Quality Accounts to be certified.
Certificate	We certified that we have completed the audit of the financial statements of East Lancashire Hospitals NHS Trust in accordance with the requirements of the Code of Audit Practice on 01 July 2020.

Working with the Trust

The outbreak of the Covid-19 coronavirus pandemic has had a significant impact on the normal operations of the Trust. Restrictions for non-essential travel has meant both Trust and audit teams have had to initiate remote working arrangements from home including the remote accessing of financial systems, the provision of working papers electronically by secure means, the use of video and telephone conferencing arrangements and using virtual technology to observe the download of data and other information to ensure its completeness and accuracy for testing.

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the Trust's staff during these extraordinary times.

Grant Thornton UK LLP
July 2020

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's financial statements to be £6,642,000, which is 1.3% of the Trust's gross revenue expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where the Trust has spent its revenue in the year.

We also set a lower level of specific materiality for senior officer remuneration of £10,000.

We set a lower threshold of £300,000, above which we reported errors to the Audit Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the financial statements included in the Annual Report on which we gave our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Going concern material uncertainty disclosures</p> <p>As auditors, we are required to obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the entity's ability to continue as a going concern.</p> <p>The Trust are facing significant financial challenges and have forecast a deficit position for 2019/20 and 2020/21. The Trust will therefore require further cash support to pay its expenses in these years. The source and value of this support has yet to be confirmed.</p> <p>We therefore identified the adequacy of disclosures relating to material uncertainties that may cast doubt on the Trust's ability to continue as a going concern in the financial statements as a significant risk. Given the sensitive nature of these disclosures, this is one of the most significant assessed risks of material misstatement, and a key audit matter for the audit.</p>	<p>We undertook the following work in relation to going concern:</p> <ul style="list-style-type: none"> ▪ discussed the financial standing of the Trust with officers; ▪ reviewed management's assessment of going concern assumptions and supporting information, e.g. 2019/20 and 2020/21 budgets and cash flow forecasts and associate; sensitivity analysis to corroborating evidence; and ▪ evaluated the completeness and accuracy of disclosures on material uncertainties with regard to going concern in the financial statements. 	<p>Management carried out a thorough assessment against each of the events or conditions that may cast significant doubt upon an NHS Trust's ability to continue as going concern. A paper was brought to Audit Committee in April 2020, outlining managements judgement that the Trust should prepare its accounts on a Going Concern basis. Management updated this assessment in June 2020 to reflect the impact of Covid-19. The Trust obtained correspondence from NHSI/E, which indicated that current NHS national funding arrangements would continue for the remainder of 2020/21 and as a result they would post a break-even position. On this basis, they concluded a material uncertainty did not exist.</p> <p>We challenged management's conclusion that a material uncertainty did not exist. There was no formal confirmation that current Covid-19 arrangements would continue for the remainder of 2020/21. In the event that they were discontinued, the Trust expected that any shortfall in earned income over expenditure would be met in the form of revenue support from the Department of Health and Social Care. This additional support had not been confirmed. This represented a material uncertainty.</p> <p>Following audit challenge, Note 1.3 was updated to reflect that a material uncertainty does exists. Our audit report opinion included a brief description of the events or conditions identified that may cast significant doubt on the Trust's ability to continue as a going concern when a material uncertainty has been adequately disclosed in the financial statements.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Covid – 19</p> <p>The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to:</p> <ul style="list-style-type: none"> - Remote working arrangements and redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation - Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates - Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties for a period of at least 12 months from the anticipated date of approval of the audited financial statements have arisen; and - Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1, particularly in relation to material uncertainties. <p>We therefore identified the global outbreak of the Covid-19 virus as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>As part of our work we have;</p> <ul style="list-style-type: none"> • worked with management to understand the implications the response to the Covid-19 pandemic has on the organisation's ability to prepare the financial statements and update financial forecasts, and assessed the implications for our materiality calculations; • liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arose; • evaluated the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic; • evaluated whether sufficient audit evidence can be obtained in the absence of physical verification of assets through remote technology; • evaluated whether sufficient audit evidence can be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances; • evaluated management's assumptions that underpin the revised financial forecasts and the impact on management's going concern assessment; and • discussed with management any potential implications for our audit report if we have been unable to obtain sufficient audit evidence. 	<p>Restrictions on non-essential travel meant the audit team were unable to attend the year-end inventory count. As a result, our audit report opinion was qualified to reflect a limitation of scope over the year-end inventory balance. The limitation related to our inability to attend physical year-end stock takes. The Trust and Grant Thornton PSA have received written confirmation that there will be no adverse consequences, from an NHS England and NHS Improvement oversight perspective, for trusts with a qualified opinion resulting from this limitation of scope on inventory.</p> <p>As disclosed in Note 1.4, the Trust's valuer declared a 'material uncertainty' in relation to the valuation of the Trust's land and buildings at 31 March 2020, because of the impact Covid-19 has had on the markets upon which the valuation is based. Our audit report included an emphasis of matter in relation to the disclosure in the Trust's accounts, which reflects this material uncertainty.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Management override of controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Trust faces external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business, as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>As part of our work, we have;</p> <ul style="list-style-type: none"> evaluated the design effectiveness of management controls over journals; analysed the journals listing and determined the criteria for selecting high risk unusual journals; tested unusual journals made during the year and the accounts production stage for appropriateness and corroboration; gained an understanding of the accounting estimates and critical judgements applied by management and considered their reasonableness; and evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions. 	<p>Our audit work did not identify any issues in respect of management override of controls.</p>
<p>Fraud in expenditure recognition</p> <p>Practice Note 10 suggests that the risk of material misstatement due to fraudulent financial reporting that may arise from the manipulation of expenditure recognition needs to be considered, especially where the body is required to meet targets.</p> <p>The Trust is facing significant external pressure to restrain budget overspends. We have therefore determined that there is a completeness and accuracy risk which applies to all non-pay expenditure excluding depreciation, amortisation, clinical negligence, audit fees, impairments and PFI costs, and including agency costs.</p>	<p>As part of our work, we have;</p> <ul style="list-style-type: none"> documented the goods received not invoiced accrual process, challenging any key assumptions, the appropriateness of the source data used and the basis for calculations; tested substantively a sample of expenditure to supporting documentation to confirm correct accounting treatment; obtained a listing from the cash book of non-pay payments made in April to ensure they have been charged to the appropriate year; and tested substantively a sample of year end creditor and accrual balances. 	<p>Our audit work did not identify any issues in respect of fraud in expenditure recognition.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Valuation of land and buildings</p> <p>The Trust revalues its land and buildings on an annual basis to ensure that the carrying value is not materially different from the current value at the financial statements date. This valuation represents a significant estimate by management in the financial statements.</p> <p>Management has engaged the services of a valuer to estimate the current value as at 31 March 2020.</p> <p>The valuation of land and buildings is a key accounting estimate, which is sensitive to changes in assumptions and market conditions.</p> <p>We therefore identified the valuation of land and buildings, particularly revaluations and impairments, as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>As part of our work, we have;</p> <ul style="list-style-type: none"> • evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to the valuation experts and the scope of their work; • evaluated the competence, capabilities and objectivity of the valuation expert; • considered the basis on which the valuations were carried out; • challenged the information and assumptions used by the valuer to assess completeness and consistency with our understanding; • tested the completeness and accuracy of data held by the Trust and provided to the valuer; • tested key assumptions and inputs which impact the valuation, including build rates, floor space, obsolescence and professional fees; • engaged our own valuer to assess the instructions to the Trust's valuer, the Trust's valuer's report and the assumptions that underpin the valuation; • agreed the reasonableness of movements in asset values from the 31 March 2019 valuation through discussions with the valuer and analysis of RICS BCIS All in TPI Indices; • evaluated and challenged the judgements made by the Trust and its valuation expert; and • tested, on a sample basis, revaluations made during the year to ensure they have been input correctly into the Trust's asset register. 	<p>During 2019/20, the Trust engaged QE Facilities Limited (QEF) to refine its alternative site model. The work of QEF has been reflected in the valuation of the Trust's land and buildings, provided by Cushman and Wakefield. We reviewed the work carried out by QEF and tested the key assumptions adopted by Cushman and Wakefield, including corroboration with our own auditor's valuation expert, and are satisfied that they are reasonable.</p> <p>Cushman and Wakefield provided a full valuation as at 31 March 2020, as well as an updated valuation as at 1 April 2019. We are satisfied that the Trust has accounted for both appropriately.</p> <p>Our testing of Assets Under Construction identified one issue, where an asset was assumed to be 60% operational at year end. On further investigation it was found to be 95% operational. As a result, we estimated the Trust's Property Plant and Equipment was overstated by £2.974 million. This issue would have a trivial impact on depreciation.</p> <p>Our audit work did not identify any other issues in respect of the valuation of land and buildings. Our audit opinion included an emphasis of matter in relation to the Trust's PPE valuation material uncertainty disclosure in note 1.4. as a result of Covid 19.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Revenue recognition</p> <p>Trusts are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue.</p> <p>We have rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from:</p> <ul style="list-style-type: none"> • Block contract income element of patient care revenues • Education & training income. <p>We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue.</p> <p>We have therefore identified the occurrence and accuracy of these income streams of the Trust and the existence of associated receivable balances as a significant risk, which is one of the most significant assessed risks of material misstatement.</p>	<p>As part of our work, we;</p> <ul style="list-style-type: none"> • evaluated the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20; and • updated our understanding of the Trust's system for accounting for income from patient care and other operating revenue, and evaluated the design of the associated controls. <p><u>Patient Care Income</u></p> <ul style="list-style-type: none"> • used the DHSC mismatch report and investigated unmatched revenue and receivable balances over £0.3m, corroborating the unmatched balances used by the Trust to supporting evidence; and • agreed, on a sample basis, income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from the Trust's commissioners. <p><u>Other Operating Revenue</u></p> <ul style="list-style-type: none"> • agreed, on a sample basis, income and year end receivables from other operating revenue to invoices and cash payment or other supporting evidence. 	<p>Our audit work did not identify any issues in respect of revenue recognition.</p>

Audit of the Financial Statements

Audit opinion

We gave a qualified audit report on 01 July 2020, due to limitation of scope on stock/ inventory.

Preparation of the financial statements

The Trust presented us with draft financial statements in accordance with the national deadline and pandemic lockdown restrictions that existed at the time, and provided a good set of working papers to support them. The finance team responded promptly and efficiently to our queries remotely during the course of the audit.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the Trust's Audit Committee on 01 July 2020. Audit adjustments identified through the course of the audit are summarised in Appendix B. Our audit report was given one week after the national deadline for submission of audited NHS Trust accounts. The delay was a result of resourcing challenges within the audit team and also to allow time for further discussions with Trust Management and Those Charged with Governance regarding the wording of our audit report opinion.

Annual Report, including the Annual Governance Statement

We are also required to review the Trust's Annual Report, including the Annual Governance Statement. It provided these on a timely basis with the draft financial statements with supporting evidence. A small number of changes were made to the Annual Report and Annual Governance Statement following audit. A reference was added to equality impact assessments, more detail was added in relation to data loss incidents and the Trust's key risks in the Annual Governance Statement. The Annual Report was updated to provide more context around the Trust's 2020/21 draft plan and delivery of the 2019/20 CIP.

Whole of Government Accounts (WGA)

We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of East Lancashire Hospitals NHS Trust in accordance with the requirements of the Code of Audit Practice on 01 July 2020.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in April 2020 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risk we identified and the work we performed are set out overleaf.

Overall Value for Money conclusion

We are satisfied that, in all significant respects, except for the matter we identified in respect of financial outturn and sustainability, the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020.

Value for Money conclusion

Value for Money Risks

Risks identified in our audit plan	Findings	Findings and conclusions
<p>Financial outturn and sustainability</p> <p>The Trust's 2019-20 control total is a £7.0 million underlying deficit. By accepting this control total, the Trust received a £4.4 million payment of Marginal Rate Emergency Tariff (MRET) and access to £9.2 million non-recurrent Provider Sustainability Fund (PSF) funding. 15% of this allocation is based on the financial performance of the ICS against its overall control total.</p> <p>At month 10 the Trust is forecasting achievement of its control total and receipt of its full PSF allocation. However, there remains significant risk to this financial position and a list of mitigating actions have been developed in an attempt to bridge the gap of £4.2 million required to meet this control total. Without mitigations, the Trust is forecasting a £12.1 million adverse variance to the planned control total.</p> <p>The Trust's 2019/20 Waste Reduction Programme (WRP) is £16.4 million. At month 10, £8.1 million (49%) has been actioned, of which £3.8 million (47%) is recurrent and £6.8 million is reducing the cost base (cash releasing).</p> <p>Based on the above, the financial outturn and sustainability of the Trust represents a significant risk to our Value for Money conclusion.</p>	<ul style="list-style-type: none"> • During 2019/20, the Trust Board monitored its financial position including delivery of the Waste Reduction Programme (WRP) with more detailed reporting of the financial position and WRP provided to the Finance and Performance Committee. • The Trust delivered a £5.1 million surplus for 2019-20 against a planned £6.7 million surplus. This included £12.6 million of PSF and MRET income. The Trust had an efficiency plan of £16.4 million in 2019/20 and has delivered these savings, however £11.9 million were non-recurrent against the plan that was 100% recurrent. This is the second year in succession where the Trust has achieved its planned WRP savings but with a higher than planned level of non-recurrent savings. In 2018-19 the Trust delivered the planned £18 million of savings, however £8.8 million was recurrent against a plan of £16.9 million. • Prior to the Covid pandemic response, the Trust was in the process of finalising its 2020-21 WRP, linked to its improvement programme. This sought to ensure delivery of £17m of financial savings in year, through improvements to quality, operational delivery, staff morale and patient experience. Through the response to Covid, the Trust has reported a step change in transformation. It is now commencing a review of its improvement programme across sixteen themes. • The Trust's Pre- Covid-19 draft financial plan was for a £36.4 million deficit. This plan included a contingency of £8.7 million. It also includes a WRP of £17 million. The plan was never finalised because of Covid-19, and temporary funding arrangements are now in place that mean the Trust will post a breakeven position until at least the end of July. The disruption caused by Covid-19 means that full delivery of significant elements of the WRP relating to procurement (£4 million) and 'Business as Usual' (£4.8 million) will be challenging. 	<p>The Trust is working to deliver what it can on its WRP and is also taking the learning from new ways of working from COVID-19 to support the delivery of other areas of savings. There are a number of schemes where the step change in technology and transformation will offer benefits in excess of the Trust's original plans. It is important for the Trust to maximise those benefits during the next phases of the crisis. The re-stating of the improvement programme will have the aim of ensuring this.</p> <p>However, the Trust planned for a large deficit in 2020-21 and has a challenging Waste Reduction Programme as well as finding previous non-recurrent gaps, which as a combination may well lead to it being reliant on revenue support. Therefore, we were unable to conclude that the Trust had proper arrangements in place for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.</p>

Value for Money conclusion

Value for Money Risks (continued)

Risks identified in our audit plan	Findings	Findings and conclusions
	<ul style="list-style-type: none"> The Trust has drafted a high-level financial plan to reflect the impact of Covid, with a number of different scenarios. The Trust obtained correspondence from NHSI/E which indicated that current NHS national funding arrangements would continue for the remainder of 2020/21 and as a result they would post a break-even position. The audit team reviewed this correspondence and concluded that it did not constitute formal confirmation of the extension of the current arrangements. Under the current arrangements, which lasts until the end of July, the Trust is forecasting a £15.9 million deficit. These figures have been adjusted to reflect the impact of Covid-19 on costs and assume delivery of £8.4 million of the revised forecast WRP of £12.4 million. This assumes the Trust reverts to its initial plan after the end of July. The Trust continues to work collaboratively with Pennine/ Lancashire Health Economy partners in 2019/20 to confront the challenges facing the system. Whilst the Trust achieved its control total in 2019/20, the system control total was missed. 	

Management response

The Trust achieved all of its financial targets in 2019-20 and while the Trust strives to make recurrent savings it is acknowledged that each year that a proportion of these savings will be non-recurrently identified, as they are every year. To add context this is not unusual and while the NHS Acute Sector struggle with competing priorities including the performance targets and a financial payment regime that falls short of covering the cost of running the sites and providing high quality care at the same time.

The 2020-21 draft financial plan included costs to meet national requirements rather than local requirements. The 2020-21 NHS Operational planning guidance stated that Trusts will be expected to reduce general and acute bed occupancy levels to a maximum of 92%. This means that the long period of reducing the number of beds across the NHS should not be expected to continue. The default operational assumption is that the peak of open bed capacity achieved through the winter of 2019-20 will be at least maintained through 2020-21. At the point when the planning round was halted funding to achieve these requirements from a national level had not been identified.

In addition, the Trust had not been allocated any of the Financial Recovery Fund (FRF) again this would be challenged prior to agreeing a final financial plan which may look quite different to the draft plan. It is expected that the block payments will continue for the full 2020-21 financial year but we are awaiting the detail. If the block payments continue for the full financial year the Trust would not be reliant on revenue support.

Prior to the Covid pandemic response, the Trust was in the process of finalising its 2020-21 Waste Reduction Programme, linked to its improvement programme. This sought to ensure delivery of £17m of financial savings in year, through improvements to quality, operational delivery, staff morale and patient experience. The pandemic resulted in capacity being diverted to the response and an effective suspension of the improvement plan at this time. As we move now to the phases of restoration and 'living with Covid' the Trust is re-assessing its improvement programme for the remainder of the year. A proposal to learn from the response and develop the forward programme was agreed earlier this month, and contains an Executive session on the 30th June 2020. Through the response to Covid, the Trust has seen a significant step change in transformation across the organisation. This has resulted in the starting point of the original themes from the improvement programme being quite different. The review of the Improvement programme will consider this change in order to determine the next steps for these programmes.

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and confirm there were no fees for the provision of non audit services.

Reports issued

Report	Date issued
Audit Plan	April 2020
Audit Findings Report	July 2020
Annual Audit Letter	July 2020

Fees

	Planned £	Actual fees £	2018/19 fees £
Statutory audit	56,600	61,600	47,600
ELHT&ME Independent Examination	1,850	1,850	1,850
Total fees	58,450	63,450	49,450

Fees for non-audit services

Service	Fees £
Audit related services	Nil
- None	
Non-Audit related services	Nil
- None	

An additional fee of £3,000 has been agreed in relation to the work carried out to support our Value for Money (VFM) Conclusion work. In May and June the audit manager and engagement lead have considered additional evidence and held a number of meetings with management in relation to our financial sustainability significant risk. This evidence was put before Grant Thornton's national consistency panel 4 times, where detailed discussions were held as to the proposed qualified VFM opinion. This additional work was reflected in our Audit Findings Report and in discussions with management and those charged with governance.

An additional fee of £2,000 has been agreed in relation to work carried out in response to our significant financial statements risk in relation to Covid-19. As detailed in our audit findings report, we carried out additional procedures, that were not anticipated at time of setting the planned fee. Key areas of focus were disclosures around going concern and the material uncertainty in relation to the valuation of the Trust's land and buildings. There were also a number of other audit procedures which required more audit hours as a result of the audit team delivering the work 100% remotely. Please note we are not passing on all of the actual additional time spent and the quality accounts fee of £6,000 was not charged, with this work being cancelled in 2020/21.

Our planned and actual fee does not include the cost of auditing the impact of IFRS16 (£500). The adoption of IFRS16 has been delayed until 1 April 2021 and as such we did not carry out this work as part of our 2019/20 audit.

B. Audit Adjustments

Impact of adjusted misstatements

All adjusted misstatements are set out in detail below

Detail	Statement of Comprehensive Net Income £'000	Statement of Financial Position £' 000	Impact on adjusted net surplus/(deficit) £'000
Clinician pension tax reimbursement			
The Trust reclassified it's clinician pension tax reimbursement provision to reflect that £828,000 of the liability is non-current. A separate reimbursement asset is recognised as this cost will be covered by NHS England. There has therefore been a corresponding reclassification between current and non current receivables.			
		892	
Current Provisions		(892)	
Non Current Provisions		(892)	
Current Receivables			
Non Current Receivables		892	
Overall impact	Nil	Nil	Nil

B. Audit Adjustments (continued)

Misclassification and disclosure changes

The table below provides details of misclassification and disclosure changes identified during the audit.

Disclosure Issue	Adjusted?
Note 1.3 Going Concern The note was expanded to reflect the impact of Covid-19 and that a material uncertainty currently exists.	✓
Note 1.4 Sources of estimation uncertainty The note was updated to reflect the material uncertainty on valuations, relating to Covid-19. This was reflected in note 12.1 in the draft accounts. The note does not fully meet the requirements of IAS8. The carrying value of assets affected by the uncertainty should be disclosed as well as the assumptions which cause the greatest uncertainty. We recommend that the Trust revisit this note in 2020/21.	x
Note 1.5 Critical Judgements The note does not fully disclose the judgements made by the Trust. We have recommended that the Trust revisit this note in 2020/21.	x
Intangible Assets An accounting policy was added for Intangible Assets	✓
Remuneration Report A number of changes were made to the Remuneration Report following audit, these included: <ul style="list-style-type: none"> • Pension relate benefit updated for one individual • Real increase in CETV updated for 6 individuals • All pension related benefits banding updated for 3 individuals • Salary banding updated for 2 individuals 	✓
Contingent Liabilities The Trust excluded a contingent liability relating to VAT reclaims (value £942,000) from its accounts on the grounds of materiality. We are satisfied that the amount is correctly classified as a contingent liability and that the value is immaterial to the Trust's accounts.	x

B. Audit Adjustments (continued)

Impact of unadjusted misstatements

Detail	Statement of Comprehensive Net Income £'000	Statement of Financial Position £' 000	Impact on adjusted net surplus/(deficit) £'000	Reason for not adjusting
Property Plant and Equipment				
Our testing of assets under construction identified one issue, where an asset was assumed to be 60% operational at year end. On further investigation it was found to be 95% operational. As a result we estimate that PPE was overstated by £2.9 million and impairments understated by the same amount. This issue had no impact on the Trust's adjusted deficit.				The Trust have not adjusted on the grounds of materiality and in the knowledge that this is an isolated issue, with no other assets being partly operational at year end.
Impairments	2,974			
PPE		(2,974)		
Impact on adjusted net surplus			Nil	
Intangible Assets				
Our testing of Intangible Assets identified 5 laptops which had been incorrectly classified as Intangible Assets. As a result Intangible Assets was overstated and Property Plant and equipment is understated.				The Trust have not adjusted on the grounds of materiality.
Intangibles		(314)		
Property Plant and Equipment		314		
Impact on adjusted net surplus			Nil	
Overall impact	£2,974	(2,974)	Nil	

Impact of prior year unadjusted misstatements

There are no prior year unadjusted misstatements.



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TRUST BOARD REPORT

Item **67**

9 September 2020

Purpose Monitoring

Title	Audit Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager
Executive sponsor	Mr R Smyth, Committee Chair

Summary: This document provides an overview of the agenda items that were discussed at the Audit Committee meetings that have taken place at the Trust during the response to the Covid-19 pandemic. The Committee held meetings on the following dates:

- 8 April 2020
- 23 June 2020
- 1 July 2020
- 14 July 2020

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Audit Committee Update

At the meeting of the Audit Committee held on 8 April 2020 members considered the following matters:

1. Internal Audit Progress Report 2019/20 (Quarter 3 – 1 January 2020 to 31 March 2020)
2. Draft Internal Audit Plan 2020/21
3. Review of Going Concern
4. Covid-19 Risks & Governance: Update and Corporate Risk Register (CRR) / Board Assurance Framework (BAF)
5. External Audit Progress Report and Workplan 2019/20
6. Counter Fraud Service Progress Report 2019/20 and Draft Workplan 2020/21
7. Draft Annual Governance Statement
8. Revised Year End Processes Timetable
9. Information Items
 - a) Finance and Performance Committee Minutes
 - b) Quality Committee Minutes
 - c) Governance Steering Group Minutes

At the meeting of the Audit Committee held on 23 June 2020 members considered the following matters:

1. Review and Approval of the Head of Internal Audit Opinion (**substantial assurance**)
2. Response from those Charged with Governance
3. Going Concern Report
4. Review and Approval of the Annual Report and Annual Governance Statement
5. Draft Modern Slavery Statement
6. Review and approval of the Audited Annual Accounts and Financial Statements
7. Audit Findings Report from Grant Thornton, External Auditors and Letters of Representation
8. Quality Account Update

At the meeting of the Audit Committee held on 1 July 2020 members considered the following matters:

1. Response from those Charged with Governance
2. Going Concern Report

3. Review and Approval of the Annual Report and Annual Governance Statement
4. Modern Slavery Statement
5. Review and approval of the Audited Annual Accounts and Financial Statements
6. Audit Findings Report from Grant Thornton, External Auditors and Letters of Representation

The 2019/20 year end documentation for the Trust was approved for signature and submission to the regulator at this meeting.

At the meeting of the Audit Committee held on 14 July 2020 members considered the following matters:

1. Management Response to Internal Audit Report: Consultant Job Plans
2. Legal Services Review Update
3. Internal Audit Progress Report 2020/21
4. Draft Audit Plan 2020/21
5. Covid-19 Specific Risks and Governance: Update and Corporate Risk Register / Board Assurance Framework
6. External Audit Progress Report
7. Anti-Fraud Annual Report 2019/20
8. Anti-Fraud Workplan 2020/21
9. Anti-Fraud Service Progress Report

TRUST BOARD REPORT

Item

68

9 September 2020

Purpose Monitoring

Title	Finance and Performance Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager
Executive sponsor	Mr S Barnes, Committee Chair

Summary: This document provides an overview of the agenda items that were discussed at the Finance and Performance Committee meetings that have taken place at the Trust during the response to the Covid-19 pandemic. The Committee held meetings on the following dates:

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Finance and Performance Committee Update

At the meeting of the Finance and Performance Committee held on 24 February 2020 members considered the following matters:

1. Quarterly Workforce Report
2. Integrated Performance Report
3. Financial Performance Report 2019/20
4. Cash Management
5. Tenders and Services Development Update
6. Financial Plan 2020/21
7. Outpatient Improvement
8. Board Assurance Framework
9. Information Papers
 - a) Contract and data Quality Meeting Minutes

At the meeting of the Finance and Performance Committee held on 25 March 2020 members considered the following matters:

1. Financial Performance Report 2019/20
2. Financial Planning 2020/21 and Covid-19 Update
3. Cash Management
4. Waste Reduction Programme (WRP)/Improvement Update

At the meeting of the Finance and Performance Committee held on 29 April 2020 members considered the following matters:

1. Integrated Performance Report
2. Workforce Report
3. Covid-19 Restoration: Phase 1
4. Financial Performance report 2019/20 (including WRP update)
5. Covid-19 Update
 - a) Financial Governance
 - b) Financial Planning 2020/21
 - c) Cash Management
 - d) Contract Management

6. Committee Specific/Covid-19 Risks
 - a) Board Assurance Framework
 - b) Corporate Risk Register

At the meeting of the Finance and Performance Committee held on 1 June 2020 members considered the following matters:

1. Integrated Performance Report
2. Financial Performance Report 2020/21
3. Covid-19 Update
 - a) Financial Governance
 - b) Financial Planning 2020/21
 - c) Cash Management
 - d) Contract Management
4. Annual Accounts 2019/20
5. Committee Specific/Covid-19 Risks
 - a) Board Assurance Framework
 - b) Corporate Risk Register

At the meeting of the Finance and Performance Committee held on 1 July 2020 members considered the following matters:

1. Integrated Performance Report
2. Restoration Update
 - a) Phase 2 Lancashire and South Cumbria Submission
 - b) Phase 3
 - c) ELHT Response
3. Improvement Update
4. Financial Performance Report 2020/21
5. Financial Planning 2020/21
6. Committee Specific/Covid-19 Risks
 - a) Board Assurance Framework
 - b) Corporate Risk Register

At the meeting of the Finance and Performance Committee held on 5 August 2020 members considered the following matters:

- 1) Integrated Performance Report
- 2) Restoration Update
- 3) Improvement Update
- 4) Financial Performance Report 2020/21
- 5) Financial Planning Outlook 2020/21
- 6) Committee Specific/Covid-19 Risks
 - a) Board Assurance Framework
 - b) Corporate Risk Register

TRUST BOARD REPORT

Item

69

9 September 2020

Purpose Monitoring

Title	Quality Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager
Executive sponsor	Mrs T Anderson, Committee Chair

Summary: This document provides an overview of the agenda items that were discussed at the Quality Committee meetings that have taken place at the Trust during the response to the Covid-19 pandemic. The Committee held meetings on the following dates:

- 15 April 2020
- 1 July 2020
- 2 September 2020

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

Report linkages

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

Impact



East Lancashire Hospitals NHS Trust

Legal	No	Financial	No
Equality	No	Confidentiality	No

Quality Committee Update

At the meeting of the Quality Committee held on 15 April 2020 members considered the following matters:

1. Quality Governance Framework during Covid-19
2. Cancer Services During Covid-19
3. Maternity Services During Covid-19
4. Covid-19 Specific Risks
 - a) Corporate Risk Register (CRR)
 - b) Board Assurance Framework (BAF)
5. Never Events Update
6. Quality Data During Covid-19

At the meeting of the Quality Committee held on 1 July 2020 members considered the following matters:

1. Quality Governance and Patient Safety Update
2. Cancer Services update
3. Maternity Services Update
4. ELHT IT System
5. Nursing Assessment Performance Framework
6. Covid-19 Specific Risks
 - a) Corporate Risk Register
 - b) Board Assurance Framework

At the meeting of the Quality Committee held on 2 September 2020 members considered the following matters:

1. Quality Governance and Patient Safety Update
2. Cancer Services Update
3. Maternity Services Update
4. Quality Account
5. Covid-19 Specific Risks
 - a) Corporate Risk Register
 - b) Board Assurance Framework



East Lancashire Hospitals

NHS Trust

TRUST BOARD REPORT

Item **70**

9 September 2020

Purpose Information

Title	Trust Charitable Funds Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager/Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: This document provides an overview of the agenda items that were discussed at the Trust Charitable Funds Committee meetings that have taken place at the Trust during the response to the Covid-19 pandemic. The Committee held a meeting on 15 July 2020.

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Trust Charitable Funds Committee Information Report

At the meeting of the Trust Charitable Funds Committee on 15 July 2020, the following matters were discussed:

1. Applications to Use Funds, Fund Performance and Utilisation Report
2. Report of the Fundraising Manager, Including Applications to Raise Funds
3. Investment Performance Report

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 1 September 2020

TRUST BOARD REPORT

Item **71**

9 September 2020

Purpose Information

Title	Remuneration Committee Information Report
Author	Miss K Ingham, Corporate Governance Manager/ Assistant Company Secretary
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the Remuneration Committees held on 11 March and 11 July 2020 are presented for Board members' information.

Recommendation: This paper is brought to the Board for information.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Remuneration Committee Information Report

1. At the meeting of the Remuneration Committee held on 11 March 2020 members considered the following matters:
 - a) 2019/20 Annual Pay Increase Recommendation for Very Senior Managers (VSMs)
 - b) Executive Director of Nursing Remuneration
 - c) Executive Director of HR and OD Contract Amendment

2. At the meeting of the Remuneration Committee held on 8 July 2020 members considered the following matter:
 - a) Executive Directors Remuneration Annual Review

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 1 September 2020

TRUST BOARD REPORT

Item **72**

9 September 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 11 March 2020.

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

Report linkages

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

Impact

Legal	No	Financial	No
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East Lancashire Hospitals NHS Trust

Equality

No

Confidentiality

No

Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 11 March 2020, the following matters were discussed in private:
 - a) Round Table Discussion: ICP/ICS Update
 - b) Round Table Discussion: Get it Right First Time (GIRFT) Update
 - c) Financial Planning for 2020/21
 - d) Finance and Performance Update 2019/20: Finance Report
 - e) Finance and Performance Update 2019/20: Performance (Field Tested Standards)
 - f) Serious Untoward Incident Report
 - g) Doctors with Restrictions
 - h) Purchase Order Requisitions over £1,000,000
 - i) Any Other Business
2. The matters discussed were private and confidential and/or identified individuals and/or were commercially sensitive at this time and so the decision was taken that these items should not be discussed in the public domain. As these items progress, reports will be presented to part 1 of Board Meetings at the appropriate time.

Kea Ingham, Corporate Governance Manager/Assistant Company Secretary, 1 September 2020