East Lancashire Hospitals
NHS Trust
A University Teaching Trust

EAST LANCASHIRE HOSPITALS NHS TRUST BOARD MEETING

Safe

Personal

Effective

TRUST BOARD MEETING (OPEN SESSION)

12 MAY 2021, 13.00

VIA MS TEAMS

AGENDA

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

OPENING MATTERS				
TB/2021/051	**Chairman's Welcome**	Chairman	v	
TB/2021/052	**Apologies** To note apologies.	Chairman	v	
TB/2021/053	**Declaration of Interest Report** To note the directors register of interests and note any new declarations from Directors.	Chairman	v	
TB/2021/054	**Minutes of the Previous Meeting** To approve or amend the minutes of the previous meeting held on 10 March 2021.	Chairman	d✓	Approval
TB/2021/055	**Matters Arising** To discuss any matters arising from the minutes that are not on this agenda.	Chairman	v	
TB/2021/056	**Action Matrix** To consider progress against outstanding items requested at previous meetings.	Chairman	d✓	Information
TB/2021/057	**Chairman's Report** To receive an update on the Chairman's activities and work streams.	Chairman	v	Information
TB/2021/058	**Chief Executive's Report** To receive an update on national, regional and local developments of note.	Chief Executive	d✓	Information
QUALITY AND SAFETY				
TB/2021/059	**Patient/Staff Story** To receive and consider the learning from a patient story.	Executive Director of Nursing	p	Information/ Assurance
TB/2021/060	**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.	Deputy Medical Director	d✓	Assurance/ Approval
TB/2021/061	**Board Assurance Framework Review** 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.	Deputy Medical Director	d✓	Assurance/ Approval
TB/2021/062	**Serious Incidents Assurance Report** To receive information in relation to incidents in month or that may come to public attention in month and be assured about the associated learning.	Deputy Medical Director	d✓	Information/ Assurance

ACCOUNTABILITY AND PERFORMANCE				
TB/2021/063	**Integrated Performance Report** To note performance against key indicators and to receive assurance about the actions being taken to recover areas of exception to expected performance. The following specific areas will be discussed, with items being raised by exception: • Introduction (Chief Executive) • Safe (Executive Medical Director and Executive Director of Nursing) • Caring (Executive Director of Nursing) • Effective (Executive Medical Director) • Responsive (Chief Operating Officer) • Well-Led (Executive Director of HR and OD and Executive Director of Finance)	Executive Directors	d✓	Information/ Assurance
STRATEGIC ISSUES				
TB/2021/064	**Workforce Update** a) National NHS Staff Survey 2020 Results P/ICS Update	Executive Director of HR & OD/Operational Director of HR & OD	d✓	Information/ Assurance
	b) People Strategy Update and Implementation Plan	Executive Director of HR & OD/Operational Director of HR & OD	d✓	Information/ Approval
GOVERNANCE				
TB/2021/065	**Finance and Performance Committee Information Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2021/066	**Quality Committee Information Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2021/067	**Audit Committee Information Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2021/068	**Trust Charitable Funds Committee Information Report** To note the matters considered by the Committee in	Committee Chair	d✓	Information

	discharging its duties.			
TB/2021/069	**Remuneration Committee Information Report** To note the matters considered by the Committee in discharging its duties.	Committee Chair	d✓	Information
TB/2021/070	**Trust Board Part Two Information Report** To note the matters considered by the Committee in discharging its duties.	Chairman	d✓	Information
FOR INFORMATION				
TB/2021/071	**Any Other Business** To discuss any urgent items of business.	Chairman	v	
TB/2021/072	**Open Forum** To consider questions from the public.	Chairman	v	
TB/2021/073	**Board Performance and Reflection** To consider the performance of the Trust Board, including asking: 1. Have we, as the Board, via the agenda and our discussions fulfilled our objective of supporting our: a. Communities b. Staff c. Stakeholders 2. Have we, as the Board fulfilled our statutory obligations	Chairman	v	
TB/2021/074	**Date and Time of Next Meeting** Wednesday 14 July 2021, 1.00pm, via MS Teams	Chairman	v	

TRUST BOARD REPORT

Item 54

12 May 2021

Purpose Approval

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

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

Report linkages

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

Impact

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

Previously considered by: NA

(54) Minutes of the Previous Meeting

EAST LANCASHIRE HOSPITALS NHS TRUST

TRUST BOARD MEETING, 1.00PM, 10 MARCH 2021

MINUTES

PRESENT

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

IN ATTENDANCE

Mrs A Bosnjak-Szekeres	Director of Corporate Governance/ Company Secretary	
Mr D Byrne	Corporate Governance Officer	Minutes
Professor D Harrison	Director of Public Health Medicine, Blackburn with Darwen Borough Council	
Miss K Ingham	Corporate Governance Manager/ Assistant Company Secretary	

Ms U Krishnamoorthy	Associate Medical Director (Appraisals & Revalidation) and Consultant Gynaecologist	Item: TB/2021/041
Mr M Pugh	Corporate Governance Officer	Observer
Mrs K Quinn	Operational Director of HR and OD	
Mrs L Winter	Mental Health Practitioner, East Lancashire Child and Adolescent Service	Item: TB/2021/041

APOLOGIES

Mrs S Gilligan	Chief Operating Officer	
Mr S McGirr	Director of Clinical System Analytics	
Mrs F Patel	Associate Non-Executive Director	Non-voting

TB/2021/026 CHAIRMAN'S WELCOME

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

TB/2021/027 APOLOGIES

Apologies were received as recorded above.

TB/2021/028 DECLARATIONS OF INTEREST REPORT

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

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

TB/2021/029 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.

RESOLVED: The minutes of the meeting held on 13 January 2021 were approved as a true and accurate record.

TB/2021/030 MATTERS ARISING

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

TB/2021/031 ACTION MATRIX

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

TB/2020/090: Integrated Performance Report – Mr Husain provided assurance to Directors that the coding issues for palliative care and first consultant episodes raised in previous meetings were improving and were being actively monitored through the Trust's Mortality Steering Group.

TB/2021/014: Serious Incidents Assurance Report – Mr Husain informed Directors that the newly established COVID-19 mortality group had recently expanded its membership to include regional Medical Directors and advised that the first meeting was due to take place at the end of the week. He stated that he would look to provide more information on the group's activities at a later meeting once new guidance from NHS England/Improvement (NHSE/I) was in place.

Professor Fairhurst noted that the feedback provided at the last meeting requesting a greater focus on lessons learned in the Serious Incidents Assurance Report had not yet been actioned and acknowledged that this was due to the current operational pressures within the Trust. She stated that she looked forward to this being implemented at the next meeting in May 2021.

RESOLVED: **Mr Husain to provide an update on the activities of the new regional group established to look at COVID-19 deaths at a future meeting.**

Serious Incidents Assurance Report to include a section on lessons learnt going forward.

TB/2021/032 CHAIRMAN'S REPORT

Professor Fairhurst updated Directors on the work she had been involved in since the previous meeting, advising that she was now attending regular meetings between the independent Chair of the Provider Collaboration Board (PCB), David Flory, and the Chairs of the Lancashire and South Cumbria (LSC) Clinical Commissioning Groups (CCG). She confirmed that she was also attending the Integrated Care System (ICS) Board as a representative of the PCB and that she continued to attend the Pennine Lancashire Senior Leaders meetings and the wider Pennine Lancashire Forum. Professor Fairhurst informed Directors that she had recently attended the first meeting of the Lancashire Enterprise

Partnership (LEP) Health Sector Board and confirmed that she would be attending the next meeting.

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

TB/2021/033 CHIEF EXECUTIVE'S REPORT

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

Mr McGee reported that the national COVID-19 vaccination programme had now successfully administered injections to well over 20,000,000 people. He noted that the Trust had played a key part in the Pennine Lancashire vaccination programme through its two hospital hubs and mass vaccination sites. He extended his thanks to all staff that had been involved for their efforts in ensuring it was rolled out both quickly and appropriately. Mr McGee reported that there had been a significant drop in COVID-19 numbers and community infection rates across the country, but added a word of caution that the slower rate of the decrease seen in Pennine Lancashire the previous year could be repeated this time. He stressed that it was crucial to avoid thinking that the pandemic was now at an end, as the effects of it were likely to be felt for many years to come.

Mr McGee noted that one of the main impacts of the pandemic had been on the mental health of individuals and communities and commented that it was good to see the support being provided by the ICS in this area, particularly to younger people.

Mr McGee reported that the numbers of COVID-19 patients being treated in the Trust had continued to fall following the peak reached in early 2021 and advised that a number of wards that had been converted to provide capacity for COVID patients had now been reverted back to their original functions. He went on to explain that this was part of the Trust's wider efforts to restore its services over the coming months, adding that it would be crucial to work as a system when dealing with the significant backlog of elective procedures that had built up during the pandemic. Mr McGee noted that one of the most significant challenges in this process would be striking the right balance between restoring services quickly whilst also ensuring staff were supported, as many had accrued significant amounts of leave due to being unable to take time off during the pandemic.

Mr McGee concluded his update by reporting that, after a lengthy process, the Trust had now received final approval for the business case for a new Electronic Patient Record (EPR) system and would be actively implementing it over the coming months. He added that the importance of the EPR to the Trust over the coming years could be not be understated and

extended his thanks to Mrs Brown and the Informatics and Finance teams for their efforts in securing it.

Professor Fairhurst commented that it would be helpful if Directors were informed as to how the Trust was planning to mark the last 12 months of the pandemic and recognise the exemplary work done by colleagues in managing it.

Miss Wright stated that the Board and the Executive team were very conscious of the enormous efforts made by staff, as well as the significant emotional toll the pandemic had taken on them. She informed Directors that the Trust would be focusing on getting colleagues together to have moments of reflection and remembrance. She advised that work was going on about raising awareness of other events already arranged throughout the year by Mr Moynes and Mrs Quinn. Miss Wright explained that the Trust was also considering how to implement a lasting memorial to the staff and patients that had died during the pandemic and advised that some additional investment was expected in the near future to support health and wellbeing efforts.

Mr Wedgeworth informed Directors that Blackburn Cathedral was planning a memorial event for those that had died during the pandemic and suggested that the Trust could link its work in with this.

Mr McGee stated that he was keen to support anything of this nature and requested a further discussion with Mr Wedgeworth after the meeting.

RESOLVED: **Mr McGee and Mr Wedgeworth to meet to discuss the Trust's involvement in the memorial event being hosted by Blackburn Cathedral.**

TB/2021/034 PATIENT/STAFF STORY

Mrs Pearson presented the patient story to Directors and explained that it had been written by one of the Trust's practitioners working on the Elective Orthopaedic ward at Burnley General Teaching Hospital (BGTH).

Mrs Pearson advised that the story concerned an elderly patient, who had been staying on the ward in January 2021. During a conversation with the staff on the ward, he revealed that he had a daughter who lived in Australia, whom he had not seen in person for 18 years due to a number of health and family related matters. Shortly thereafter the staff on the ward were able to arrange a FaceTime call between the patient and his daughter and it had clearly meant a lot to him after such a long period of not being able to see her. The ward staff left him and his daughter to catch-up and arranged a follow-up call for the following day.

Sadly, the patient died overnight but his daughter called the following day to tell staff how grateful she was and how much it had meant to her and her family to be able to speak with him again before he passed. The patient's daughter also arranged for a bouquet of flowers to be delivered to the ward the following day to properly thank staff for looking after her father.

Professor Fairhurst commented that this story was a clear example of how a relatively small act could have a significant impact on the lives of patients and their families. She also stated that it was a clear example of the Trust's emphasis on kindness and extended her thanks to Mrs Pearson for presenting the story at the meeting.

Mrs Pearson advised that she and the patient experience team were working on preparing patient stories for future meetings from cases where patient experiences provided development and learning.

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

An update on the progression of patient stories where patient experiences provided development and learning is to be provided.

TB/2021/035 OCKENDEN REVIEW OF MATERNITY SERVICES UPDATE

Mrs Pearson provided a brief summary of the Trust's ongoing response to the Ockenden Review. She confirmed that the assurance and assessment tool discussed at the previous meeting had been successfully submitted to NHSE for the deadline of 15 February 2021 and advised that the Trust continued to work across the ICS to address the actions it was required to meet within the report.

Mrs Pearson informed Directors that regular updates would continue to be provided at the Trust's Joint Quality, Finance and Performance Committee and that the Quality Committee would continue to provide assurance in relation to the 12 actions from the Ockenden Review to the Board going forward.

Mrs Anderson commended the work done by midwifery colleagues and stated that she was sufficiently assured that the Trust was doing everything it needed to and that the quality of the response it had given was exemplary.

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

TB/2021/036 CORPORATE RISK REGISTER (CRR)

Mr Husain referred Directors to the previously circulated report and proposed that it be taken

as read. He requested that Directors note the revisions to the format of the report since the previous meeting, advising that a summary of any issues needing to be escalated was now provided for each risk.

Mr Husain reported that 11 of the 19 risks currently on the CRR continued to be affected by COVID-19, but it was hoped that some of these, such as the risk relating to the potential interruption of high-flow oxygen therapy to critically ill patients, would be de-escalated and removed over the coming months.

Mr Rehman agreed that the revised format was a much clearer way of presenting the information in the report. He enquired if any developments had taken place with regards to the ICS review of funding for the Trust's High Dependency Unit (HDU) referred to in the current issues section of Risk ID 7762. Mr Husain responded that there had not been any further progress in relation to this risk, as all specialist commissioning had been put on hold over the previous 12 months period due to the pandemic. He added that he was confident that these conversations would take place over the coming months as the effects of the pandemic began to subside.

Mrs Anderson echoed the comments regarding the new format of the report and commended Mr Husain and the Trust's Quality and Safety team for their efforts. She noted that, while there would always be room for improvement, she was confident that the report was capturing everything and was presenting it in as clear a manner as possible for colleagues to understand.

Professor Fairhurst requested confirmation from Directors that they were content risks were being identified appropriately, mitigated where possible and that required levels of assurance had been gained. Directors confirmed that they were content.

RESOLVED: **Directors approved the register.**

Mr Husain to provide an update on whether any risks affected by COVID-19 have been deescalated from the Corporate Risk Register.

An update on Risk ID 7762 (Risks associated with providing HDU care in DGH with no funding for HDU provision) is to be provided at the next meeting.

TB/2021/037 BOARD ASSURANCE FRAMEWORK (BAF)

Mr Husain referred Directors to the previously circulated report and explained that the format had been revised by colleagues from the Good Governance Institute and the Trust since it

was last presented to the Board. He confirmed that, now the document makes more explicit the relationship between the assurance and re trust strategic objerctives …..fulfilled the same role and was intended to provide a strategic focus on the risk, assurance and gaps in assurance currently being faced by the Trust.

Mr Smyth commented that he had had some difficulty in understanding the criteria being used to determine whether the effectiveness of the controls and assurances listed were effective, partially effective or insufficient, adding that this seemed to be somewhat inconsistent when the scores of each risk were taken into account. He requested that Executive Directors considered how more consistency could be ensured between each risk going forward.

Mr Husain stressed that the document was still very much a work in progress, but agreed that the information relating to the effectiveness of controls and assurances required a closer look. He stated that he would work with the Governance team to manage this and other logical aspects of the report. Professor Fairhurst suggested that the point raised by Mr Smyth was taken back to the Executive team and worked through with Governance colleagues to ensure it was addressed before the next meeting.

Mr Wedgeworth stated that he had found previous iterations of the BAF to be difficult to make sense of and commented that he found the new format to be much clearer and a significant step forward, as it was crucial for the Board to be assured regarding the strategic risks facing the Trust.

Mr Barnes stated that he also welcomed the new report, but suggested that more needed to be added regarding the bigger system changes currently taking place within the ICS, such as the New Hospitals Programme, which would start to have more of an impact on the Trust in the future.

Mr McGee agreed that the BAF was now in a much better state and noted that the main challenge for the Board would be using it effectively to drive things forward. He recalled that Professor Fairhurst had previously encouraged Directors to think more strategically and advised that, now the BAF had been revised, it could be used more effectively to drive ongoing Board business at a strategic level rather than a purely operational one.

Professor Fairhurst extended her thanks to Directors for their comments and requested confirmation that sufficient assurance had been given by the BAF.

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

The Executives are to review the criteria being used to determine

the effectiveness of the controls and assurances to be more consistent in future reports.

TB/2021/038 SERIOUS INCIDENTS ASSURANCE REPORT

Mr Husain reported that a Never Event had been identified in February 2021 and related to an event which had taken place in December 2019 during which a patient had an incorrect tooth extracted. Mr Husain confirmed that no harm had been caused to the patient, as the tooth removed was due to be taken out at a later date, but advised that it had still been recognised as a Never Event in line with the national framework. He reported that the themes outlined in the report in relation to the Mental Capacity Act would be taken forward and advised that the learning from the new guidance received from the National Institute for Health and Care Excellence (NICE) had been disseminated to colleagues in the Family Care division.

RESOLVED: Directors received the report and noted its content.

TB/2021/039 INTEGRATED PERFORMANCE REPORT (IPR)

a) Introduction

Mr Hodgson introduced the item and confirmed that it covered the period to the end of January 2021, adding that the figures presented should be considered in context of the significant pressures caused by the pandemic at the time. He reported that 344 COVID positive patients were being treated in the Trust as of 12 January 2021 and explained that this had clearly had ramifications on performance in Accident and Emergency (A&E) and other areas.

b) Safe

Mrs Pearson reported that staffing for nursing and midwifery had been extremely challenging in January 2021 due to both the number of additional areas opened to provide capacity for COVID patients and the numbers of staff on sick leave or having to self-isolate. She advised that staffing numbers had started to gradually improve and confirmed that actions were in place to mitigate risks. Mrs Pearson informed Directors that around 100 additional student nurses were due to be deployed onto wards in employed clinical placements and stated that this would provide a range of benefits to both the students and other staff.

Mr Husain reported the total number of Clostridium Difficile (C.diff) infections at 65 and advised that NHSE/I had still not set any trajectories for the current year or the next. He

confirmed that the Infection Prevention and Control (IPC) team had investigated each C.diff case and had not identified any lapses in care that had contributed to any of these infections, but had observed some delays in sampling that may have caused some issues.

Several cases of Methicillin-Susceptible Staphylococcus Aureus (MSSA) and Methicillin Resistant Staphylococcus Aureus (MRSA) had been identified from November 2020 onwards and Mr Husain explained that this was suspected to have been caused primarily by the way some COVID-19 patients were put in a prone position to be treated. He informed Directors that a nosocomial outbreak had been reported earlier in the day, the first for a month, and provided assurances that teams were fully sighted on this.

Directors confirmed that, considering the discussions and the actions being taken, assurance had been provided by the Safe section of the report.

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

c) Caring

Mrs Pearson reported that the figures for the Friends and Family test had started to improve and confirmed the Trust had hit its targets in relation to responses provided. Directors noted that there had been a reduction in the overall number of complaints being submitted to the Trust.

Directors confirmed that they were assured by the information provided in the Caring section of the report.

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

d) Effective

Mr Husain reported that the Trust was showing as within expected tolerances for the Summary Hospital-level Mortality Indicator (SHMI), but was showing as above expected levels for the Hospital Standardised Mortality Ratio (HSMR). He explained the reason for this as the denominator being smaller due to fewer people being admitted due to COVID-19. He added that when compared against its 'COVID peers' the Trust's HSMR showed as being well within expected tolerances. Mr Husain reported that Acute Myocardial Infarction, Pneumonia and Urinary Tract Infection (UTI) were showing on both the HSMR and SHMI and provided re-assurances that no shortcomings in care had been identified following a 'deep dive' exercise. He concluded by informing Directors that additional staff had been

recruited to assist in the Learning Disability Mortality Reviews (LeDeR) process.

Mr Rehman noted that some of the statistics coming out of the LeDeR reviews had been very stark and encouraged further resources to be devoted to the process.

Mr Husain agreed and advised that two additional reviewers had now been trained. He also advised that any patients with learning disabilities who died in the Trust were now automatically escalated.

Directors confirmed that they were assured by the information provided in the Effective section of the report.

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

e) Responsive

Mr McDonald reiterated that January had been a particularly challenging month due to the pressures resulted from the pandemic, but advised that A&E, Referral to Treatment (RTT), diagnostics and 62-day cancer performance had continued to recover throughout February and March 2021. He reported that there had been three breaches of the 12-hour trolley wait standard due to patients waiting for mental health beds. Mr McDonald informed Directors that the Trust was meeting most of the targets for its recovery plan and confirmed that teams were hard at work pulling together the latest regional plans in time for the deadline of 15 March 2021. He concluded by reporting that the Trust was performing ahead of trajectory in RTT for March 2021, but was still behind regarding patients waiting over 52 weeks for treatment.

Professor Fairhurst commented that it was encouraging to see that performance was improving and extended her thanks to colleagues involved for their efforts.

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

f) Well-Led

Mrs Quinn reported that overall staff sickness rates in January 2021 had been much higher than at the same time in the previous year due to COVID-19 related absences, but went on to explain that, when COVID-19 sickness was removed from the figures, the Trust had actually performed better than it had the previous year. She stated this could be due to a number of reasons such as the introduction of the Early Access to Support for Employees (EASE) system and the fact that more staff were working from home.

Mrs Quinn reported that appraisal compliance had fallen significantly over recent months and confirmed HR business partners were actively working with Divisions to raise the Trust's position back to the required threshold as soon as possible. She also advised that another piece of work was underway with Divisions to raise compliance with the Information Governance (IG) toolkit as this had also fallen below the required levels. Directors noted that temporary staffing costs had risen due to the levels of staff sickness and that work had been restarted across the ICS to bring down bank and agency costs. Mrs Quinn reported that vacancies were still above threshold but informed Directors that a significant amount of work had gone into recruitment for additional Health Care Assistants (HCAs) and to bring in a new cohort of international nursing staff before the end of April 2021.

Mrs Pearson added that around 80 health support workers had been recruited so far and that this was well on track to get to the target of 100 by the end of the month.

Professor Fairhurst noted that this showed that the Trust was an Anchor Institution and was making significant contributions to wider public healthcare.

Mrs Brown provided a brief summary of the Trust's financial position and confirmed that it was currently on track to achieving its targets for the year. She explained that the Trust's position for the new financial year remained uncertain and that it was still awaiting additional guidance from NHS England/NHS Improvement (NHSE/I). Mrs Brown stated that she expected the block based payment method to stay in place for the immediate future and provided assurances that she would continue to work with ICS colleagues to ensure that any funding would be aligned to service costs.

Mr Barnes noted that the Trust was overall in a good position despite the uncertainties around the financial position in the next financial year (2021/22), adding that the reduction of the current year's deficit from around £30,000,000 to £6,000,000 was a real testament to the work done by Mrs Brown and the rest of the Finance team.

Professor Fairhurst commented that, when looking at any area of the IPR, the performance of the Trust and the wider system had been remarkable in light of the pressures both had been under and extended her thanks to every staff member for their contribution.

The Board agreed that assurance had been provided regarding the performance of the Trust.

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

Mrs Quinn to update on the work going into recruitment for additional Healthcare Assistants and new cohorts of international

nursing staff.

TB/2021/040 FLU VACCINATION PROGRAMME FINAL REPORT 2020/21

Mrs Quinn referred Directors to the previously circulated report and provided a summary of the key highlights. She reported that the final figure for uptake of the flu vaccine stood at 94.9%, falling just short of the planned target of 95%, and explained this was due in part to staff having to refocus all of their efforts on the COVID-19 vaccination programme. Mrs Quinn stated that this figure should still be considered a significant achievement when the circumstances of the previous year were considered and was a tribute to the professionalism of the Occupational Health team. She requested that Directors note the final position.

Mr Catherall agreed that the final position should be commended. He enquired if any more information was available regarding the performance of partner organisations as it could potentially result in even more demand being placed on the Trust if other areas were falling behind. Mrs Quinn stated that she would pick up this query through the ICS People Board.

RESOLVED: Mrs Quinn to explore the flu vaccination rates at other organisations in the region.

TB/2021/041 BLACK AND MINORITY ETHNIC (BAME) BIG CONVERSATIONS REPORT

Mrs Quinn introduced the report to Directors, explaining that it had been pulled together by Ms Krishnamoorthy and Mrs Winters following a 'Big Conversation' event held by BAME colleagues during the Festival of Inclusion event in October 2020. She stressed that although some of the content in the report made for difficult reading, it was an important step towards understanding the experiences of BAME staff working in the Trust and to making a difference in the workplace.

Ms Krishnamoorthy extended her thanks to Directors for the opportunity to bring the views of the BAME workforce to the Board and to Mrs Quinn and Mr Rehman for their support provided. She explained that the report was intended to inform in a different manner to the report previously provided to the Board, as it was summarising the views of colleagues who had come into a safe space to collectively talk about their experiences. Ms Krishnamoorthy stated that some insightful messages and poignant experiences had come through during this process and that she felt it was a good opportunity to turn them into strengths for the Trust going forward. She acknowledged that a significant amount of work had taken place in the Trust to promote inclusiveness, but observed that even if there was only a minor

collective of voices going unheard it still contributed to a lack of fairness.

Ms Krishnamoorthy advised that four key themes had come through this process, the first of which was a recommendation for greater alignment of the visible organisational values on Equality, Diversity and Inclusion across the Trust, with visible support from the Board. The second recommendation was for the Trust to draft a formal inclusion pledge; Ms Krishnamoorthy informed Directors that an example of a similar pledge used at another Trust was included in the appendix of the report for information. The third recommendation was for the Trust to take a tougher approach regarding any examples of racism and discrimination, be it from patients, staff or visitors. The fourth and final recommendation was to amend the Trust's current strapline to 'Safe, Personal and Effective Care with Compassion and Inclusion'.

Ms Krishnamoorthy confirmed that all these recommendations had already been incorporated into wider action plans throughout the Trust, but explained that additional support would be needed for the development of an operational delivery framework to ensure that they were delivered upon and embedded.

Professor Fairhurst thanked Ms Krishnamoorthy for her summary of the outline of the work carried out and agreed that some of the experiences of colleagues presented in the report made for sobering reading.

Mr Wedgeworth commented that it was clear that not all was well in the Trust regarding BAME colleagues, noting the example provided in the report of a nurse who had expressed her wish to leave the Trust after only six months. He stated that, while he supported the recommendations in the report, it seemed more appropriate to request a detailed report from the Executive team on how the Trust would respond.

Mr Smyth thanked Ms Krishnamoorthy for her report and stated that he agreed with the comments made by Mr Wedgeworth. He urged Executive colleagues to consider practical measures which could be put in place that would make a difference sooner rather than later.

Mrs Quinn observed that the work done by Ms Krishnamoorthy, Mrs Winter and other colleagues had given a sobering but very real perspective on the experiences of the Trust's BAME workforce. Mrs Quinn confirmed that a number of recommendations had already been implemented from the Trust's Workforce Race Equality Standard (WRES) action plan, including the Reverse Mentoring scheme and Freedom to Speak up Champions, but stated that the most important question now was when colleagues could expect to feel a difference.

Mr Catherall stated that he supported Mr Wedgeworth's proposal for a set of proposals by the Executive team as to how the recommendations presented could be taken forward,

adding that he would urge them to include a zero tolerance approach to racism not only in the Trust's own services but also in any that were subcontracted from other providers.

Mr McGee agreed that the report made for sobering reading and stated that the Trust should be commended for commissioning it as well as the BAME Assembly update provided the previous year. He requested that the Board held its nerve for the immediate future, as the Trust was already actively incorporating findings from both reports into its existing WRES action plan, and stressed that he was keen to avoid having a number of different plans being implemented that would conflict with each other.

Professor Fairhurst stated that she agreed with McGee's assessment of the situation and with his suggestion for the Trust to focus on supporting its existing WRES action plan.

Miss Malik suggested that the matter should be brought to the Board meeting due in September 2021, adding that it was important to monitor progress at regular intervals and to take the agenda seriously.

Ms Krishnamoorthy explained that, while she agreed the Board needed more sight on how the overarching action plan was progressing, it also needed to be part of divisional agendas to promote collective ownership of it and that this was why support for an operational delivery framework was also being requested. She went on to propose that firmer consequences for racist behaviour should be embedded into the HR policies and that the findings of the organisational audit ratified via the Inclusion Network should be disseminated more widely throughout the Trust.

Mrs Winter extended her thanks to the Board for the opportunity to present the report and commented that it was good to hear the enthusiasm and support expressed by Directors. She also agreed with Miss Malik's suggestion for the WRES action plan to be kept on the agenda for future meetings.

Mrs Bosnjak-Szekeres informed Directors that a query had been raised by Mrs Patel prior to the meeting regarding spiritual support for female patients and advised that assurance had been provided by Mrs Quinn that this matter was being taken forward as a priority by the Executive team.

Professor Fairhurst observed that the best way forward would be for Executive colleagues to ensure that the recommendations made by Ms Krishnamoorthy and Mrs Winter were made part of the existing WRES action plan and for it to be brought back to the meeting due in September 2021 for further discussion. She thanked Ms Krishnamoorthy and Mrs Winter and stated that she looked forward to working with them more closely in the future.

RESOLVED: **An update on the progress made with the Trust's WRES action**

plan is to be provided at the meeting due in September 2021.

TB/2021/042 CAPITAL OVERVIEW

Mrs Brown reported that a significant amount of work had taken place throughout the year to improve the Trust's facilities as part of a wider programme to support its Clinical, Estates and Operational Strategy and presented a summary of these developments to Directors. These included the procurement of the new EPR system, improvements to Magnetic Resonance Imaging (MRI) scanner capacity, the expansion of the Emergency Department (ED), the development of a new Acute Medical Unit (AMU), improvements to Paediatric areas, as well as plans for future developments of specialised Stroke Units, a Hybrid Theatre and a replacement Surgical Robot.

Mrs Brown advised that additional funding had been provided throughout the year to improve all sites, including a fourth Endoscopy room at BGTH, new decontamination equipment and Computed Tomography (CT) Scanners at Royal Blackburn Teaching Hospital (RBTH) and other improvements to Critical Care areas.

Mrs Brown confirmed that the new Phase 6 development on the RBTH site had fully opened in December 2020 and had been developed with clinical need in mind. She reported that £15,000,000 had been provided to further develop emergency pathways over the following two years, adding that the double storey expansion currently in development on the side of the ED formed part of the first stage of this process.

Directors noted that a new Mental Health Urgent Assessment Centre (MHUAC) had been developed at RBTH to support patients and that a refurbishment of the Rakehead facilities at BGTH had also recently taken place.

Mrs Brown concluded by reporting that additional investment into medical equipment had recently been brought forward and would feature heavily in the Trust's plans for future years. She advised that the Trust's Capital Programme had doubled during the pandemic and took the opportunity to thank Estates and Clinical colleagues for their efforts in implementing it. In response to a request from Miss Malik for additional information on the MHUAC, Mrs Brown clarified that it was a modular build located outside of the ED and would be run by colleagues from Lancashire and South Cumbria NHS Foundation Trust (LSCFT).

RESOLVED: Directors received the report and noted its contents.

TB/2021/043 FINANCE AND PERFORMANCE COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its content.

TB/2021/044 QUALITY COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/045 TRUST CHARITABLE FUNDS COMMITTEE INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/046 TRUST BOARD (CLOSED SESSION) INFORMATION REPORT

The report was presented to the Board for information.

RESOLVED: Directors received the report and noted its contents.

TB/2021/047 ANY OTHER BUSINESS

There were no further matters of business raised.

TB/2021/048 OPEN FORUM

No matters were raised for discussion.

TB/2021/049 BOARD PERFORMANCE AND REFLECTION

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

Mrs Anderson commented that although it was clear that some areas in the Trust still required improvement, most of the items presented had clearly shown the exemplary work being done by colleagues across all areas of the Trust in difficult circumstances.

Mr McGee noted that a significant amount of focus had been on the Trust's staff and stated that he felt this was appropriate given the enormous pressure they had been under throughout the year.

Mr Hodgson observed that the role of ELHT within the wider system and ICS had been quite evident in the discussions that had taken place and that this was the right tone to take given

how important it was likely to be going forward.

Mr McDonald agreed with the points already raised and commented that the patient story presented in the meeting had clearly demonstrated the humanity and kindness of Trust staff.

Professor Fairhurst thanked Directors for their comments.

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

TB/2021/050 **DATE AND TIME OF NEXT MEETING**

The next Trust Board meeting will take place on Wednesday, 12 May 2021 at 13:00, via MS Teams.

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

Item 56

12 May 2021

Purpose Information

Title	Action Matrix
Author	Mr D Byrne, Corporate Governance Officer
Executive sponsor	Professor E Fairhurst, Chairman

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

ACTION MATRIX

Item Number	Action	Assigned To	Deadline	Status
TB/2020/033: Chief Executive's Report	A Trust specific strategy relating to the national Greener NHS Campaign will be presented to the Board at a later date.	Deputy Chief Executive/ Executive Director of Integrated Care and Partnerships	TBC	Agenda Item: Date to be confirmed.
TB/2021/031: Action Matrix	Mr Husain to provide an update on the activities of the new regional group established to look at COVID-19 deaths at a future meeting. Serious Incidents Assurance Report to include a section on lessons learnt going forward.	Executive Medical Director Executive Medical Director	May 2021 May 2021	Update: A verbal update will be provided at the Board meeting in May. Complete: Agenda Item: May 2021
TB/2021/033: Chief Executives Report	Mr McGee and Mr Wedgeworth to meet to discuss the Trust's involvement in the memorial event being hosted by Blackburn Cathedral.	Chief Executive/Non-Executive Director	May 2021	Complete

Item Number	Action	Assigned To	Deadline	Status
TB/2021/034: Patient/Staff Story	An update on the progression of patient stories where patient experiences provided development and learning is to be provided.	Executive Director of Nursing	May 2021	Update: A verbal update will be provided at the Board meeting in May.
TB/2021/036: Corporate Risk Register	Mr Husain to provide an update on whether any risks affected by COVID-19 have been deescalated from the Corporate Risk Register. An update on Risk ID 7762 (Risks associated with providing HDU care in DGH with no funding for HDU provision) is to be provided at the next meeting.	Executive Medical Director Executive Medical Director	May 2021 May 2021	Update: A verbal update will be provided at the Board meeting in May. Update: A verbal update will be provided at the Board meeting in May.
TB/2021/037: Board Assurance Framework	The Executives are to review the criteria being used to determine the effectiveness of the controls and assurances to be more consistent in future reports.	Executive Team	May 2021	Complete

Item Number	Action	Assigned To	Deadline	Status
TB/2021/039: Integrated Performance Report	Mrs Quinn to update on the work going into recruitment for additional Healthcare Assistants and new cohorts of international nursing staff.	Operational Director of HR&OD	May 2021	Since January 2021 we have had 126.99 WTE equivalent Band 2 HCSW start with us. This includes all of the individuals recruited through our project pipeline as well as 'normal HCA recruitment' and the Bank to Temp conversions. Of these 58.09 WTE are completely new to Health Care. As at 18.04.21 we had 23 WTE HCA vacancies with at least this number of candidates in the recruitment pipeline with offers made Of the above, 70 (61.37 WTE) were recruited through our new 'fast track' project - 5 cohorts and all of these cohorts are now on wards. We are in the processing of signing up those interested in a Nurse Career pathway on to an 18-month L3 Health & Social Care Qualification with our partners at Nelson and Colne College. (We expect between 18 / 20 of the 70 to join

Item Number	Action	Assigned To	Deadline	Status
				this and these will all be on apprenticeship contracts and using the Trust levy) We are working with DERI colleagues to enable a smooth transition (where appropriate) for this cohort to join the Nurse Associate programme in March 2023 to bolster the nurse career pathway programme. We are also in early discussions about opening up this opportunity to a wider group of HCAs for another L3 qual cohort in Autumn of this year.
TB/2021/040: Flu Vaccination Programme Final Report 2020/21	Mrs Quinn to explore the flu vaccination rates at other organisations in the region.	Operational Director of HR&OD	May 2021	Update: A verbal update will be provided at the Board meeting in May.
TB/2021/041: Black and Minority Ethnic (BAME) Big Conversations Report	An update on the progress made with the Trust's WRES action plan is to be provided at the meeting due in September 2021.	Executive Director of HR&OD/Operational Director of HR&OD	September 2021	Agenda Item: September 2021

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

Item 58

12 May 2021

Purpose Information

Title	Chief Executive's Report
Author	Mrs E-L Cooke, Joint Deputy Director Communications and Engagement
Executive sponsor	Mr K McGee, Chief Executive

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

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

Report linkages

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

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	No

Previously considered by: N/A

CEO Report

May 2021

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

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

One - National Headlines

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

UK COVID-19 vaccine programme

More than 32 million people have received their first vaccine dose, with more than 8.9 million receiving their second. The number of first doses administered each day is now averaging around 96,000 - a drop from an average of about 500,000 in mid-March - as the schedule of second doses kicks in. An average of more than 340,000 second doses are now being given a day. The country is on track to offer a first does to all adults by the end of July 2021.

Due to evidence linking the Oxford-AstraZeneca vaccine to rare blood clots, those aged under 30 are to be offered the Moderna or Pfizer-BioNTech jabs as an alternative.

The progress made in the UK so far means the country continues to be among those with the highest vaccination rates globally. Figures on vaccination uptake for the UK are published on a weekly basis on the PHE coronavirus data dashboard along with other COVID-19 information.

NHS Chief Sir Simon Stevens to stand down this summer

Sir Simon Stevens has formally notified the NHS England Board of his decision to stand down as planned at the end of July, after more than seven years as NHS chief executive.

Sir Simon took up post on 1 April 2014, having first joined the NHS in 1988 through its graduate management programme. In a varied career before becoming NHS England Chief Executive he worked

in frontline NHS services and in international health care, in both the public and private sectors, and at 10 Downing Street and the Department of Health.

The NHS England Board will now – as set out in legislation – lead the open competitive recruitment process for Sir Simon's successor, and the post will be advertised in due course. The appointment of the Board's chosen candidate is then subject to ratification by the Secretary of State for Health and Social Care. The aim is to have a successor appointed before Sir Simon steps down on 31 July, during which time he will continue to lead the NHS and oversee successful completion of NHS England's Covid-19 vaccination rollout to all adults.

NHS to roll out integrated care systems across England

Patients will have better, more joined up care as Integrated Care Systems (ICSs), which require all parts of the NHS to work with each other and their partners, were rolled out across the country during April.

NHS Chief Executive Sir Simon Stevens confirmed that the final 13 areas, serving 14.9 million people, will be formally designated "integrated care systems" (ICSs) from April 1, hitting a major milestone in the NHS Long Term Plan. A total of 42 ICSs, which bring together hospital, community and mental health trusts, GPs and other primary care services with local authorities and other care providers will cover the whole of England.

Integrated Care Systems are central to the delivery of the **NHS Long Term Plan** by bringing together local organisations to redesign care and improve population health, creating shared leadership and action. ICSs exist to improve the health of all residents, better support people living with multiple and long-term conditions, preventing illness, tackling variation in care and delivering seamless services while getting maximum impact for every pound. They bring together the NHS, local government and other organisations including the Voluntary, Community and Social Enterprise (VCSE) sectors.

NHS urges sex crime and abuse victims to seek help

Women who have experienced domestic abuse and sexual assault are being urged to contact the NHS for support. The move comes after the number of people receiving help from NHS Sexual Assault Referral clinics halved after the first lockdown compared with the previous year despite official figures showing that domestic abuse and sexual assault increased.

The specialist clinics offer people who have been raped or assaulted a range of help including medical examinations, emergency contraception, emotional support and pregnancy testing. The clinics are run by specially trained NHS doctors, nurses and support workers who can provide the appropriate care for victims.

NHS COVID treatment saves a million lives

Dexamethasone, an inexpensive and widely available steroid, has saved around one million lives worldwide since its discovery as an effective treatment for COVID-19 in a clinical trial in the NHS.

Newly published figures show that use of the drug has so far saved 22,000 lives in the UK and an estimated one million worldwide. Since the RECOVERY trial, led by University of Oxford scientists and involving tens of thousands of patients and 175 NHS hospitals, announced the results just nine months ago, dexamethasone has been used to treat millions of seriously unwell patients with COVID.

The RECOVERY researchers found that dexamethasone cut the risk of death by a third for COVID patients on ventilators and for those on oxygen it cut deaths by almost a fifth.

Learning disability mortality review to be updated

Autistic people will now be specifically included in an improved and expanded programme to drive improvements in care. The move is part of changes to the **learning from life and death reviews programme (LeDeR)** which aims to make improvements to the lives of people with a learning disability.

The NHS has worked with stakeholders including bereaved families, people with a learning disability and autistic people over the past 12 months to develop the **new policy** which will focus not only on completing reviews but on ensuring that local health and social care systems implement actions at a local level to improve and save lives.

'COVID-friendly' cancer care at home extended

Thousands of people with cancer will benefit from 'COVID friendly' treatments from home. More than 30 different drugs are now available to treat patients, offering benefits such as fewer hospital visits or a reduced impact on their immune system. Around 8,000 people have already benefitted from the treatment 'swaps' during the pandemic, helping to maintain cancer treatment in the face of coronavirus. More than 250,000 people have started their treatment for cancer since the start of the pandemic.

The NHS is funding effective and less risky treatment 'swaps' for patients. Access to these drugs has been improved and is being extended until summer 2021, with the potential to extend further, until the end of March 2022.

Roll out of new capsule cameras to test for cancer

Miniature cameras which patients can swallow to get checked for cancer are being trialled across the NHS. The imaging technology, in a capsule no bigger than a pill, can provide a diagnosis within hours. Known as a colon capsule endoscopy, the cameras are the latest NHS innovation to help patients' access cancer checks at home.

Traditional endoscopies mean patients need to attend hospital and have an invasive procedure, whereas the new technology means people can go about their normal day. An initial group of 11,000 NHS patients in England will receive the capsule cameras in more than 40 parts of the country.

Thousands to benefit from new 5-minute breast cancer treatment

Injections that reduce the length of hospital stay for breast cancer patients from two and a half hours to just five minutes are being rolled out nationwide.

Breast cancer patients receiving chemotherapy will be offered a new combination therapy called PHESGO. It is injected and takes less than 5 minutes to prepare and administer, compared to two injections that take up to two and a half hours.

The injection will be offered to eligible patients with HER2-positive breast cancer, which accounts for 15 percent of all breast cancers. More than 3,600 new patients each year will benefit from the treatment, as well as others who will switch from the treatment they are on to the single injection. It can be given alongside chemotherapy or on its own.

'Nightingale effect' sees thousands of healthcare support workers join the NHS

The NHS has boosted support for patients, their families and staff by recruiting 10,000 healthcare support workers in the first three months of the year. In November 2020, NHS England and NHS Improvement launched their latest **We Are the NHS** recruitment campaign. This followed a record rise in nursing students joining the NHS this academic year, with UCAS figures from August 2020 showing a 22% increase from the same point in 2019.

The new staff will support the workforce and assist nurses, midwives and other healthcare professionals to perform health checks, update patient records, help patients wash, dress and move around, and care for women and families in maternity services. They will also support people with mental health conditions, learning disabilities, and autism.

NHS sets out COVID-19 recovery plan for patient care and staff wellbeing

The NHS is accelerating the delivery of operations and other non-urgent services as part of a £8.1 billion plan to help the health service recover following the intense waves of COVID.

The money, which is set out in the **NHS Operational Planning and Contracting Guidance**, will also fund more support for staff who may be affected by their experiences during the coronavirus pandemic. The guidance stresses that NHS staff "need to be at the heart of plans for recovery and transformations" and that any plans should "reflect the need for staff to get the support, rest and recuperation that they need".

Maternity services will also be boosted by an additional £95million this year, including by creating new midwifery and obstetrician roles and providing more training and leadership programmes for midwives.

Trusts, who do more operations and other elective procedures, will qualify for a share of a £1 billion pot. This activity will be compared to activity undertook in the 2019-20 financial year.

Every **Integrated Care System** is drawing up plans to ensure all hospitals maximise their capacity to do as many non-urgent operations as possible. Trusts are also expected to reduce the number of patients waiting for longer than 62 days for cancer procedures to pre-pandemic levels over the coming months.

New Office for Health Promotion will improve the health of the nation

A new Office for Health Promotion will lead national efforts to improve and level up the health of the nation by tackling obesity, improving mental health and promoting physical activity.

The office's remit will be to systematically tackle the top preventable risk factors causing death and ill health in the UK, by designing, implementing and tracking delivery policy across government. It will bring together a range of skills to lead a new era of public health polices, leveraging modern digital tools, data and actuarial science and delivery experts.

It will enable more joined-up, sustained action between national and local government, the NHS and cross-government, where much of the wider determinants of health sit. More information can be found here.

New dedicated mental health services for new expectant and bereaved mums

Thousands of new, expectant or bereaved mothers will receive help and support for mental health problems through dozens of new dedicated hubs which are being set up across the country.

The 26 new hubs will bring together maternity services, reproductive health and psychological therapy under one roof as part of the NHS Long Term Plan.

Around 6,000 women will receive care and treatment for a wide range of mental health issues from post-traumatic stress disorder (PTSD) after giving birth to others with a severe fear of childbirth.

NHS Facebook campaign helps 40-plus men prevent Type 2 diabetes

The NHS is using Facebook to reach millions of men aged 40 and over who are at risk of developing Type 2 diabetes, to help them to change their lifestyle and avoid the condition.

The Facebook adverts will highlight the increased risk among white men of this age and encourage them to sign up for support from the Healthier You NHS Diabetes Prevention Programme.

Research shows that men over 40 are particularly at risk of getting Type 2 diabetes and this risk increases with age. The world leading programme, which supports those who are at risk of developing the condition to lose weight and adopt healthier habits, has already helped hundreds of thousands of people.

The NHS will post a series of sponsored Facebook ads which will let users click through to a quiz by Diabetes UK. If their score is moderate or high, they can refer themselves to a local service for support remotely or online, without having to go through a healthcare professional.

The NHS has fast-tracked access to the Healthier You programme after research found that people are twice as likely to die from COVID-19 if they have Type 2 diabetes.

Two - Lancashire and South Cumbria Headlines

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

Vaccination programme update

Across Lancashire and South Cumbria, more than 888,000 people have received their first jab, with more than 237,000 receiving their second. This is an incredible achievement, and we couldn't have done it without the strong partnership working across NHS, local authorities, public sector, health and care staff, volunteers, and wider stakeholders.

People aged 40 and over are now being invited to come forward and book appointments to receive their vaccinations, people over 16 who live with adults with weakened immune systems are also being offered a vaccine. Anyone aged 45 and over or who has a learning disability, is clinically vulnerable, clinically extremely vulnerable (at high risk from coronavirus) or an unpaid carer is also being invited to book their appointment.

Lancashire and South Cumbria ICS partners are working together to ensure that vulnerable communities such as people with Learning Disabilities and Autism, Gypsy, Roma and Irish Traveller communities and homeless people are able to easily access Covid-19 vaccinations. LSCFT staff have used the HARRI bus, a multi-use clinical and teaching space, to deliver vaccinations to homeless people in Preston and Blackpool, and a significant piece of research is currently underway to understand the barriers and challenges to vaccine uptake in ethnic minority communities. This will help us understand how best to support our communities' needs.

The first Moderna jabs were delivered in Lancashire and South Cumbria in April. This is another NHS vaccination milestone, as the newest vaccine is an additional alternative to the AstraZeneca for those aged 18-29 who are eligible for a jab.

Five million people now vaccinated in the North West

More than five million doses of the Covid-19 vaccine have been given in the North West in less than five months, latest figures show.

The region reached the latest significant milestone over the weekend, with figures published on 26 April 2021 showing a total of 5,049,333 first and second doses of the vaccine have been given since the NHS vaccination programme launched on 8 December, 2020.

Staff at the Trust's Hubs at Royal Blackburn and Burnley General Teaching Hospital, as well as community sites at Blackburn Cathedral and in Burnley town centre, were pleased to have contributed to the milestone.

ELHT staff working at the vaccination centres have been featured in an NHS England and Improvement social media campaign celebrating the success of the vaccination programme in the North West, and on their website.

New Hospitals Programme

Further details have been published regarding the Lancashire and South Cumbria New Hospitals Programme, which will see hospital Trusts work together with the government to build new, centrally funded hospital facilities locally.

The Lancashire and South Cumbria New Hospitals Programme aims to address inequalities and improve health outcomes for communities across the region and will result in new, world-class facilities for local people. New hospital designs will be led by expertise and evidence from doctors, nurses and other clinical staff, from across the Lancashire and South Cumbria footprint, to ensure the best possible levels of patient treatment and care.

Local people, staff and stakeholders will be encouraged to input into proposals with ongoing collaboration with patients, communities, GPs and partners a central part of developing plans, and public consultation planned for the end of the year. Further information can be found on the **New Hospitals Programme website**.

Healthwatch Lancashire 'Mood of the Public' project

During the first wave of COVID-19 in spring 2020, hospitals across the country paused routine and non-urgent care, ensuring enough staff and beds were free to look after COVID patients, as well as people who needed urgent or emergency care.

Now, Trusts across the Lancashire and South Cumbria footprint are working with local Healthwatch organisations to help to understand the views of local people who are waiting for a routine or non-urgent appointment. Healthwatch are calling this project The Mood of the Public. This targeted group are being invited to complete a survey to share their views on different ways NHS organisations can work together to improve services. Analysis of the feedback will also help the NHS organisations know how to manage waiting lists better and consider how to provide support when and where it is needed.

Act FAST to fight strokes

Residents in Lancashire and South Cumbria are being urged not to delay seeking help if they have signs of having a stroke and to 'Act F.A.S.T' to save lives – the NHS is open. Data from the lockdown period of the coronavirus (COVID-19) pandemic last year show that admissions to hospital for stroke fell – a 12% drop between March and April 2020.

NHS staff have been working together to ensure that stroke care and urgent treatment can safely continue while responding to the pandemic.

The main signs of stroke can be remembered with the word FAST:

- Face – has their face fallen on one side? Can they smile?
- Arms – can they raise both their arms and keep them there?
- Speech – is their speech slurred?
- Time – time to call 999.

Suicide prevention campaign award

The Lancashire and South Cumbria Integrated Care System (ICS) Suicide Prevention Team has received a Health Service Journal Award in the category 'Connecting Service and Information Award' for their work on setting up the real time surveillance system.

The award recognises NHS initiatives where data sharing has made a real difference to local people. Judges look for successful implementation of systems and technologies which have enabled improvements to patient care – improving outcomes, experience and supporting patients to look after themselves better while at the same time delivering efficiencies for staff.

Sharing information, resources and learning at every opportunity is integral to prevent suicides and improve the outcomes of people in Lancashire and South Cumbria. To support more innovative and positive work around suicide prevention, the Suicide Prevention Team plan to share their work nationally.

Campaign stresses the importance of supporting each other

Everyone across Lancashire and South Cumbria is being encouraged to talk to friends and family members, helplines and debt support services as lockdown restrictions ease.

As the third national Coronavirus lockdown comes to an end, and people take stock of their lives, the local health and care partnership has launched the next phase of its Let's Keep Talking campaign.

People furloughed, unemployed or coping with a drop in self-employed work are being asked to start a conversation with loved ones, or reach out to telephone counselling services to address any concerns, take practical steps, and get help with their mental health.

It is more important than ever for people to reach out to local and national services for help as they battle the effects of the pandemic – particularly health and care workers and those who have taken an active role in supporting communities through the effects and challenges of the pandemic over the past 12 months.

Locality Model Redesign Launch

Since January, Lancashire and South Cumbria NHS Foundation Trust has worked tirelessly to ensure the smooth implementation of the new locality model for clinical operational services, which will see the introduction of five new localities.

These are:

- The Bay
  South Cumbria and North Lancashire
- Fylde Coast
  Blackpool, Fylde and Wyre
- Pennine Lancashire
  Blackburn with Darwen, Burnley, Hyndburn, Ribble Valley, Pendle and Rossendale
- Central and West
  Greater Preston, Chorley and South Ribble, and West Lancashire
- Specialist Services
  Dental, Perinatal, Forensic Inpatients, Forensic Community, Eating Disorder Services (EDS), CAMHS and Learning Disability and Autism services

Led by a new clinical leadership structure, the model officially launched on 1 April 2021, an exciting move for LSCft and all involved. The Locality Model Redesign has been led by Deputy Chief Executive and Chief Operating Officer, Chris Oliver and Network Director of Operations for Fylde Coast, Joanna Stark, with support of Project Manager Michelle Nicklin, and the Trust's new leadership Triumvirates.

The new model will offer additional support and leadership at a locality level with the senior leadership teams being closer to the teams delivering services.

Three - ELHT Headlines

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

Show of appreciation

In recognition of the incredible effort and hard work put in as part of our response to the pandemic over the last year, all ELHT colleagues will receive a £50 voucher and an extra day's leave. In making the announcement, Kevin McGee, CEO, expressed how proud he was to have been part of the ELHT team which has gone above and beyond over the past year to provide safe, personal and effective care to patients, supporting their families and each other, whilst dealing with the restrictions and challenges of the pandemic too.

The extra day's leave has been agreed in conjunction with the Unions. All parties are keen that the extra time and money is used to do something that supports recovery and health and well-being. It is hoped the voucher will be spent locally to support the Lancashire economy which has suffered so terribly in the past year.

Patient care 'top priority'

One of the ways in which we can measure our improvement is through the results of the annual, national NHS Staff Survey. It provides valuable insight into how it really feels to work in healthcare in the UK.

ELHT scored above average in eight themes and in line with the national average in two. That is some going but no less than expected from the brilliant team here. And most impressive is the 8% increase in colleagues completing the survey, despite the pressures of the Covid pandemic.

The dedication and integrity of our workforce shows in that 83% (compared to a national average of 79%) believe the care of patients is the organisation's top priority, and 90% believed that their role makes a difference to our patients. Other highlights include 75% of staff would be happy with the standard of care if a friend or relative needed treatment (an increase on 2019) and that 72% would recommend it as a place to work (against a national average of 67%).

Prince's Trust Young Achiever of the Year Award

Thomas Pemberton, Laundry Assistant at ELHT has won the Princes Trust Young Achiever of the Year award, after joining the Trust two years ago through the Get into NHS Hospital Services programme.

Thomas was announced as the winner of the prestigious award at the virtual Princes Trust ceremony yesterday, hosted by Ant & Dec, which celebrates young people who have overcome significant barriers to transform their lives.

Now 22, Thomas sadly became homeless at the age of 18 and realised he was heading down the wrong path, and mixing with people who had a negative influence on him. After applying for the Princes Trust, he joined ELHT in February 2018, and worked within different departments at the Royal Blackburn Teaching Hospital. He also took part in employability days as part of the programme, where he learnt about communication, teamwork, reliability, and resilience skills.

After only two weeks on the placement he was offered a job at the Trust, and has now progressed from part-time to full-time employment.

Trust chosen to deliver online scheme

An online tele-rehabilitation initiative has been piloted at the Trust to help support survivors of stroke and brain injuries. The new service means patients can access online group-based neuro-rehabilitation in their own homes rather than having to attend hospital.

N-ROL (Neuro-Rehabilitation Online) was funded by an ongoing campaign run by actress Emilia Clarke's charity, SameYou, in collaboration with University College London (UCL). The Trust was chosen by the charity to run the service due to their commitment to providing high quality rehabilitation and their improvement of clinical services through research.

The scheme is run by ELHT's specialist stroke and neuro-rehabilitation team, and blended the new provision with existing remote interventions as part of their service. It is supported by the clinical academic partnership with the University of Central Lancashire, who are undertaking an evaluation of the pilot.

Since the scheme began, it has supported over 30 patients, with a mixture of physical talking groups, and input from physiotherapists, occupational therapists, psychologists, and medical and assistant practitioners.

Charity glad to be back with the Big NHS Walk

ELHT&Me, the official charity of the Trust, launched its first fundraising event since the start of the COVID-19 pandemic. The aim of 'The Big NHS Walk', which covers 8 miles and takes place on Sunday 4 July 2021, is to bring NHS colleagues and the local community together. The challenge also provides a great opportunity to raise valuable funds that will be used to improve patient environment and experience across the Trust's hospital sites.

First steps on our EPR journey

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

The multi-million-pound investment will replace paper-based records and other electronic processes, enabling access to a single, reliable and integrated source of clinical information.

The new EPR system will provide clinicians with instant and full access to a patient's history and treatments so they can make the best decisions about their patient's care. All patient information will be available electronically, on a screen, at any of our sites, or in any location, at any time, all of the time! It will transform the way we admit, care for, and discharge our patients, while also greatly improving the patient experience. It's a great example of ELHT's ongoing investment to improve our patients' care.

Well-being initiative influences national safeguarding policy

ELHT is proud to be leading the way on workforce wellbeing and safeguarding after being asked to showcase one of our initiatives to the National Care Quality Commission (CQC) Safeguarding Board.

David Anderson, Chaplain at ELHT, and Catherine Randall, National Deputy Head of Safeguarding at NHS England, met with the CQC's Safeguarding team to explain all about ELHT's 'Listening Lounge's', where staff can access individual and group support sessions with the Trust's therapy dog, Jasper.

The 'Listening Lounge's' have been running at the Trust for the last year, and staff describe them as a lifeline that have helped them openly discuss their fears and experiences during what has been an extremely challenging year. The sessions provide an open forum to talk with David and their colleagues, and staff are guided through the hour-long sessions with questions and opportunities to share their feelings.

The pair were invited by the CQC Safeguarding Board to share some of these lived experiences of staff over the last year and to advise on how they could implement a similar framework for CQC hospital inspectors who visit Trusts across the country.

Trust's 'Emergency Care Village' dream moves closer

The latest phase of work towards realising an ambitious vision of developing an 'Emergency Care Village' has been completed.

The two-story extension to the Emergency Department at Royal Blackburn Teaching Hospital will support a more streamlined service for patients. This, alongside the repurposing of a former admin corridor has created 13 additional bays for treating people who present with 'major' illness or injury with the upper floor providing new facilities for staff.

This work follows on from the new £10m Acute Medical Unit that opened in November and we are already seeing the benefits of this. Our Estates and Facilities Team and contractors have worked incredibly hard alongside the Emergency Care team to coordinate this work and make it happen. Thank you to all involved, it really will make a big difference!

NHS heroes unveiled for international workers day

The Trust marked International Workers' Memorial Day with colleagues by unveiling a ‘super’ plaque in Royal Blackburn Teaching Hospital. The day is held each year to remember those who have lost their life in connection with their work.

Colleagues from Unison unveiled our NHS plaque with Operational HR and OD Director Kate Quinn. It is now proudly displayed on our Wall of Fame.

International Day of the Midwife and International Nurses Day

“**Follow the data, invest in midwives**” is the theme of the 2021 International Day of the Midwife held on 5 May. It is through this lens that International Confederation of Midwives (ICM) will lead the on-going and growing efforts to highlight the midwives role as fundamental in ending preventable maternal and new-born deaths.

This year's theme is timely because International Day of the Midwife will coincide with the launch of the 2021 State of the World's Midwifery Report. Co-led by UNFPA, WHO and ICM, the report will provide updated evidence base and detailed analysis on the impact of midwives on maternal and new-born health outcomes and the return on investment in midwives.

International Nurses Day is celebrated on 12 May as it is the anniversary of the birth of Florence Nightingale, the founder of modern nursing. Following on from previous years, the overarching theme for the day is Nurses: A Voice to Lead with a sub-theme for 2021 of “**A Vision for Future Healthcare”**.

While there has been significant disruption to healthcare during the pandemic, there has also been significant innovation that has improved access to care. In 2021, the International Council of Nurses will focus on the changes to and innovations in nursing and how this will ultimately shape the future of healthcare.

Appropriate events are being prepared to celebrate and honour all the midwives and nurses who have worked tirelessly, conscientiously and diligently throughout the pandemic and continue to do so each and every day.

Four – Communications and Engagement

A summary of the external communications and engagement activity.

March 2021

Communications and Engagement

Monthly Media Update

Top Stories...

- Parents of premature baby donate to hospital charity in thanks
- Patient care 'top priority' says survey
- The mother and daughter working together on Critical Care this Mother's Day
- Ambulatory emergency care unit HCA Awais is our employee of the month
- ELHT chosen to deliver online neuro-rehabilitation scheme

ELHT employee wins Princes Trust Young Achiever of the Year award

Press and Media Relations...

60 Mentions in all media

19 Media enquiries handled

4 Media releases issued this month

90% of stories were positive or neutral

Projects the Communications Department has supported...

- Coronavirus command centre
- ELHT&Me
- COVID vaccination hub
- International womens day
- Restoration
- Inclusion
- Staff wellbeing
- Take a moment week (live event)

Website...

Our website got **141,441** page views by **50,444** people.

The most viewed webpage was – Waiting times

Social media and digital...

Followers on social media:

18,015 ↑

8,695 ↑

2,933 ↑

46,759 ↓
Avg Weekly Facebook Reach

263,000 ↑
Twitter Impressions

632 ↑
Twitter mentions

The most talked about issues on our social networks..

- Burnley Birth Centre stats for February
- Critical Care Nurse recruitment post
- ELHT staff Jacqui and ruby working together on Critical Care on mother's day video by Reuters
- Repost from Public Health England on the safety of the AstraZeneca vaccine and blood clots,
- NROL (a new online tele-rehabilitation scheme) launched that's to a SameYou

Posts of the month...

Top Tweet earned 14.4K impressions

We are so proud of our colleagues here at ELHT, @NWAmbulance and all #OurNHSpeople. This powerful video created by @Reuters for #IWD2021 shows the amazing strength and resilience of our #ELHTfamily @womensday #ChooseToChallenge @NHSEngland @NHSNW twitter.com/Reuters/status...

6 20 66

View Tweet activity

View all Tweet activity

Facebook review rating:

4.6 out of 5

Routine activity:

Weekly staff bulletin
COVID briefings (3 x weekly)
Supporting ELHT&Me
Restoration work

Safe | Personal | Effective

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

Safe | Personal | Effective

Page 308 Retain 30 years

Communications and Engagement

Monthly Media Update

Top Stories...

- ELHT to start its EPR Journey, locally and across the region
- East Lancashire Hospitals NHS Trust joins wave of Veteran Aware Trusts
- Mobile monitor donation to benefit East Lancashire parents in labour
- ELHT staff well-being initiative influences national CQC and NHS England safeguarding policy

Trust's 'Emergency Care Village' dream moves closer

Press and Media Relations...

35 Mentions in all media ↓

14 Media enquiries handled ↓

8 Media releases issued this month ↑

83% of stories were positive or neutral ↓

Projects the Communications Department has supported...

- Restoration
- ELHT&Me
- COVID vaccination hub
- Inclusion
- Staff wellbeing

Website...

Our website got **121,436** page views by **44,665** people.

The most viewed webpage was – Waiting times ↓

Social media and digital...

Followers on social media:

17,695* ↓

8,695 ↑

2,933 ↑

49,840 ↑
Avg Weekly Facebook Reach

263,000 ↑
Twitter Impressions

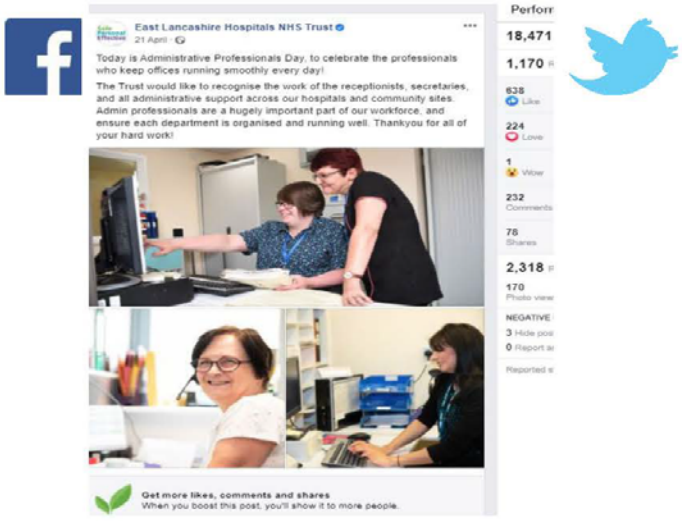
632 ↑
Twitter mentions

*We had a flurry of unfollows on facebook, around the same time as the Daily Mail issued the story on Leona Harris

The most talked about issues on our social networks..

- Administrative Professionals Day post
- Central Birth Suite at Lancashire Women and Newborn Centre, birth stats graphic for March
- Visiting update - ward visiting pilot scheme announcement
- Central Birth Suite at Lancashire Women and Newborn Centre, birth stats graphic for February
- Burnley Birth Centre, birth stats for March

Posts of the month...



Facebook review rating:

4.6 out of 5

Routine activity:

Weekly staff bulletin
COVID briefings (2 x weekly)
Supporting ELHT&Me
Restoration work

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

Safe | Personal | Effective

Safe | Personal | Effective

Page 308 Retain 3 years

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 2021 Meetings

Date/Frequency	Meeting
Weekly - Monday	NW Hospital Cell Gold Command Escalation
Weekly - Tuesday	Chairman/CEO briefing
Weekly - Tuesday	STP Hospital Cell – Bill McCarthy
Weekly - Tuesday	David Flory, Independent Chair, LSC ICS
Weekly - Wednesday	LSC CEOs briefing
Weekly - Wednesday	NW Regional Leadership Group
Weekly - Friday	NW Capacity Oversight
Weekly - Monday and Wednesday	LSC Hospital Cell
Weekly - Tuesday and Friday	Executive Team
Fortnightly - Monday	LSC Out of Hospital and Hospital Cell Touchpoint
6 April	Virtual Patient Safety Walk round
7 April	Informal LSC ICS Board
7 April	Alliance 16 – introductory meeting
7 April	Graduate Trainee introductory meeting
13 April	LSC ICS Development Oversight Group
13 April	PL Chairs and Chief Officers Advisory Group
14 April	Board Development
14 April	Team Brief

20 April	Visit to the Spiritual Centre
20 April	Senior Finance Leaders Conference
20 April	NHSE/I CEO Advisory Group
21 April	ICS System Leaders Executive
21 April	ICP Development – System Wide Workshop
22 April	CEO Advisory Group – Elective Recovery
23 April	LSC Clinical Haematology Working Group (Chair)
26 April	LSC CDH with NW Regional Diagnostics Team
27 April	HEE Roundtable Discussion
29 April	Extraordinary NHP Strategic Oversight Group
30 April	LSC Pathology Collaboration Board (Chair)
30 April	LSC Provider Collaboration Board

May 2021 Meetings

Date/Frequency	Meeting
Weekly - Monday	NW Hospital Cell Gold Command Escalation
Weekly - Tuesday	Chairman/CEO briefing
Weekly - Tuesday	STP Hospital Cell – Bill McCarthy
Weekly - Wednesday	LSC CEOs briefing
Weekly - Wednesday	NW Regional Leadership Group
Weekly - Monday and Wednesday	LSC Hospital Cell
Weekly - Tuesday and Friday	Executive Team
Weekly - Friday	NW Capacity Oversight

Fortnightly - Monday	LSC Out of Hospital and Hospital Cell Touchpoint
4 May	Accelerator System with national leads
11 May	LSC ICS Development Oversight Group
11 May	PL Chairs and Chief Officers Advisory Group
12 May	Trust Board
14 May	MP meeting
18 May	Team Brief
19 May	ICS System Leaders Executive
19 May	PL Partnership Leaders Forum
20 May	CAMHS meeting
24 May	Vital Signs Transformation Guiding Board
24 May	NHSE/I CEO Advisory Group – Simons Stevens
27 May	LSC Diagnostics Programme Board (Chair)
28 May	LSC Pathology Collaboration Board
28 May	LSC Provider Collaboration Board
28 May	HIP2 Strategic Oversight Group

TRUST BOARD REPORT

Item 60

12 May 2021

Purpose Monitoring

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

Summary: This report presents an overview of the Corporate Risk Register (CRR) as of the 21/04/2021 these risks have been reviewed at RAM on the 30/04/2021.

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

Report linkages

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

Impact

Legal	Yes	Financial	Yes
Equality	No	Confidentiality	Yes

Previously considered by:

Changes to the report since last month;

1. Risks have been updated with the most up to date information received from the Risk management system and/or verbal/commentary update received directly from the risk owner.
2. The '**Risk by Quarter section'** will be updated from July 2021 to show changes in the quarter performance.

Risk by Quarter	Q1	Q2	Q3	Q4
	x	x	15	15

3. The '**8 week projection'** will be reviewed each month based on changes to the risk as well as implementation of controls to strengthen the performance of the risk and its mitigation activities.

8 week score projection	15

4. A '**Risk performance section'** has been added below to give an overview on Trust performance with Risk Management as well as compliance with the Risk Management Framework (RMF). This section will gradually be developed alongside the launch of the new RMF.
5. **(Table 1)** has been added to show the number order of the risks as well as a view of the current effectiveness of controls in place. These controls will have been reviewed by the handler of the risk after testing. Actions may be in place to improve the control strengths.
6. A new risk **(Risk 8960)** has been added to the Corporate Register the month.
7. A risk reported on previous reports **(Risk 8892)** has been removed following successful control management and has subsequently been downgraded to a score of 12.

Risk Performance information;

1. **1772** risks are currently open and in **'LIVE'** status.
2. **207** of these risks are currently **OVERDUE**. Just over **11%** of risks are currently overdue, which is an improvement on previous performance.
3. Divisionally, risks that are overdue are being managed at later dates and are picked up by the Divisional Quality teams.
4. There has been a drop in the quality of risk information that is being received from risk owners/handlers. This has been due to resource and capacity across the Trust during COVID measures. However, training is being set back up and more Trust wide meetings have been re-established which will support the drive on Risk Management.
5. Risks with **'Health & Safety'** have increased over the last 12 months. Under-review, this has been down to increased risk assessments for clinical/non-clinical spaces in relation to Social Distancing/PPE and good compliance with the Trust's Social Distancing Policy and COVID Guidelines.

Table 1: List of Corporate Risks

No	ID	Where is this risk being managed?	Title	Rating (current)	Effectiveness of Controls (taken from Datix)
1	8441	Corporate Services	Coronavirus (COVID-19) Outbreak	20	Limited
2	8126	Corporate Services	Aggregated Risk - Potential to compromise patient care due to lack of Trust-wide advanced Electronic Patient Record (EPR) System	20	Limited
3	7762	Family Care (FC)	Risks associated with providing HDU care in DGH with no funding for HDU provision	20	Limited
4	8061	Corporate Services	Management of Holding List	16	Limited
5	8221	Family Care (FC)	Lack of recurrent investment and review of CNP services resulting in service at risk	16	Poor
6	6190	Surgical and Anaesthetic Services (SAS)	Insufficient Capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale.	16	Limited
7	7067	Medicine and Emergency Care (MEC)	Aggregated Risk - Failure to obtain timely MH treatment impacts adversely on patient care, safety and quality	15	Adequate
8	1810	Medicine and Emergency Care (MEC)	Aggregated Risk - Failure to adequately manage the Emergency Capacity and Flow system	15	Limited
9	5791	Corporate Services	Aggregated Risk-Failure to adequately recruit to substantive nursing & midwifery posts may adversely impact on patient care & fi	15	Adequate
10	7008	Surgical and Anaesthetic Services (SAS)	Failure to comply with the 62 day cancer waiting time target	15	Limited
11	8257	Diagnostic and Clinical Support (DCS)	Loss of Transfusion Service.	15	Limited
12	8243	Family Care (FC)	Absence of an end to end IT maternity system	15	Poor
13	8652	Corporate Services	Failure to meet internal & external financial targets for 2020-21	15	Adequate
14	8543	Surgical and Anaesthetic Services (SAS)	Fracture Clinic Capacity & Demand	15	Limited
15	8839	Surgical and Anaesthetic Services (SAS)	Failure to achieve performance targets	15	Poor
16	8914	Diagnostic and Clinical Support (DCS)	Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH	15	Limited
17	8808	Corporate Services	BGTH - Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke	15	Adequate
18	7764	Corporate Services	RBTH- Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke	15	Adequate
19	8960	Family Care (FC)	Risk of undetected foetal growth restriction and possible preventable stillbirth given non-compliance with national US guidelines	15	Limited

Table 2: Detailed risk information

No	ID	Title				
1	8441	**Coronavirus (COVID-19) Outbreak**				
Lead		Tony McDonald	**Current score**	**20**	**Score Movement**	⇔
Description		This risk is to capture the risk to our patients and staff in the event of further infection rates across the UK from the coronavirus (COVID-19) outbreak.		**Actions**	1. Continuous actions managed and monitored through the ICC meetings and regular OCC meetings throughout the trust. 2. Mass Vaccination rollout	**All actions managed by Tony McDonald (Continued actions under development as pandemic progresses through the appropriate meetings)**
Top Controls		1. Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with daily update meetings taking place. 2. ICC meetings currently once a week with a Senior Leadership meeting once a week for key decision making and escalation. 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 within the EPRR meeting (Monthly) to review key issues and escalations. 6. Established executive oversight group which will support A) Asymptomatic staff testing B) Mass staff vaccination C) Mass Vaccination. 7. Mass vaccination programme underway and launched 18/01/2021 8. Enhanced monitoring of Oxygen flow and capacity. Regularly reported on and discussed in Patient Flow meetings/ICC.				
Update since the last report		**20/04/2021 –** Continued staff testing using the Lateral Flow kits are still in place throughout the trust, plans being developed to transition to LAMP testing from April. Blackburn and Burnley Mass Vaccination sites are in place and daily reviews are in place between ELHT and the ICS teams. Weekly ICC meetings have moved to once a week given the drop in pressure on the trust and the strengthening of the vaccination roll out across the UK. Planning to support the recovery and restoration of services and elective/diagnostic waiting lists on a system basis has commenced which is led by operational colleagues. As of the 19/04/2021, the Trust has no COVID + patients in Critical care.		**Date Last reviewed**	**20/04/2021**	
				Risk by Quarter	**Q1** 25	**Q2** 20 / **Q3** 20 / **Q4** 20
				8 week score projection	**15**	
				Current issues	**Impacted by COVID-19**	

No	ID	Title				
2	8126	**Aggregated Risk - Potential to compromise patient care due to lack of Trust-wide advanced Electronic Patient Record (EPR) System**				
Lead		Mark Johnson	**Current score**	**20**	**Score Movement**	⇔
Description		The absence of a Trust Wide Electronic Patient System, the reliance on paper case notes, assessments, prescriptions and the multiple minimally interconnected electronic systems in the Trust.		**Actions**	**All actions completed – awaiting new update for the risk as this has now become a project risk expected to last until September 2022.**	
Top Controls		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				
Update since the last report		**20/04/2021-** Work has now started on Patient Track – which is the electronic capture and device integration system. We are expecting the first pilot wards to go LIVE in the next 16 weeks. The project is being ran in parallel with the new clinical communications tool (Smart Page) which integrates with the EPR system.		**Date Last reviewed**	**20/04/2021**	
				Risk by Quarter	**Q1** 15 / **Q2** 20 / **Q3** 20 / **Q4** 20	
				8 week score projection	**15**	
				Current issues	The risk is currently moving into a Project so further discussions will take place about the future management of this.	

No	ID	Title
3	7762	**Risks associated with providing HDU (High Dependency Unit) care in DGH with no funding for HDU provision (Family Care)**

Lead	Neil Berry	**Current score**	**20**	**Score Movement**	⟷

Description	ELHT provides HDU (High Dependency Unit) care as does most District General Hospitals with the tertiary centres providing formal HDU In recent years with increasing demand and limited tertiary capacity the provision for HDU care is increasing. We have received no funding to manage this provision and yet provide an estimated 1404 HDU days per year (70 % being Level 2 HDU).	**Actions**	**1.** STP leading review of DGH HDU care	**1.** Vanessa Holme	**1.** 26/06/2021 **(Was 09/03/2021 and 28/03/2021)**
Top Controls	**1.** Safer staffing is reviewed for nursing on a daily basis at Matron and Trust Director of nursing level. Staffing is managed according to acuity and therefore managed in a safe manner. **2.** Medical staffing actions have been taken to mitigate risk of medical cover to HDU activity in winter months -specific winter planning takes place. **3.** HDU competencies and training completed and co-ordinated in the Directorate to ensure suitable skills. **4.** Safer staffing for nursing completed on a daily basis and acuity of patients managed at Matron/Trust level. **5.** Medical staffing support monitored and winter planning actions put in place to support increased HDU activity.				
Update since the last report	**09/04/2021-** Continue to await outcome of ICS review and decision re location of HDU's and specialist commissioning – no update has been received yet.	**Date last reviewed**	**09/04/2021**		

	Q1	Q2	Q3	Q4
Risk by Quarter	**20**	**20**	**20**	**20**
8 week score projection	**20**			
Current Issues	CCG currently not funding L2 Critical care activity. Awaiting decision from the ICS.			

No	ID	Title
4	8061	**Aggregated Risk - Management of Holding List**

Lead	Victoria Bateman	**Current score**	**16**	**Score Movement**	⟷

Description	Patients waiting past their intended date for review appointment and subsequently coming to harm due to a deteriorating condition or suffering complications due to delayed decision making or clinical intervention.	**Actions**	1. Weekly review of the holding list	1. Victoria Bateman	1. 02/08/2021
Top Controls	**1.** There is a process in place to ensure all follow up patients are assigned a RAG rating at time of putting them on the holding list. This process is for outpatients predominantly. A process forward is currently being developed. **2.** There is an automated daily report to provide oversight of the holding lists by speciality. **3.** Underlying demand and capacity gaps must be quantified and plans put in place to support these specialities in improving the current position and reduce the reliance on holding lists in the future. **4.** Report being provided weekly to the Executive Team. **5.** Holding List performance is discussed as part of the weekly performance meetings.				
Update since the last report	**20/04/2021-** Ongoing review of the holding list is taking place at specialty level which is being monitored through weekly PTL meetings.	**Date last reviewed**	**20/04/2021**		

	Q1	Q2	Q3	Q4
Risk by Quarter	**16**	**16**	**16**	**16**

		8 week score projection	16
		Current issues	Impacted by COVID-19

No	ID	Title					
5	8221	**Lack of recurrent investment and review of CNP (Community Neuro developmental Paediatrics) services resulting in service at risk (Family Care)**					
Lead		Debbie Mawson	**Current score**	**16**	**Score Movement**		⟷
Description		CNP is currently undergoing a service review which has stalled due to lack of resource from a CCG perspective. This is due to the service working under a block contract which has not been reviewed for a number of years. A number of roles and services are being funded non recurrently and this funding stops in march 2020 but has been continued at present due to COVID.		**Actions**	**1.** Conduct CNP Service review post COVID measures	**1.** Debbie Mawson	**1.** 12/07/2021 **(was 30/11/2020 and 22/03/2021)**
Top Controls		**1.** Review meetings with our commissioner monthly. **2.** Escalated through CNP spec board and DMB (Divisional Management Board) also SMWRG (Senior Management Group) with DGM (Divisional General Manager) and Lead for Children and Young People Pennine CCG. **3.** Risk assessment completed. **4.** Funding continuing throughout review period but capacity issues remain the same.					
Update since the last report		**29/03/2021-** Service review has still not taken place due to Covid. Problem has increased due to social distancing regulations, backlog of children requiring face to face and doctor's sickness. Restoration of service has commenced however other organisations have not restored at the same pace and have not got capacity to support the pathway e.g. LSCFT and speech and language therapy, Psychology input and learning disability psychology input. This is increasing wait times for children and children who were classed as preschool are now falling into school category and have had not support provision delivered and the offering changes at school age. Inability to recruit to vacancies at all clinical levels due to shortage of speciality staff .Service running with 4 bank staff but gaps due to non-recurrent funding and inability to attract specialist staff. Increase in referrals from Jan 21 to March by 120% this will continue to rise with schools returning. Increase in holding list from Jan to March by 25% in the last 12 months by 446		**Date last reviewed**	**29/03/2021**		
				Risk by Quarter	**Q1**	**Q2**	**Q3**	**Q4**
					16	**16**	**16**	**16**
				8 week score projection	**15**			
				Current Issues	Funding has been extended because of COVID but that does not mitigate the risk as we still provide the service with no additional funding and uncertainty post COVID.		

No	ID	Title
6	6190	**Insufficient Capacity to accommodate the volume of patients requiring to be seen in clinic within the specified timescale (Ophthalmology)**

Lead	Victoria Bateman	Current score	16	Score Movement		
Description	Insufficient clinic capacity for patients to be seen in outpatient clinics resulting in unbooked new patients and a very large holding list of overdue patients. In some cases there is significant delay and therefore risk to patients The demand far outweighs capacity, and this has been exacerbated since the covid pandemic, with the requirement for social distancing meaning less patients can be accommodated in waiting areas. All patients are risk stratified (red, amber, green), however still cannot be seen within timescales and additional risk that amber patients could become red over time etc.		Actions	1. Community stable Glaucoma 2. Outsourcing of OCT & Visual Fields	1. Vikas Shankar 2. Vikas Shankar	1. 16/04/2021 2. 02/08/2021
Top Controls	1. Failsafe Officer in place - focuses on appointing the red patients and the longest waiters. Validates the holding list. 2. Capacity sessions where doctors willing and available. 3. Used locums previously - however not currently in place due to (i) lack of available space, (ii) calibre of personnel is questionable, (iii) specialised areas of expertise, and (iv) in practice they do not tend to discharge and it therefore adds to holding list concerns at a later date. 4. Flexibility of staff 5. Integrated Eye Care Service in place for specific pathways, keeping relevant patients out of hospital eye services where possible.					
Update since the last report	**20/04/2021-** The position within ophthalmology is that the service will move to the long awaited 4 site model from Monday 26th April. There are still the same challenges with both new and holding list patients and the holding list number stands at 5162 (including orthoptic patients). The number of new patients awaiting a first appointment is 404 (inc orthoptics) Still very challenging but risk mechanisms remain in place, including holding risk RAG and failsafe officer role.		Date last reviewed	15/04/2021		
			Risk by Quarter	Q1	Q2	Q3	Q4
				x	x	15	15
			8 week score projection	15			
			Current Issues	Impacted by COVID-19			

No	ID	Title
7	7067	Aggregated Risk - **Failure to obtain timely mental health (MH) treatment impacts adversely on patient care, safety and quality**

Lead	David Simpson	Current score	15	Score Movement		
Description	ELHT is not a specialist provider or equipped to provide inpatient mental health services. Patients with mental health need do present to the Trust and they may require both physical and mental health assessments, treatment and referral to specialist services. Due to lack of specialist knowledge, this may cause deterioration of the patient.		Actions	1. Review impact of MH service provision with opening of MHUAC 2. ELHT to audit the number of patients admitted to the MHUAC from 1st of april on a monthly basis 3. Recommendations from National Quality improvement audit to be added to Datix along with local action plan 4. Review impact of MH service provision with opening of MHUAC	1. David Simpson 2. Rafia Naser 3. Helen Turner 4. David Simpson	1. 29/04/2021(was 02/04/2021) 2. 30/04/2021 3. 11/05/2021 4. 03/06/2021
Top Controls	1. Daily system mental health teleconference, attended by ELHT Clinical Site Managers. 2. Discussion and review at four times daily clinical flow meeting 3. Expanded mental health liaison team service based in emergency department. 4. Treat as one group established to oversee the response to physical and mental health needs of patients. This group is chaired by the director of nursing and includes representatives from ELHT and LSCFT, LCC, BWDBC,CCG, Police. TAO group currently stood down but multiple meetings across the trust still cover core essentials. Multi agency oversight group also in place. 5. Mental Health Shared Care Policy including out of hours escalation process for MH patients.					
Update since the last report	**20/04/2021** Risk reviewed, and remains the same until a review of the MHUAC impact, which opened Feb 2021. There has been less MH patients breached in ED in last month, but still issues with transferring patients to MHUAC due to eligibility criteria since opening 4 weeks		Date last reviewed	20/04/2021		
			Risk by Quarter	Q1	Q2	Q3	Q4
				15	15	15	15

	ago. We are currently looking at the data of patients who have been referred to MHLT but not gone to MHUAC	8 week score projection	12
		Current issues	Move in date expected April 2021

No	ID	Title						
8	1810	Aggregated Risk - **Failure to adequately manage the Emergency Capacity and Flow system**						
Lead		David Simpson	**Current score**	**15**	**Score Movement**			
Description		Lack of capacity across the Trust can lead to extreme pressure resulting in a delayed delivery of the optimal standard of care across departments. At times of extreme pressure this increase in the numbers of patients within the emergency pathway makes medical/nursing care difficult and impacts on clinical flow		**Actions**	1. Nursing Assurances to be provided regarding care delivery to patient in ED 2. Review impact of NWAs direct streaming to AECU	1. Jacqueline Murray 2. David Simpson	1. 31/03/2021 2. 31/05/2021
Top Controls		1. Further in-reach to department to help to decrease admission 2. Workforce redesign aligned to demands in ED 3. Review of processes across Acute / Emergency medicine in line with Coronial process and incidents. 4. Work with CCG on attendance avoidance 5. Phase 6 build commenced - completion Nov 2020 6. Business plan in place to review the footprint of ED and urgent care.						
Update since the last report		**14/04/2021-**Established 111/GP direct bookings to Urgent Care. 111 Development board are currently designing patient pathways from GP/NWAS directly to AECU. Conversations from Clinical director ED to clinical director SAS about doing the same for SAS. This needs to be the same for COAU.		**Date Last reviewed**	**14/04/2021**			
				Risk by Quarter	**Q1**	**Q2**	**Q3**	**Q4**
					15	**15**	**15**	**15**
				8 week score projection	**15**			
				Current issues	**Impacted by COVID-19**			

No	ID	Title						
9	5791	Aggregated Risk - **Failure to adequately recruit to substantive nursing and midwifery posts may adversely impact on patient care and finance.**						
Lead		Julie Molyneux/Chris Pearson	**Current score**	**15**	**Score Movement**			
Description		Use of agency staff is costly in terms of finance and levels of care provided to patients		**Actions**	1. Twice yearly professional judgment review of nurse and midwifery staffing requirements 2. Ongoing recruitment ,, locally, nationally, and internationally	1. All actions owned and managed by Julie Molyneux	1. 01/03/2022 **(was 01/03/2021)** 2. On-going
Top Controls		1. Daily staffing teleconference, chaired by Divisional Director of Nursing, who balances and mitigates risks based on professional judgment, debate and acuity and dependency. 2. The use of the Safe Care Tool within Allocate to support decisions regarding acuity an dependency 3. E rostering - Planned and actual nurse staffing numbers recorded daily and formally reported monthly following quality assurance processes; 4. Dashboard review of good rostering compliance 5. Monitor red flags, IR1s, complaints and other patient experience data						
Update since the last report		**20/04/2021**- The committee continues to receive assurance on staffing within the Trust. A maternity safe staffing review will be presented to the Quality Committee in May 2021.General recruitment: ongoing, continuing with local, national and international recruitment.		**Date Last reviewed**	**20/04/2021**			
				Risk by Quarter	**Q1**	**Q2**	**Q3**	**Q4**
					15	**15**	**15**	**15**

		8 week score projection	15
		Current issues	Some impact from COVID but risk has been in place for a while and recruitment nationally is still an issue.

No	ID	Title					
10	7008	**Failure to comply with the 62 day cancer waiting time.**					
Lead		William Wood	**Current score**	**15**	**Score Movement**		
Description		Cancer treatment delayed. Potential to cause clinical harm to a patient if the treatment is delayed.		**Actions**	1. Creation of comprehensive Cancer PT and automated Hot list 2. Implementation of Rapid cancer diagnostic and assessment pathways 3. Capacity & Demand Review 4. Investment of Alliance Funding in pathway to improve processes.	**All actions managed by William Wood**	1. 30/06/2021 (**was 31/03/2021)** 2. 31/09/2021 **(Was 31/12/2020 and 30/03/2021)** 3. 31/03/2022 **(was 30/03/2021)** 4. 31/03/2022**(was 30/03/2021)**
Top Controls		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 with additional capacity being attained throughout other hospital services. 5. Lancashire Cancer Tactical Group, Trust and CCG colleagues discuss performance, progress, and ideas for improvement. 6. Cancer Performance Improvement group has been established and is chaired by the Lancashire/South Cumbria Alliance.					
Update since the last report		**14/04/2021-** Trajectories previously submitted have been accepted and approved, aim is to now work to these. Cancer Action Plan updated to reflect new work and legacy work that was incomplete but still relevant. Questions starting to come in from Commissioners and Alliance on poor performing areas, expect more formal performance management mechanisms to be introduced in near future.		**Date Last reviewed**	**14/04/2021**		
				Risk By Quarter	**Q1**	**Q2**	**Q3**	**Q4**
					15	**15**	**15**	**15**
				8 week score projection	**15**			
				Current issues	**Impacted by COVID-19**			

No	ID	Title				
11	8257	**Loss of Transfusion Service**				
Lead		Lee Carter	**Current score**	**15**	**Score Movement**	
Description		Denial of the laboratory premises at RBH, especially blood transfusion, due to: 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.		**Actions**	**All actions have been completed. The risk is being reviewed over an 8 week period and will then reduce in score and move to the 'Trust Wide' Risk register.**	

Top Controls	**1.** Emergency bloods can be stored in temporary insulted 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 skilled staff. **4.** Hospital Transfusion Committee in place and review of meeting still underway.		
Update since the last report	**20/04/2021-** Blood Transfusion has purchased and received the Blood Track system from Haemonetics. Discussions are taking place with Consort and Estates and where to site both the blood fridges on either RBTH and BGTH. Server has been built and awaiting for the laboratory LIMS supplier to build the relevant interface. This is scheduled for the week of the 14/05. Post interface build and successful siting of the fridges, mapping and validation work can take place. Training of staff thereafter. This project to is expected to take between 6-12 months in line with regulatory requirements (MHRA , UKAS).	**Date Last reviewed**	**20/04/2021**
		Risk by Quarter	Q1: 15 / Q2: 15 / Q3: 15 / Q4: 15
		8 week score projection	**10**
		Current issues	The siting of the fridges is being discussed and when in place they will need to go through change control.

No	ID	Title				
12	8243	**Absence of an end to end IT maternity system (Family Care)**				
Lead		Neil Berry/Tracy Thompson	**Current score**	**15**	**Score Movement**	⟷
Description		Inability to have an end to end IT record of a woman's care throughout her antenatal, intrapartum and postnatal care. Impact on midwives work load as data capture will be manual, time consuming with an inconsistent approach to collect, no additional resources are available to collate this data manually which would equal at a minimum a full time post. Potential gaps and risks of inaccurate data capture	**Actions**	**All actions completed, awaiting further actions as risk is close to mitigation.**		
Top Controls		**1.** The ICS procurement process is nearing its conclusion and the supplier for the new maternity system should be decided by the 30st September 2020. A divisional, multidisciplinary maternity system steering group has been formed and will meet every fortnight from the 14th October. The group will begin by discussing and developing the business case for the new system, discuss and look at setting up the project team once the chosen supplier is known and then discussing the choice and purchase of new IT infrastructure, again once the chosen supplier known. **2.** Review of equipment used by midwives in the community for accessing systems is underway				
Update since the last report		**20/04/2021-** Process mapping almost complete. IT equipment on order and site visit completed looking at data points, electrical sockets and interfaces (moxa) for CTG machines. Super user training organised. IT have decided that the laptops for community midwives will now not be rolled out as they arrive despite concerns being raised with at the project board. Community midwives will continue with risks until they have laptops allowing them real time access to Trust systems. A discussion about the laptops for the community midwives is due to take place as these have been requested since 2019 and included again in the business case for this project.	**Date Last reviewed**	**20/04/2021**		
			Risk by Quarter	Q1: x / Q2: 15 / Q3: 15 / Q4: 15		
			Current issues	Issues with the distribution of laptops to community midwives which is being discussed at project board.		

No	ID	Title				
13	8652	**Failure to meet internal & external financial targets for 2020-21**				
Lead		Michelle Brown	**Current score**	**15**	**Score Movement**	⟷

Description	Failure to meet financial targets is likely to lead to the imposition of special measures and limit the ability of the Trust to invest in the services it provides. Continued failure to meet financial targets may lead to the Trust being taken over by another provider.	Actions	1. Submit monthly financial monitoring returns to NHSEI 2. To ensure we have a financial training programme in place to support the wider organisation and network 3. To work across the Trust with non-financial colleagues	All actions managed by Charlotte Henson	**1.** Ongoing
Top Controls	**1.** Robust financial planning arrangements, to ensure financial targets are achievable and agreed based on accurate financial forecasts; **2.** Financial performance reports distributed across the organisation to allow service managers and senior managers to monitor financial performance against financial plans, supported by the Finance Department; **3.** Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits; **5.** Arrangements to monitor and improve delivery of the Waste Reduction Programme **6.** Enforcement of Standing Financial Instructions through financial controls to ensure expenditure commitments to incur expenditure are made in accordance with delegated limits				
Update since the last report	**20/04/2021-** The Trust has ended the financial year with a draft £(3.0)million deficit. This is in line with what was planned with an improvement to what was reported last month due to confirmation of the additional annual leave payment received and a further £2.0million payment towards the reduction in Non-NHS income in year. In addition the Trust did not exceed its CDEL (Capital Departmental Expenditure Limit)limit and came in on plan at £41.2 million.	**Date Last reviewed**	**20/04/2021**		
		Risk by Quarter	**Q1**: x; **Q2**: x; **Q3**: 15; **Q4**: 15		
		8 week score projection	**15**		
		Current issues	Deficit under review with NHSI		

No	**ID**	**Title**					
14	8543	**Fracture Clinic, Capacity & Demand**					
Lead	Michelle Turton/Victoria Hampson	**Current score**	**15**	**Score Movement**	⟷		
Description	Accommodation is currently being shared with UCC to support COVID green pathway for E/D. Inability to social distance in Fracture clinic due to it being used by 2 different departments. To support social distancing the main waiting room can only safely accommodate 17 patients. The numbers of patients attending both UCC and fracture clinic are increasing month on month. UCC use the waiting room to return patients to while they are waiting for investigations/results. Fracture clinic patients are having to wait on chairs on the corridor Medical students and trainee ACP's are unable to be accommodated due to lack of space so will impact on learning. ACP's are being moved to the BGH site so will not have the direct supervision they may require. Fracture clinic would be used for training but due to lack of space but is no longer an option.	**Actions**	**1.** Regular management meetings with Medicine	**1.** Victoria Hampson	**1.** On-going	
Top Controls	**1.** Fracture clinic staff have worked on flow through the department so that patients are seen as promptly as possible and are moved from the main wait. **2.** A member of staff are placed at the front door to advise patients about infection control measures, advised where to wait and to support waiting patients. **3.** Spacing of Fracture clinic appointments to try to prevent over capacity. **4.** Fracture clinic making non face to face appointments as much as possible. **5.** Patient seating made available of hospital corridor. Move what can be moved to BGH fracture clinic.						
Update since the last report	**20/04/2021-** The biggest current concern is social distancing in the area. We have had issues with afternoon influx to UCC meaning not	**Date Last reviewed**	**20/04/2021**				
		Risk by	**Q1**	**Q2**	**Q3**	**Q4**	

	enough waiting space for patients. It is difficult to manage. The number of T&O patients on their clinics is still reduced to accommodate the lack of space. MEC are working on a plan with the 2nd lot of capital money to hopefully re-home UCC by next year.	Quarter	x	x	15	15
		8 week score projection	15			
		Current issues	Impacted by COVID-19			

No	ID	Title				
15	8839	**Failure to meet performance targets (SAS)**				
Lead		Victoria Bateman	Current score	15	Score Movement	⟷
Description		The concern is the Division's ability to meet the performance targets for the referral to treatment time target (RTT) and subsequently the impact this has on the Trust's achievement of the target. Due to covid 19 all surgical specialities are currently significantly challenged for meeting RTT. Failure of the standard means that individual patient care is impacted upon as patients have to wait an extended length of time for treatment. Impact on patient experience and patient treatment plan. Patients may deteriorate waiting for treatment for extended lengths of time. As this standard is monitored externally, failure to meet this standard has reputational issues for the Trust and patients may choose to not be treated at ELHT.		Actions	**1.** Utilise independent sector	**1.** Victoria Bateman	**31/03/2021**
Top Controls		1. Strong monitoring at Trust, Divisional and Directorate Level. 2. Weekly PTL meeting within division to ensure awareness of current position and to ensure controls are continuously put in place to ensure the achievement of the standard. 3. Bi-weekly performance meeting with Directorate Managers led by the Director of Operations. 4. Planning & information produced for trajectories. 5. Monitoring at directorate and divisional level at Directorate meetings and DMB. 6. Recovery plans being updated weekly by Directorate Managers. 7. Attendance of divisional information manager at directorate meetings to provide information regarding current position.					
Update since the last report		**20/04/2021-** There has been no core data for 3 weeks so numbers are currently difficult to provide. There is a period over the next 8 weeks that the flow of patients falling over 52 weeks should be stemmed and we are hopeful we can make some reductions in patient numbers during this time.		Date Last reviewed	20/04/2021	
				Risk by Quarter	Q1	Q2	Q3	Q4
					x	x	15	15
				8 week score projection	15			
				Current issues	Impacted by COVID-19			

No	ID	Title				
16	8914	**Potential interruption of high-flow oxygen therapy to critically ill patients across RBTH**				
Lead		Susan Chapman/Andrew Appiah	Current score	15	Score Movement	⟷
Description		Risks to continuity of medical oxygen supply from the VIE due to inadequate resilience in current infrastructure. The designed maximum oxygen flow limits of the current VIE tank and vaporisers has been near enough exceeded during this pandemic. This could have potentially led to an interruption of essential treatment of critically ill patients, such as invasive ventilation and low- and high-flow oxygen therapies. When the total oxygen draw from the patients		Actions	1. Review outcome of funding	1. Andrew Appiah	1. 30/04/2021

	and devices exceed the designed limit of the vaporisers, the system would not be able to turn liquid oxygen into gas quickly enough; hence it could start drawing liquid oxygen into the system potentially damaging it.				
Top Controls	**1.** Protocols for the Management of Oxygen During Periods of High Demand has been developed. **2.** Elevated clinical demand for oxygen is monitored throughout the day and escalated. **3.** Appropriate escalation measures have been allocated to various departments to avoid interruption of supply for patient's clinical care				
Update since the last report	**20/04/2021-** The Trust has applied for PDC funding to build a new duplex VIE on site, however there is still the option to reduce the risk further by increasing the capability of the current system. The risk is being regularly reviewed alongside the Exec Director of Finance.	**Date Last reviewed**	**20/04/2021**		
		Risk by Quarter	**Q1**	**Q2**	**Q3**	**Q4**
			x	x	x	15
		8 week score projection	**15**			
		Current issues	**Impacted by COVID-19**			

No	**ID**	**Title**				
17	8808	**Burnley Hospital (BGTH) - Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke.**				
Lead		Tony McDonald/Michelle Brown	**Current score**	**15**	**Score Movement**	⟷
Description		Deficiencies in provision of fire barriers in external cavity walls in Area 7 Phase 5, BGTH. This is a PFI building, not owned by the Trust. Excess gaps around fire doors have been identified, with inadequate fire stopping. Additionally issues have been identified within the Fascial Cavity Barrier & External Wall survey. Kingspan render/insulation is present but no test evidence to show fire resistance properties have been provided by Project Co or Kingspan. This has been requested by the Trust. The Trust has currently suspended fire stopping work internally due to COVID.		**Actions**	**There are a list of actions actively monitored in the Fire Stopping cell group which is led by the Executive Director of Finance and the Executive Director of Integrated Care, Partnerships and Resilience. These actions are regularly monitored whilst the Trust starts restoration on previous Fire Stopping works.**	
Top Controls		**1.** Fire alarm system throughout the building to provide early warning in case of fire. Tested, serviced and maintained. **2.** External monitoring of fire alarm and connected to RBTH switchboard. **3.** Staff completes fire safety training. **4.** Fire Policy in place. **5.** Engie Fire Risk Assessments for non-Trust locations, these include Plant Room areas which are not occupied by the Trust. **6.** Contractual arrangements in place between PFI and the Trust for maintenance of systems and PPM's. **7.** Monthly meeting between lead execs and support team to review this risk and outstanding fire stopping issues. Meeting will review the trust position on fire stopping each month and all parties aware of contractual agreements.				
Update since the last report		**20/04/2021 –** The Trust is in active discussion with PFI partners to restart the Fire Stopping programme at ELHT. All mitigations and controls remain in place and are regularly reviewed. This risk is only expected to stay on the corporate register whilst the Fire Stopping works have been suspended. The Trust will be looking to start Fire Stopping work in the near future which will automatically reduce the likelihood of this risk and bring the score down. The active Fire Stopping cell is in place and regularly reviewing associated actions and risks.		**Date Last reviewed**	**20/04/2021**	
				Risk by Quarter	**Q1**	**Q2**	**Q3**	**Q4**
					x	x	x	15
				8 week score projection	**12**			

		Current issues	Impacted by COVID-19

No	ID	Title				
18	7764	**Royal Blackburn Hospital (RBTH) Breaches to fire stopping in compartment walls and fire door surrounds allowing spread of fire and smoke**				
Lead		Tony McDonald/Michelle Brown	Current score	15	Score Movement	⟺
Description		There has been a Covid suspension of planned fire stopping works on site from March 20 but this will be reviewed in a regular monthly meeting with the Exec Director of Finance, PFI Partners, H&S (Fire) and Estates. The exception is for capital and restore and restoration work only. Additional issues have been identified in a recent 3rd party sample survey -Fascial Cavity Barrier & External Wall Internal lining Investigations. The decision to stop such works transfers the risk of fire on the main site at Blackburn to the Trust. Project Co (PFI) cannot be held responsible until the Trust decides to reinstate such works which is being reviewed monthly.		Actions	**There are a list of actions actively monitored in the Fire Stopping cell group which is led by the Executive Director of Finance and the Executive Director of Integrated Care, Partnerships and Resilience. These actions are regularly monitored whilst the Trust starts restoration on previous Fire Stopping works.**	
Top Controls		**1.** Fire alarm system throughout building providing early warning of fire **2.** Evacuation procedures in place **3.** Fire Wardens in most areas **4.** All staff trained in awareness of alarm and evacuation methods **5.** Fire policy in place **6.** On site fire team response **7.** Total Fire Safety Ltd have also started the programme of works on phases 1-4 **8.** Balfour Beatty carrying out work in Phase 5. **9.** Monthly meeting in place with executives and senior management to review the trust position on the works being stopped and deal with escalations. First meeting 23/11/2020. The trust will review the position of this each month. **10.** Contractual arrangements in place between PFI and the Trust for maintenance of systems and PPM's.				
Update since the last report		**20/04/2021 –** The Trust is in active discussion with PFI partners to restart the Fire Stopping programme at ELHT. All mitigations and controls remain in place and are regularly reviewed. This risk is only expected to stay on the corporate register whilst the Fire Stopping works have been suspended. The Trust will be looking to start Fire Stopping work in the near future which will automatically reduce the likelihood of this risk and bring the score down. The active Fire Stopping cell is in place and regularly reviewing associated actions and risks.		Date Last reviewed	20/04/2021	
				Risk by Quarter	Q1	Q2	Q3	Q4
					x	x	x	15
				8 week score projection	12			
				Current issues	Impacted by COVID-19			

No	ID	Title					
19	8960	Risk of undetected foetal growth restriction and possible preventable stillbirth given non-compliance with national Ultrasound guidelines					
Lead		Helen Collier	Current score	20	Score Movement		⇧
Description		Diagnosis of intrauterine growth restriction could be missed some due to inability to report/action Pulsatility Index on uterine artery doppler measurement. The introduction of national/international recommendations will require investment of resources including the introduction of Viewpoint as the obstetric reporting package, an increase in sonography hours and midwife sonography hours currently allocated and updated ultrasound machines within maternity services.		Actions	**1.** To complete a business case for addition	**1.** Charlotte Aspden **2.** Martin Maher	**1.** 30/04/2021 **2.** 30/04/2021

Top Controls	1. We have an additional ultrasound machine funded and due to arrive in the department in the next couple of weeks. 2. We have staff within the department trained in measuring and interpreting pulsatility index. 3. We have Viewpoint reporting software which allows us to interpret and report pulsatility index. 4. At present we are reporting umbilical artery end diastolic flow as present, absent or reversed with no measurement of the pulatility index. This will identify some babies with foetal growth restriction but is less sensitive than the recommended pulsatility index. Those babies that we feel demonstrate foetal growth restriction are referred to placenta clinic for further management. 5. Currently only women at very high risk of early-onset growth restriction are seen within Placenta clinic.		**2.** al staffing To review what other Trusts have impleme nted		

Update since the last report	**20/04/2021** – Risk being reviewed regularly and actions are underway to review what other Trusts are doing about this risk. This risk is also around a specific requirement of implementing Saving Babies Lives 2 which if not implemented will have a significant effect on receiving CNST funding.	**Date Last reviewed**	**20/04/2021**			
		Risk by Quarter	**Q1**	**Q2**	**Q3**	**Q4**
			X	**X**	**X**	**15**
		8 week score projection	**15**			
		Current issues	The software needed to mitigate part of this risk is included in the Badgernet work which is linked to Risk 8243 on the CRR. Resource to manage the scanning when the software is implemented is still outstanding and a business case is being developed.			

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

12 May 2021

Item 61

Purpose Assurance
Approval

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

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

The Finance and Performance Committee and Quality Committee received the BAF at their meetings on 28 April 2021. The cover report has been reviewed to show the changes in the number of key controls, sources of assurance and any gaps. The cover report sets out the main updates to the document. All new items added are indicated in red within the document and any out of date information has been removed.

Since the Committees met on 28 April there had been a proposed revision to the risk scoring of BAF risk 3 (Partnership Working). The rationale for the increase is the briefing paper that was issued by the ICS Senior Leaders Executive Meeting held on 21 April 2021 which refers to uncertainty about how ICSs will develop the leadership, capabilities and governance required to deliver in 2021/22, take on their anticipated statutory responsibilities from April 2022 and develop an implementation plan for managing their organisational and people transition into the future arrangements. It is proposed that based on an increased likelihood, the scoring is increased from 12 to 16 (likelihood 4 x consequence 4).

The risk appetite statements have also been included following agreement at the last Trust Board meeting in March 2021.

Recommendation: Directors are asked to discuss and approve the content as per the recommendations from the Committees and the revised scoring of BAF risk 3.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: Finance & Performance Committee (28 April), Quality Committee (28 April).

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

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

6. It is proposed that the risk score remains at **16 (**likelihood **4 x** consequence **4)**,
7. Key controls have been updated and two controls have been expanded. In addition, elements have been removed to ensure an up to date and streamlined document. The items that have been removed are as follows:
    - IMT Strategy.
    - Estates Strategy.
    - Refreshed Clinical Strategy 2021/26.
    - Implementation of digital solutions to reduce footfall.

8. Internal sources of assurance have been reviewed and one new source has been added as follows:

- Ownership and embedding of the improvement plans across the Pennine Lancashire Integrated care Partnership (ICP).

In addition, one source has been expanded with additional assurances.

One source has been removed as follows:

- The revised clinical divisional structure includes the community services and intermediate care division to ensure leadership and capacity to support transformation and partnership working with the wider system.

In addition, a further five have had minor revisions.

9. The following two new external sources of assurance have been added:

- New Hospitals programme.
- The Trust is part of the Integrated Care System (ICS) level Elective Cell Recovery Group.

In addition, one source has been removed as follows:

- System wide reporting of improvement and transformation priorities through the Healthier Pennine Lancashire ICP.

10. The 'gaps in control' section has been updated to remove the following:

- Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.
- Costs associated with the ICP/ICS 5-year plan may have an effect on Trust finances
- Impact of Electronic Patient System on improvement plans

11. Mitigating actions have been updated and the dates for completion clearly set out:

- Possible session with Mr David Fillingham, Executive Sensei for the NHS Vital Signs programme regarding strategy and strategy deployment is linked to the improvement practice (3 year) and is due for completion by the end of June 2021.

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

12. It is proposed that the **risk score remains at 20 (**likelihood **4 x** consequence **5).**

13. The key controls section has been updated and two new controls have been added as follows:

- Pennine Lancashire ICP Workforce Strategy agreed, and ICP People Board established.
- ICS People Board established and complementary workforce strategy developed to enable collaboration.

14. Internal assurances have been revised and four new internal sources of assurance have been added as follows:
    - Development of a Trust-wide leadership development offer to align values and behaviours with the aspiration to create a culture of inclusion and compassion.
    - Partners programme with Trust senior leadership representation on the programme.
    - The Trust has appointed an individual to focus on nurse recruitment.
    - Commitment to achieving ICP priority of recruitment of 1,000 local people into Health and Social Care roles.
15. External Assurances have been updated to remove the following:
    - Broader equality and diversity group and a better understanding of workforce demographics in relation to the members of the workforce who are over 55 years of age.
16. Gaps in controls and assurance has been updated to include the following:
    - Risk of staff leaving the NHS due to post COVID-19 burnout.
    - Potential ongoing staff sickness from COVID-19.
17. Mitigating actions has been updated to include the following:
    - Allied Health Professional (AHP) job planning project is underway across the ICS, this is an ongoing action.
    - ICS agreed approach to workforce recovery and recognition.

    In addition, one action has been removed as follows:
    - An ICP workforce strategy has been developed. An ICS wide mobility agreement to assist with the movement of staff across the region.

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

18. The **risk score has increased to 16** (likelihood 4 x consequence **4**). The rationale for the increase is the briefing paper that was issued by the ICS Senior Leaders

Executive Meeting held on 21 April 2021 which refers to uncertainty about how ICSs will develop the leadership, capabilities and governance required to deliver in 2021/22, take on their anticipated statutory responsibilities from April 2022 and develop an implementation plan for managing their organisational and people transition into the future arrangements.

19. Key controls have been updated with minor revisions to two items and three new controls have been added as follows:

- Chief Executive, Deputy Chief Executive and Chairman are members of the ICS Board, System Leaders Executive and Provider Collaboration Board (PCB).
- ICP level relationships between partners have developed in strength, particularly between the Primary Care Networks and Trust. This is based on the COVID-19 working that has taken place over the last 12 months. An agreed set of priorities have been developed for future working.
- The Trust's Executive Director of Integrated Care, Partnerships and Resilience is the co-chair of the A&E Delivery Board alongside Dr Mark Dziobon of the local Clinical Commissioning Group (CCG).

Additionally, one control has been removed as follows:

- Vital Signs Programme ensures the ICP as a system is having a significant participation as part of the transformation programme.

20. The 'internal sources of assurance' section has been updated and three sources of assurance have been removed as follows:

- Call to action by senior clinicians regarding the ownership by medical staff on the financial position of the Trust. An action plan has been agreed including the Trust and local GP's and will be launched by Trust and CCG Accountable Officers.
- Action plans developed to reduce the number of face to face outpatient appointments in line with the NHS Long Term Plan.
- Phase three reporting to Board and Committees.

21. Internal/external sources of assurance have been updated and one source has been removed as follows:

- Joint accountable officer for CCG and joint executive team in place. Creation of single teams to deliver the transformation agenda at ICP system level. Priorities of the individual organisations and those of the system aligned/agreed.

22. The 'gaps in control' section has been updated and 1 new item has been added as follows:
    - Understanding the ramifications of system working on the Trust, particularly the role of NEDs.
23. Actions and updates have been updated to include the following:
    - Developing submission/response to the 2021/22 planning guidance. Due for completion on 6 May 2021.

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

24. The **risk score remains at 20** (likelihood 5 x consequence 4).
25. The key controls section has been updated and one new control has been added as follows:
    - Robust costing systems to support block contract monitoring
26. The internal sources of assurance have been updated and five sources have been removed as follows:
    - Budget setting.
    - Briefings on risk Pipeline of schemes to reduce cost.
    - Regular monthly updates to Board and Finance and Performance Committee
    - Actions and risk relating to the achievement of 'incentivised funding' (e.g. Provider Sustainability Funding) will be routinely reviewed.
    - 2020/21 Financial plan control totals agreed for year end, with financial costs being reviewed in order to achieve the required position.
27. The 'gaps in controls and assurance' section has been updated with three items having minor revisions and seven items removed from the section as follows:
    - Failure to meet Provider Sustainability Fund requirements both as a Trust and an ICS.
    - Agency and locum sign off with escalation of cost.
    - Lack of unified approach in relation to procurement by Commissioners.
    - Understanding what is happening to providers with regard to financial milestones in the ICS.
    - Impact of operational one year guidance and plan to achieve one year Financial Improvement Target (FIT)

- Concerning cash position post April 2021 due to removal of COVID-19 costs from forecasts.
- Lack of planning guidance for 2021/22.

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

28. The **risk score** remains at **16** (likelihood **4** x consequences **4**).

29. Key controls have been updated with minor revisions to 5 items and 2 new items have been added as follows:

    - Elective Care Recovery Group set up across the ICS with representation from Trust Executive Directors.
    - Everyday matters meeting held daily to assist patient flow, discharge and long length of stay improvement.

    In addition, five items have been removed as follows:

    - Refreshed the Trust's long length of stay process to provide increased scrutiny at Divisional level.
    - Co-ordination centre set up Trust HQ to enable the management and implementation of plans, processes and procedures, with twice weekly update meetings taking place. All decision making is run through this central function. Twice weekly meetings.
    - Although Government guidelines may add further pressures, dependant on changes/relaxation of targets/usual work.
    - Older People Rapid Assessment (OPRA) Unit
    - Emergency Surgery Unit is assisting patient flow and reducing medical outliers.

30. Internal sources of assurance have been revised with 4 receiving minor updates and one new item added as follows:

    - Medical Staffing Group held weekly to review rotas and address gaps in staffing.

    In addition, two items have been removed as follows:

    - Significant reduction in the number of complaints upheld by the Ombudsman. Comprehensive system for addressing complaints. Reduction on overall number of complaints, 50+ and 40+ days continues with regular reporting at operational and Board level.

- Complaints reviewed weekly by the Executive team.

31. External Assurances have been revised with one additional item added as follows:

- Guardian of Safe Working Hours reporting to Quality Committee.

32. Gaps in control have been revised with minor changes to one item and a new item has been added as follows:

- Staff exhaustion, resilience and availability as a result of the pandemic response.

In addition, one item has been removed from the section as follows:

- It is unclear what the impact of the changes in senior leadership in partner organisations will be.

33. The actions have been updated to include the following item:

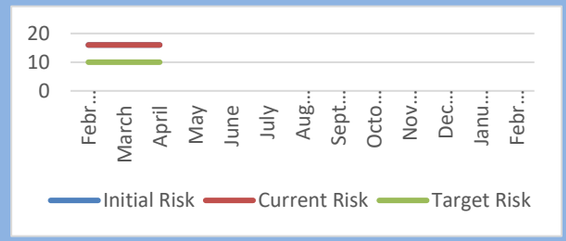
- Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters. This is an ongoing action.

In addition, one item has been removed as follows:

- Nursing Assessment Performance Framework (NAPF) assessments are currently paused due to COVID-19 with planned recommencement date of April 2021.

Appendix – Board Assurance Framework (Full)

BAF Risk 1

Objective theme: Quality, Delivery, Workforce and Finance	**Executive Director Lead**: Deputy Chief Executive, Director of Finance and Medical Director, Director of HR and OD and Director of Nursing
Risk Description: Transformation and improvement schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.	**Date of last review:** April 2021
Risk Rating: Initial Risk Score: 4 x 4 = 16 Current Risk Score: 4 x 4 = 16 Target Risk Score: 2 x 5 = 10  	**Effectiveness of controls and assurances:** Effective X Partially Effective Insufficient **Risk Appetite:** The Trust has **Low** risk appetite for any risk which has the potential to compromise our reduction of cost base and the Waste Management Programme.

Controls:
• The programme is monitored through the Improvement Practice Office reporting to the Senior Leadership Group (SLG), Finance and Performance Committee, Quality Committee, and the Executives through the Executive Leadership Wall (virtual wall in development).
• The 4 elements of Quality, Delivery, Morale and Finance are monitored through internal governance groups.
• Divisional improvement is monitored through the Divisional Governance structures.
• Improvement Practice Priorities and development strategy – three-year plan. 12-month plan in development
• Patient Participation Panel involvement in transformation projects delayed due to ongoing pandemic response.
• Trust involvement in ICS Adapt and Adopt Improvement Programmes
	Assurances:
	Internal Assurances
	• The Trust planning process has identified a single set of improvement priorities for the Trust in conjunction with ICP Partners. The priorities identified are aligned to the Trust's Clinical Strategy, the ICP priorities as outlined in the Pennine Plan, ~~to~~ key ICS priorities and to the NHS Long-Term Plan.
	• Ownership and embedding of the improvement plans across the Pennine Lancashire ICP.
	• The Trust has adopted and is implementing a consistent improvement approach based on Lean and is a founder Trust of the Vital Signs programme.
	• The Trust has invested in dedicated improvement capacity through the development of the Improvement Practice Team/Office and seeks, through the planning round, to align capacity across the organisation to the delivery of a single plan.
	• Operational and Executive oversight is provided via:
	  • Executive Visibility Wall (virtual in development)
	  • Executive Team meeting- weekly
	  • Senior Leadership Group
	  • Monthly Clinical Leaders Forum and bi-monthly Joint Clinical Leaders Forum
	  • Weekly Medical Director meetings
	• Monthly Board assurance is provided via reporting to:
	  • Finance and Performance

BAF Risk 1

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• Quality Committee
• Trust Board (bi-monthly reporting)

<u>External Assurances</u>
• Work is on-going to align improvement approaches and deliver associated training to upskill across the ICP.
• There has been good participation by system partners in several system-agreed improvement events.
• There is ongoing alignment of improvement resources across the ICP including commissioning portfolios.
• System-wide Programme Boards have been developed to focus on delivery of system priorities and dovetail to Trust's information and transformation plans. These Boards cover Urgent and Emergency Care, Scheduled Care, Integrated Community Care and Mental Health. A Programme Co-ordination Group, consisting of senior responsible officers and delivery leads, established to oversee delivery.
• New Hospitals programme
• The Trust is part of the ICS level Elective Cell Recovery Group
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Gaps in controls and assurance:
• Capacity and resilience building in relation to improvement is in early phase
• Dependency on stakeholders to deliver key pieces of transformation
• Financial constraints
• Transformation priorities not yet fully aligned to appraisal and objective setting
• Capacity and time to release staff to attend training related to improvement in order to build improvement capability across the organisation.
• Linking between clinical effectiveness/quality improvement and the Improvement Office needs to be further developed
• Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.
• Impact of ICP/ICS governance changes on improvement plans.
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Mitigating actions:
<table>
<tr><th>Action</th><th>Target Date</th></tr>
<tr><td>There will be a re-focus on delivery and impact via the Executive Visibility Virtual Board which will improve assurance to Trust Board subcommittees.</td><td>Q1 2021/22</td></tr>
<tr><td>Continued alignment of improvement approach for the Trust.</td><td>Q1 2021/22</td></tr>
<tr><td>Trust Wide Electronic Patient System approval and implementation</td><td>August 2022</td></tr>
<tr><td>Possible session with David Fillingham re strategy and strategy deployment linked to the improvement practice (3 year)</td><td>Q1 2021/22</td></tr>
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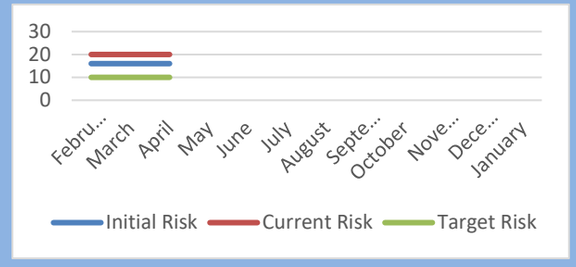
East Lancashire Hospitals NHS Trust
A University Teaching Trust

BAF Risk 2

Objective theme: Workforce	**Executive Director Lead**: Director of HR and OD
Risk Description: Recruitment and workforce planning fail to deliver the Trust objectives	**Date of last review**: April 2021
Risk Rating: Initial Risk Score: 4 x 4 = 16 Current Risk Score: 4 x 5 = 20 Target Risk Score: 2 x 5 = 10  	**Effectiveness of controls and assurances**: Effective X Partially Effective Insufficient **Risk Appetite:** The Trust has **NO** risk appetite for any risk surrounding NICE guidance which has the potential to cause harm to patients and staff. The Trust has a **Low** risk appetite to any risk that could affect patients, staff, contractors, public and Trust assets.
Controls: • Workforce Transformation strategy in place and associated Divisional and Trust-wide plans monitored through the Workforce Solutions Group. • Divisional Workforce Plans aligned to Business & Financial Plans through the planning process. • Divisional Performance Meetings and SLG monitor on-going performance, actions and risks. • Regular reports to Finance & Performance Committee and Board on delivering the People Strategy. • Trust Workforce Controls group in place to review all vacancies and support the Workforce Transformation strategy. • Pennine Lancashire ICP Workforce Strategy agreed, and ICP People Board established • ICS People Board established, and complementary workforce strategy developed to enable collaboration • People Strategy aligned to deliver National ICS, ICP and Trust workforce objectives and is cognisant of the NHS People Plan. • Increased staffing during core hours to alleviate pressures. • Staff upskilling and re-location of staff across the Trust to support in other areas of the Trust during increased demand. • Workforce tools such as Safe Care, e-rostering and dashboards to monitor safe staffing levels, revised in light of winter and COVID-19	**Assurances:** Internal Assurances • On-going monitoring of vacancies and bank/agency usage via Trust IPR, performance measures, time limited focus groups with action plans, Board and Committee reports, regulatory and inspection agencies, stakeholders, internal audit. • WRES and WDES action plans with timelines in place. Regular reporting to the Board on progress. Ongoing monitoring of workforce diversity through the re-establishment of the Diversity and Inclusion Steering Group and Trust staff networks. • Joint Medical and Non-Medical Agency Group in place. Dashboard giving overview of bank/agency usage presented monthly. Additional scrutiny from a nursing perspective. • Integrated Performance Report, Performance Assurance Framework, Workforce Dashboard reporting key performance indicators within division on a monthly basis, Details of these reported on a quarterly basis to the Finance & Performance committee. • Lean Programme (Vital Signs) overall linking into workforce transformation. Improvement priorities are now being identified as part of the delivery of the People Strategy, working to embed in culture. • Completion rates of the annual staff survey and low rates of turnover, uptake of flu vaccine across the workforce. • Workforce dashboard developed and showing on Power BI (Business Intelligence System).

BAF Risk 2

• International, band 5 nurse and HCA recruitment • Vaccinations and LAMP testing of staff groups • Mutual aid arrangements in place across ICS • Job planning in light of service demands • Medical Training Initiative Scheme • COVID-19 implemented agile working schemes • Daily medical and workforce huddles to identify gaps in staffing levels	• Implementation of new absence management process to support staff attendance and to mitigate need for use of bank and agency. • A Senior Medical Staffing Performance Review Group established - responsibility for reviewing all consultant job plans, consultant vacancies etc. adding further rigor on our appropriate use of resource. • Revised appraisal process linked to talent management and succession planning with plans to increase compliance post-Covid • E&D Action Plan updated. • Development of a Trust-wide leadership development offer to align values and behaviours with the aspiration to create a culture of inclusion and compassion. • The Equality and Inclusion Group has been established to consider the wider diversity agenda. Four staff networks established (BAME, LGBTQ, Mental Health and Disability). • First Shadow Board cohort completed, with participants being offered Talent Conversations and a second cohort planned. • Partners programme participation (NHSLA/ NHSI) senior leadership representation on the programme. • Appointed to a Nurse Recruitment role. • Reverse mentoring scheme commenced and will be a perpetual scheme. • Occupational Health team supporting testing and isolation advice • Ongoing international and domestic recruitment • Commitment to achieving ICP priority of recruitment of 1,000 local people into Health and Social Care roles. <u>External Assurances</u> • Friends and family test (further detail in BAF risk 5) • Benchmarking of agency spend is available through the Model Hospital data. • Collaboration across the ICS on agency usage. Participation in ICS Bank and Agency Collaborative to manage agency rates across the region. ICS collaboration on Careers, International Recruitment and Workforce mobility. ICS wide People Board - looking at nurse recruitment across the whole system. • Joint work taking place across the ICS to consider implications and options to mitigate the impact on pensions. The Trust has agreed a range of measures with ICS colleagues to help address the pensions challenges along with implementation of NHSE's interim solution for financial year 2019/20. • Establishment of a Pennine Lancashire and a Lancashire and South Cumbria People Board.

BAF Risk 2

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- Improving staff survey 2020 results
- WRES/WDES results

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Gaps in controls and assurance:

- National recruitment shortages, capacity for delivery of transformation programmes, financial restrictions. Reduction of CPD monies from HEE (could be offset by the apprenticeship levy). Varying incentive schemes/packages across provider sector.
- Integrated Workforce Assurance Group
- The impact of the changes to the pension rules and taxation has resulted in a significant reduction in capacity and additional work being undertaken by senior medical staff. This has resulted in a reduction in clinical capacity.
- Inability to control external factors (COVID-19, Brexit, visas etc).
- Regulators stance on safe staffing and substitution of roles in place of registered workforce.
- Lack of data/intelligence regarding the number of nurses and clinical staff in the 55+ age category and the related risk of 'brain drain' in the coming years. Work has been done by ICS across the system but it does not contain the level of detail needed for each Trust. Efforts need to be made to understand and refine the workforce data in order to address the issues in the Trust.
- Risk of staff leaving the NHS due to post COVID burnout
- Potential ongoing staff sickness from COVID-19
- COVID-19 impact on appraisals
- COVID-19 impact on Black and Minority Ethnic (BAME) population

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Mitigating actions:

Action	Target Date
Annual Festival of Inclusion planned for October 2021.	October 2021
HCA recruitment continues, contributing to the reduction in HCA bank shift requests adding further stability and flexibility to our support workforce. 100 HCA applicants being processed following recent campaign and are currently in pre-employment stages with envisaged start dates in Q1 2021/22	Q1 2021/22
AHP job planning project underway across the ICS	Ongoing
ICS agreed approach to workforce recovery and recognition	End April 2021

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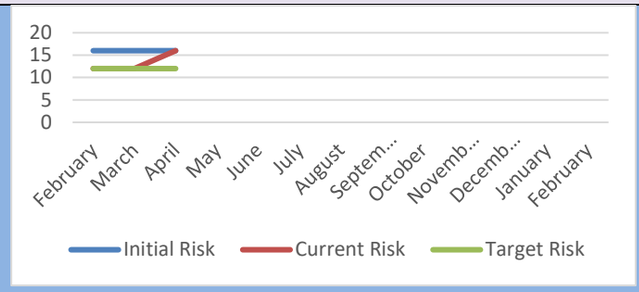
Appendix – Board Assurance Framework (Full)

BAF Risk 3

Objective theme: Quality, Delivery, Workforce and Finance	**Executive Director Lead:** Deputy Chief Executive, Director of Finance, Director of Service Development and Medical Director
Risk Description: Lack of effective engagement within the partnership organisations of the Integrated Care System (ICS) for Lancashire and South Cumbria and the Integrated Care Partnership (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.	**Date of last review:** April 2021
Risk Rating: Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 4 x 4 = 16 Target Risk Rating: 3 x 4 = 12  The rationale for the increase is the briefing paper that was issued by the ICS Senior Leaders Executive Meeting held on 21 April 2021 which refers to uncertainty about how ICSs will develop the leadership, capabilities and governance required to deliver in 2021/22, take on their anticipated statutory responsibilities from April 2022 and develop an implementation plan for managing their organisational and people transition into the future arrangements.	**Effectiveness of controls and assurances:** [ ] Effective [X] Partially Effective [ ] Insufficient **Risk Appetite:** The Trust has a **Moderate** risk appetite for opportunities which enable achievement of the Trust's strategic objectives, and collaboration with system partners in the Integrated Care System (ICS) and Integrated Care Partnership (ICP) within the available resources. The Trust has a **Low** risk appetite for risk, which may affect the reputation of the organisation.
Controls: • Pennine Lancashire System Leaders' Forum meets to discuss strategy. Engagement by senior leaders in wider transformation programmes. Regular Board updates and decisions on key actions. • CEO and Deputy CEO and Chairman are members of the ICS Board, system leaders executive and PCB. • Number of senior clinicians involved with ICS work groups. Professional Leadership Committee (PLC) has ELHT representation. • The ELHT Accountable Officer is the senior responsible officer (SRO) for the Pennine Lancashire Transformation Programme, sits on the System Leaders Forum and on the Integrated Care System for Lancashire and South Cumbria (ICS) Programme Board.	**Assurances:** <u>Internal Assurances</u> • Standing agenda item at Trust Board where approvals will be established and permissions are provided by the Board to let Executives progress the generation of ideas and options with external stakeholders. Standing agenda item at Executive meetings. • Potential gains in strengthened reputation with regulators and across the ICS footprint with regular reporting to the Board via the Finance and Performance Committee on progress, milestones and risks linked to the gateway process. • Mitigation in place for creating single teams across the system, e.g., 'one workforce' with timelines for implementation. Progress covered under BAF risk 2.

BAF Risk 3

• Working relationships with stakeholders in relation to mental health services including shared policies • Multiple COVID-19 initiatives at ICP level • Strategic planning – planning guidance received (regional and ICS planning groups established, Deputy CEO on both and COO on ICS level group) • ICP level – relationships between partners have developed in strength, particularly between the P care, PCNs and Trust, based on the COVID working that has taken place over the last 12 months. Agreed set of priorities developed for future working. • Agreed co-chairs of the A&E Delivery Board (Tony McDonald, Mark Dziobon) • Pathology collaboration programme • ICS Clinical strategy • Long COVID clinics in partnership with the local CCGs and Lancashire and South Cumbria Care NHS Foundation Trust – move to BAF risk 3 • Strategic / Annual Planning Process • Socialisation of the refreshed Clinical Strategy which has a system focus. • ELHT input into the ICP maturity matrix report and subsequent task and finish group (Deputy Chief Executive) and development plan. An agreed set of priorities for the ICP now developed. • Chairman / Chief Executive / Deputy Chief Executive input to ICS Board / Provider Collaboration Board / System Leaders Executive and New Hospitals Programme • Hospital cell led by the Chief Executive with ELHT represented by Deputy Chief Executive • ICP Providers meeting on a regular basis • Provider Chief of Operations (COO) / Director of Operations group led by ELHT COO	• Community Integrated Board established to discuss models of care. Senior representation from the Trust were at the meeting and positive feedback received. • Board CEO report including updates on system developments and engagement • Refreshed Clinical Strategy – presented at Board Strategy Session <u>Internal/External Assurances</u> • The Pennine Lancashire and ICS Cases for Change have been published. • Community Integrated Board established to discuss models of care. Senior representation from the Trust was at the meeting and positive feedback was received. • Fostering good relationships with GP practices through Primary Care Network development and wider out of hospital working. • Pennine Lancashire ICP MoU agreed by stakeholders workplan in place after Tripartite Board session. Revised governance and delivery standards. Programme Boards established with good ELHT representation. • ELHT hosting the Providers Programme Director for the ICS Provider Board who reports to the Chief Executive of ELHT. Deputy CEO leading on the construction of the work programme with the Directors of Strategy from all the providers. Component business cases at Pennine Lancashire level forming a draft overarching ICP plan. Plan on a page for the ICP, connecting to the Plan on a page for ELHT completed and shared with the Commissioners. CEO of ELHT and Accountable Officer of East Lancashire CCG jointly chairing the Pennine Lancashire ICP Programme. Cultural development programme for system level leadership established with involvement of all senior leaders across the ICP. • ICS architecture on clinical services is developing (e.g. pathology, stroke and frailty). Positive feedback from service reviews (stroke and endoscopy). Structures in place for the Out of Hospital stream with the Trust significantly contributing to the workstream. Across the ICS footprint the Medical Directors of the four Trusts agreed to focus on urology, vascular services, stroke, emergency department, interventional radiology and gastrointestinal bleed, and neonatology. Meetings are ongoing regarding the acute Programme and more focused work is taking place in Stroke, Vascular, Head and Neck and Diagnostics. At ICS level all providers met to formulate work programme - 3 categories of services agreed a) services that are fragile now b) services where there is no immediate risk but possible in the not too distant future c) services that need to be managed across the whole footprint. Agreement on the way of taking this forward to be agreed. Prioritisation of diagnostics, pathology and cancer work streams agreed.

BAF Risk 3

	• Developed work programme discussed by the Provider Board at ICS level. and work on developing future configuration continues, no timelines for completion set at this stage. Revised set of governance arrangements in place. • Clinical leadership through the Professional Leadership Committee (PLC) at Pennine Lancashire ICP level giving consistent message about the importance of working as a system. Strengthening the relationship with primary care networks' leadership. Associate Medical Director for Service Improvement appointed, increasing our capacity for clinical leadership in relation to service improvements. • Vital Signs is a system wide transformation programme across the Pennine Lancashire ICP. Patient experience strategy envisages good patient and public involvement to support the collaborative transformation. Progress with work covered under BAF risk 1. A system financial and investment group for the ICP looking into the priorities and aligning them with the financial envelope for the local system. • Pennine Lancashire ICP Programme Co-Ordination Group is the engine/delivery room for the ICP. The group has been given delegated authority from the Pennine Lancashire Leaders' Forum and the planning process is driven through this group. The Pennine Lancashire system planning reports into the ICP Programme Co-Ordination Group. Deputy CEO is the Co-Chair. • Underpinning governance of the ICS Provider Board recently reviewed with a view to expedite decision making for improved provider collaboration. • Regular communication with NHS England, NHS subsidiaries, Commissioners and Senior/Exec Management between teams. (BAF 5) • Increased funding from the government, the government has stated 'any means necessary ' to tackle COVID 19 (BAF4) • Overall figures provided daily from the ICC to show testing numbers, fatalities and recovered patients. • ICP Provider Board being developed • ICS Board • ICS Senior Leadership Executive • ICS Provider Collaboration Board • New Hospitals Programme (NHP) • Emergency Care Recovery Group (ECRG) leading on recovery and restoration planning.

East Lancashire Hospitals NHS Trust
A University Teaching Trust

BAF Risk 3

Gaps in controls and assurance:

- There is a need for consistent leadership across the system. in order to ensure that we continue prioritising in line with system affordability.
- Building trust and confidence and agreeing collaborative approaches to service provision
- Point being reached relating to ICS workstreams (e.g. Head and Neck services) where dependent on scoring implications there may be an impact on priorities and risks to the Trust.
- Lack of clarity regarding the investment priorities across the ICP have the potential to destabilise acute services.
- Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.
- Lack of unified approach in relation to procurement by Commissioners.
- Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.
- Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system.
- It is unclear what the impact of the changes in senior leadership in partner organisations will be.
- Understanding what is happening to providers with regard to financial milestones in the ICS.
- Understanding the ramifications of system working on the Trust, particularly the role of NEDs.
- Costs associated with the ICP/ICS 5-year plan may have an effect on Trust finances.

Mitigating actions:

Action	Target Date
Developing relationships with the ICP and ICS	Ongoing work
Developing submission/response to the 2021/22 planning guidance	6 May 2021

Appendix – Board Assurance Framework (Full)

BAF Risk 4

Objective theme: Finance	**Executive Director Lead**: Director of Finance
Risk Description: The Trust fails to achieve a sustainable financial position and appropriate financial risk rating in line with the Single Oversight Framework	**Date of last review:** March 2021
Risk Rating: Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 5 x 4 = 20 Target Risk Rating: 3 x 4 = 12 	**Effectiveness of controls and assurances:** Effective X Partially Effective Insufficient **Risk Appetite:** The Trust has a **Low** risk appetite to financial risk which could threaten the financial stability of the Trust. The Trust has **NO** risk appetite for any risk which has the potential to compromise data security. The Trust has **Low** risk appetite for any risk which has the potential to compromise our reduction of cost base and the Waste Management Programme.
Controls: • Budgetary controls (income & expenditure) in place including virement authorisation, workforce control and variance analysis. • Measures to mitigate financial risk overseen by Finance and Performance Committee. • Financial Assurance Board in operation (re-starting April 2021), which reviews the financial position, making recommendations for improvement. • Financial investment/recovery strategy • Robust financial planning arrangements supported by financial reporting • Standing Financial Instructions enforcement • Waste Reduction Programme • National block contract in place to continue • Robust costing systems to support block contract monitoring • Capital programme • COVID-19 restoration • Draft financial plan based on normal requirements • Dedicated accountant to report on all costs liaising with divisions relating to COVID-19	**Assurances:** Internal Assurances • Monthly reporting to Finance and Performance reports and the Board to reflect financial position. • Financial objective included in individual appraisals. • Setting of financial objectives in senior management appraisals. • Financial Forecasts • Use of data sources (e.g. Model hospital and PLICS data) to drive improvement and mitigate deterioration. Evidencing the routine use of benchmarking data to drive positive change. • Alignment and involvement in all ICS collaborative working opportunities including agency group, pathology etc. • Counter fraud updates External Assurances • External audit view on value for money. • Model Hospital benchmarking (including cost per Weighted Activity Unit).

BAF Risk 4

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- ICS Led Theatre Productivity analysis.
- Getting It Right First Time (GIRFT) Programme
- Shared Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) group established with the CCGs.

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Gaps in controls and assurance:

- Uncertainty of Financial envelope for 2021-22
- Workforce policies and procedures may require amendments.
- Controls around transformation schemes and WRP to be monitored by the FAB.
- Lack of standardisation in applying rostering controls.
- Weaknesses in discretionary non-pay spend.
- Deterioration in the underlying financial position outside of NHSE/I request requiring additional transformation schemes in 2021/22.
- Officers operating outside the scheme of delegation.
- Inadequate funding assumptions applied by external bodies (pay awards).
- Hidden costs of additional regulatory requirements - highlighted with NHSE/I.
- Cost shunting of public sector partners increasingly managed through ICS and ICP.
- Significant external pressures which may intensify internal financial pressure.
- Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.
- Priorities of Commissioners starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases.
- Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes.
- Lack of funding to meet provision of HDU capacity and Community Neuro developmental paediatric services (CNP)
- Impact of COVID-19 wave three and restoration could impact the forecast position.

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Mitigating actions:

Action	Target Date
Greener NHS Campaign Trust Strategy	Q2 2021/22
Review funding with CCG on level 2 critical care and CNP	End of March 2021
2021/22 financial forecasting being reviewed for robustness	Q4 2020/21

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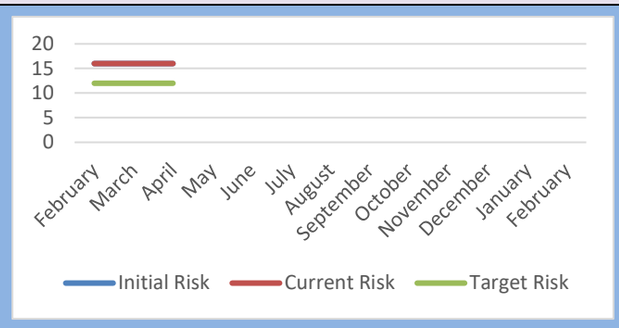
Appendix – Board Assurance Framework (Full)

BAF Risk 5

Objective theme: Quality, Delivery and Finance	**Executive Director Lead:** Chief Operating Officer, Director of Nursing and Medical Director
Risk Description: The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil the regulatory requirements defined in the NHS Constitution and relevant legislation.	**Date of last review:** April 2021
Risk Rating: Initial Risk Rating: 4 x 4 = 16 Current Risk Rating: 4 x 4 = 16 Target Risk Rating: 3 x 4 = 12  	**Effectiveness of controls and assurances:** Effective X Partially Effective Insufficient **Risk Appetite:** The Trust has **Low** risk appetite for risks which are non-clinical but affecting the day-to-day services the Trust provides. The Trust has a **Low** risk appetite for risk, which may potentially slightly affect the delivery of services without compromising the quality of those services.
Controls: • Weekly operational performance meeting covering RTT, holding lists and key operational indicators. Separate dedicated weekly cancer performance meetings. Weekly performance is reviewed at SLG and operational update provided to the Executive Team. • Engagement meetings with CQC in place monitoring performance against the CQC standards. • Quality and safety compliance assessed by each division and assurance through the Divisional Quality and Safety Boards (DQSB) reporting into the TWQG. Pre-Covid meeting structure to be re-introduced in April 2021. • Divisional assurance boards feeding into the operational sub-committees and the Quality Committee. • Nursing Assessment Performance Framework reporting through to the Quality Committee and involvement of NEDs on the SPEC Panels. Board approval for the award of SPEC awards. • A&E Delivery Board (co-chaired by Tony McDonald and Mark Dziobon) with Emergency Care Pathway assurance feeding into it. • Elective, Diagnostic and Cancer Board with elective pathway assurance feeding into it. • Elective Care Recovery Group set up across the ICS (Sharon Gilligan and Jawad Husain attend) • Daily nurse staffing review using safe care/allocate Nursing and Midwifery.	**Assurances:** Internal Assurances • IPR reporting to the SLG and at Board/Committee level, also presented to JNCC for information • Regular deep dive into the IPR through Quality and Finance and Performance Committees including RTT, all cancer standards and the emergency care standards. • Performance monitoring provided through the weekly operational meeting, Scheduled Care Board (joint Board with CCG) • Regular reporting from the divisions into the operational sub-committees and the Quality Committee. Alignment with national priorities through the quality and safety governance mechanisms. • Silver accreditation under the Nursing Assessment and Performance Framework following three successive green assessments continues. • Rolling programme of assessments under the framework planned for all inpatient wards and departments including Community Services. • Independent Complaints Review Panel being established with Non-Executive Director representation. • Quality Committee will oversee the CQC action plan.

BAF Risk 5

• Weekly Medical Staffing Review - Nursing and Midwifery staffing review feeding into the annual professional judgement review for all wards. Professional Judgement Review deferred until October 2021 due to COVID-19 response. • Daily operational flow meetings at 08.30, 12.30, 15.30, 18.00 and 19.30 • Everyday matters meeting held daily to assist patient flow, discharge and long Length of Stay improvement. • Weekly ED / urgent care performance and improvement meeting. • Appointed Clinical Scheduled Care Lead (Deputy Medical Director) who will work with Clinical Leads to create and monitor improvement plans for the RTT and holding list positions. • NHS 111 referral measures - including home testing and support to alleviate UCC/ED (Urgent Care and Emergency Department) pressures. • Cancer performance improvement group chaired by the ICS Cancer Alliance • Extended ED and plans for restoration. Performance and restoration update provided weekly to Executive team and SLG as well as monthly to Finance and Performance Committee and each Trust Board. • Insourcing supporting endoscopy, pain management and oral surgery. • Weekly Medical and Clinical Directors meetings • Joint Leadership Clinical Forum	• Reduction in use of nursing agency staff continues. The Trust is also part of the ICS-wide agency staffing collaborative. • Medical Staffing Group held weekly to review rotas and address gaps • Staffing escalation process for nursing including forecast gaps in staffing and senior decision making. Standard Operating Procedure (SOP) developed and monitoring through Nursing and Midwifery Leaders' Forum reported to Quality Committee. • Maternity Floor to Board report presented to the Quality Committee at each meeting. The Trust also has named Maternity Champions, one Executive Director and one Non-Executive Board member. • Virtual Quality Walk rounds in all clinical areas. • Weekly monitoring of complaints at the Executive Team and reporting to the Patient Safety and Experience Committee and End of Life Care Group, focusing on reducing any 50+ day complaints (non-currently in the system). • NAPF - operational monitoring through the Nursing and Midwifery Leaders' Forum monthly, receiving assurance from the Assistant Director of Nursing and NAPF team and monitoring by matrons at ward level where they carry out mini-NAPFs on a weekly basis to keep up the improvement work and report to Quality Committee (every other meeting). • Escalation area in the Victoria Wing at BGTH is now in place. • Trust response to Ockenden Review of Maternity Services covering the seven immediate and 12 urgent clinical priorities and monitored through the Trust's Quality Committee • Assessment against GIRFT, NICE and national audits • Regular daily briefings are underway with the scope of the meeting changing regularly to allow further discussion on impacts within division and across the trust. • Single points of contact being set up across all divisions/directorates to ensure smoother communication and delivery. <u>External Assurances</u> • Trust rated 'Good' by CQC in 2018 with improvements in various areas and some outstanding services. • Nurse staffing review as part of the IPR. Staff Care Allocate and daily monitoring of allocation for staff and three times daily matrons' meetings to monitor. Audit carried out by MIAA for nurse staffing received significant assurance. • MIAA have carried out an emergency care risk assessment audit which gained an assurance rating of 'Significant Assurance'. • Cancer Alliance commissioned a review of internal processes for cancer performance management and patient tracking. Highly commended with strong processes in place.

BAF Risk 5

- Guardian of Safe Working Hours reporting to Quality Committee.

Internal / External Assurances

- System wide approach to Emergency Care Pathway, as part of monthly A&E Delivery Board
- PLACE assessments - percentage improved in all areas and monitoring continues. Annual PLACE report presented to the Quality Committee for assurance. Nursing and Midwifery Leaders' Forum also monitor. Patient Experience Committee receives minutes of the PLACE Steering Group. NAPF Team also monitors environmental issues linking to PLACE Assessments.
- Positive responses to Friends and Family Test and patient surveys with improvement areas identified. Monitoring at ward level, local divisions prepare monthly patient experience action plans that feed into the Patient Experience Committee that reports to the Quality Committee. Monthly monitoring is provided by the Nursing and Midwifery Leaders' Forum.
- Positive response and results from the 2019 National Staff Survey, awaiting results from most recent survey.
- Inpatient survey 2019/20 results were presented to the Executive team by Quality Health. Inpatient survey for current year deferred due to COVID-19.
- Daily Incident reporting from the central governance team - daily updates and analysis sent through to the ICC (Incident Co-ordination centre) who collate and share this information.
- Nosocomial Infections Report highlighting patients who have died following COVID-19 and requiring a structured judgement review
- Mental Health Assessment unit opened.

Gaps in controls and assurance:

- Restrictions in the supply of medical, nursing, midwifery and other staff groups to meet demand. Reference in BAF risk 2.
- Risk of mental health providers not being able to ensure sufficient assessment and treatment capacity.
- Restrictions in the primary care system to ensure sufficient capacity.
- Insufficient capacity to deliver comprehensive seven-day services across all areas.
- Insufficient bed capacity to ensure there are no delays from decision to point of admission.
- Histopathology pressures affecting cancer performance. Outsourcing in place but external firms are unable to deliver within the required timeframes.
- Timeline for consultation with public - uncertainty about the detail of the consultation for the component business case at ICP level.

Mitigating actions:

Action	Target Date
Systems are in place to monitor audits to provide ongoing assurance in relation to the CQC action plan. The Action Plan is monitored by the CQC and through the Quality Committee.	Ongoing
PLACE assessments oversight of the reports will be provided by the Quality Committee and summary updates as part of the committee updates to the committee to the Board. Training for key members of the inspection teams was completed by the Trust's Estates and Facilities team prior. Results will be included in the PLACE Annual Report to the Quality Committee.	TBC – Deferred as a result of COVID-19

East Lancashire Hospitals NHS Trust
A University Teaching Trust

BAF Risk 5

• Lack of unified approach in relation to procurement by Commissioners. • Priorities of CCGs starting to be aligned with priorities for pathway redesign (e.g. stroke) but this work is still in the early phases. • Future role of NHSE/NHSI merged teams to be determined. • Ensuring consistent capacity to work externally as well as internally by building system collaboration into the leadership roles and having good joined leadership programmes. • Adequate assurance mechanism that the service integration plans are on track together with the rigour of governance arrangements/lack of delegation from the sovereign bodies to the system. • Understanding what is happening to providers with regard to financial milestones in the ICS. • Costs associated with the ICP CS 5-year plan may have an effect on Trust finances • Capacity to manage COVID patients • Capacity in critical care beds/staffing. • Staff exhaustion, resilience and availability as a result of the pandemic response.	Mini mock-CQC visits regularly carried out and focussing on all areas with regular reporting back to the Quality Committee. The next round will be scheduled to take place in Q1 of 2020/21. — Q1/2 2021/22 Capacity and demand review — March 2021 Investment of Alliance Funding in cancer pathways — March 2021 Utilisation of independent sector for planned surgical capacity — March 2021 Elective Recovery Cell Group work in progress to ensure equity of access across the ICS and address long waiters — Ongoing

East Lancashire Hospitals NHS Trust
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TRUST BOARD REPORT

12 May 2021

Item 62

Purpose Information
Action
Monitoring

Title	Serious Incident Assurance Report
Author	Mrs J Hardacre, Assistant Director Safety and Risk
Executive sponsor	Mr J Husain, Executive Medical Director

Summary: The Trust Board is asked to receive the paper as a summary update on the serious incidents reported to CCG and evidence of issues identified regarding Pressure Ulcers and Falls have been actioned to maintain patient safety as a priority focus.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously considered by: No formal Committee

1. Serious Incidents Reported from 26th Feb 2021 to 30th April 2021

1.1 From 26th February 2021 to 30th April 2021 the Trust reported 31 Serious Incidents to our commissioners. The top 3 categories:

- 16 Pressures Ulcers (PUs) (of these 10 Unstageable at time of reporting)
- 4 Treatment problem / Issue
- 3 Diagnosis Failure / problem

1.2 The Trust reports a high number of PUs and has flagged as an out layer under the PU category with NHSE. It has been identified that other Trusts within the North West are not being required to StEIS unstageable pressure ulcers until they have been confirmed as avoidable. ELHT are reporting all unstageable pressures ulcers and then requesting de-escalation when identified as unavoidable. NHSE do not take into account de-escalation figures when looking at the number reported.

Action: A 3 month pilot of a Pressure Ulcer checklist for all unstageable damage within the Community settings has been agreed with the CCG from the 1st May to the end of July 2021. Only unstageable PUs will be reported where it has been identified as avoidable damage. This will help reduce the number of PUs reported by the Trust and focus the investigations on where learning can be identified.

Action: The Trust and CCG have also been in conversation with ICS and it has been agreed the disparity in PU reporting across Lancashire and South Cumbria will be raised at North West Operational Patient Safety Group.

1.3 There have been no Never Events reported within this time period. The Trust three Never Events in 2020/21.

- Retained foreign body (MaxFax) – RCA and action plan completed and approval agreed with CCG for closer
- Wrong route administration of medication (Family Care) – RCA and action plan completed, awaiting approval for closer from CCG
- Wrong site surgery (MaxFax) – RCA due at May SIRI Panel.

1.4 There have been no breaches of duty of candour reported in Feb, March and April 2021.

2. CCG Assurance Dashboard (Appendix A)

2.1 The East Lancashire Care Commissioning Group (CCG) provides a serious incident dashboard each month to the Trust (see appendix A). At the time of the Dashboard being produced the Trust had 116 Serious Incidents open for investigation and learning with the local CCG.

- 77 are under investigation
- 15 investigations have been completed and awaiting closure or de-escalation by the CCG
- 21 investigation reports further information has been requested from divisions before closure agreed
- 3 are HSIB investigations

2.2 The CCG dashboard highlights that 51 reported StEIS incidents have been de-escalated on completion of the investigations to date for 2020.

2.3 The three top externally reported incident categories:

- Pressure Ulcers (62)
- Slips/trips/falls (14)
- Maternity/Obstetric (12)

3 SIRI Panel Overview (March and April)

3.1 SIRI Panel(s) including PU SIRI Panel a total of 36 investigation reports were discussed:

- 17 reports were approved with learning
- 10 reports approved and de-escalation requested (8 where PUs)
- 9 not approved as further work required

3.2 A summary of themes is conducted at each Serious Incidents Requiring Investigation Panel (SIRI), at the March and April meetings the following themes were identified:

- Increase in the reporting of Falls
- Gaps in documentation with nursing assessment visits in Community (Pressure Ulcer SIRI Group)
- Delays in referrals to TVN (Pressure Ulcer SIRI Group)
- The continued effect of Covid on the movement of teams and the related increased demand on learning for staff

4 Serious Incident Lessons Learnt

4.1 Within the District Nurses teams 'safer safety huddles' have been introduced to support junior staff and ensure the required actions are taken when pressure damage is identified with a patient. All junior staff have been provided prompt cards for each category of patient they need to present to support them in requesting the prompt reviews. Matrons are attending to see which teams need additional guidance and improvement work is taking place to strengthen procedures.

4.2 Agreement with CCG regarding the introduction of Pressure Ulcer Check lists to reduce the over reporting of StEIS incidents and further discussions arranged with the ICS to look at the disparity of PU reporting across Lancashire and South Cumbria.

4.3 The Fall Prevention Group have been requested to review the increase in the number of slips/trips/falls across the Trust and to look at developing improvements in line with findings. Assurance of any actions taken will be provided at Trust Wide Governance Group.

Jacquetta Hardacre, Assistant Director Safety and Risk, 5th May 2021

Appendix A: Serious Incident Dashboard produced by East Lancashire CCG on 31st March 2021

Provider: ELHT | 31/03/2021

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

Total number of incidents

2020/21	2019/20
137	69

2018/19	2017/18	2016/17	2015/16
54	64	66	76

621

Total number of incidents closed

2020/21	2019/20
25	65

2018/19	2017/18	2016/17	2015/16
54	64	66	76

505

Total number of incidents open

2020/21	2019/20
112	4

2018/19	2017/18	2016/17	2015/16
0	0	0	0

116

ELHT extension requests: March 2021

1

Difference from rolling 12 month mean	Rank
-11.1	8

Month	Count	Difference from rolling 12 month mean	Rank
Feb-21	1	-11.1	8
Jan-21	60	47.9	1
Dec-20	1	-11.1	8
Nov-20	0	-12.1	12
Oct-20	37	24.9	2
Sep-20	9	-3.1	4
Aug-20	9	-3.1	4
Jul-20	12	-0.1	3
Jun-20	6	-6.1	7
May-20	1	-11.1	8
Apr-20	8	-4.1	6

Overdue from initial date

0-10	3
11-20	3
21-30	7
31-40	6
41-50	4
51-60	4
61-70	4
71-80	1
81-90	1
91-100	0
>100	2

Top 5 Incident Types (12 month rolling)

31 March 2020 - 31 March 2021

Pressure ulcer (grade unknown)	62
Slips/Trips/Falls	14
Maternity/Obstetric incident meeting SI criteria: baby only (this includes foetus, neonate and infant)	12
Diagnostic incident including delay (including failure to act on test results)	9
Treatment delay	9

Reported in 2 working days of SI identified: 2020/21

Yes	154	No	22

Status of all open StEIS incidents

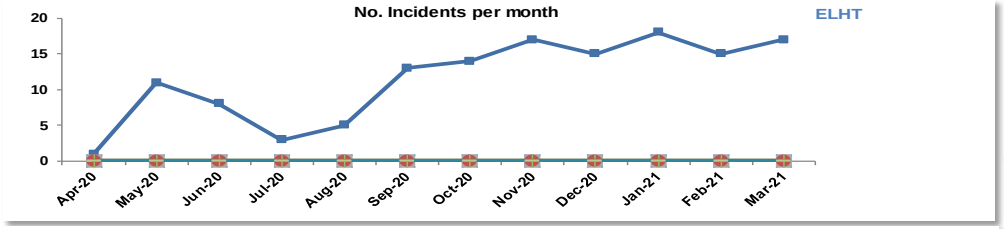
Awaiting additional information	21
Awaiting closure	15
Under HSIB investigation	3
Awaiting RCA	77
LAT Managed	0
Total	**116**

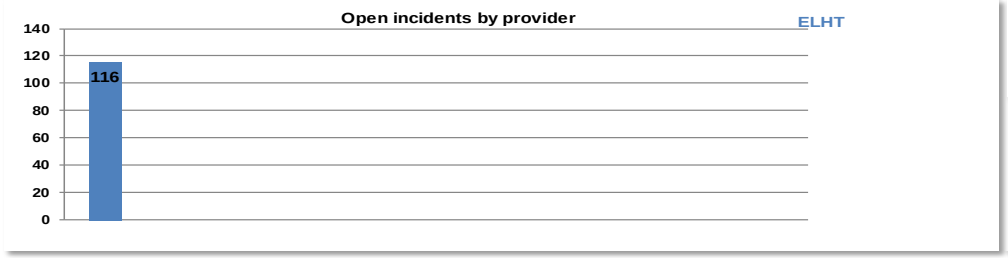
RCAs due (all years)

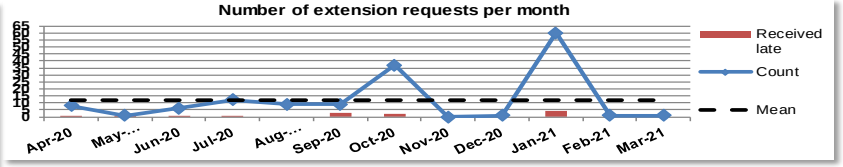
More than 14 days till due	50
Due within 14 days	21
Stop the clock in place	0
Overdue	9
Total	**80**

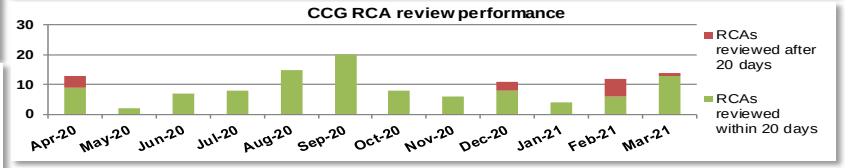
Never Events

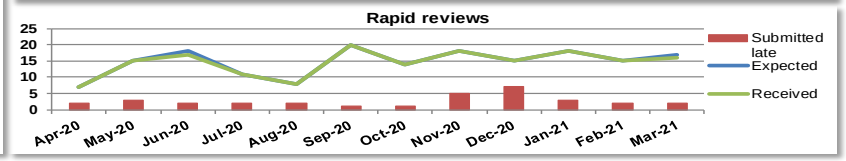
2020/21	2019/20	2018/19	2017/18	2016/17
3	5	1	7	1











Safe | Personal | Effective

East Lancashire Hospitals NHS Trust

TRUST BOARD REPORT

Item 63

12 May 2021

Purpose Information
Action
Monitoring

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

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

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 never events reported in March
- There were no medication errors causing serious harm.
- There were no confirmed post 2 day MRSA bacteraemia in March.
- The complaints rate remains below threshold.
- Vacancy rates have shown a significant reduction and are now below threshold.
- The Trust has met the 2020-21 financial outturn expectations and is reporting a draft adjusted deficit of £3.0 million, in line with the forecast position previously reported.

Areas of Challenge

- There was 1 healthcare associated clostridium difficile infections detected during March ('Hospital onset healthcare associated (HOHA)' /'Community onset healthcare associated (COHA)'.
- There were 17 steis reportable incidents in March.
- The HSMR is 'above expected'.
- The weekend HSMR is above expected.
- Friends & family scores have deteriorated in outpatients, community & maternity.
- The 'Emergency Care 4 hour standard' (Pennine A&E Delivery Board) was not achieved in March at 86.1%
- There were 6 breaches of the 12 hour trolley wait standard in March (all mental health.
- There were 286 ambulance handovers > 30 minutes and 6 > 60 minutes in March. The trend is showing significant improvement.
- The cancer 62 day standard was not met in February at 79.0%.
- The cancer 31 day standard was not met in February at 95.7%
- There were 5 breaches of the 104 day cancer wait standard.
- The 6wk diagnostic target was not met at 21.1% in March.
- There were 5 breaches of the 28 day standard for operations cancelled on the day.
- Sickness rates are above threshold at 5% in March.
- Compliance against the Appraisal (AFC staff) remains below threshold. Appraisals were on hold until March.
- Compliance against the Information Governance Toolkit is 89%, below the 95% target.
- Temporary costs as % of total pay bill remains above threshold at 10%.

No Change

- The SHMI has remained as expected at 1.10.
- VTE risk assessment performance remains above threshold.
- All areas of core skills training are above threshold, with the exception of information governance.
- The emergency readmission rate is showing no change
- There were 52 operations cancelled on the day (non clinical). This continues to show a significant reduction on previous levels.
- Elective and non-elective length of stay is showing no change.
- Trust turnover rate continues to be below previous levels.
- CQUIN schemes are on hold until the end of the year.
- (As at February) The Referral to Treatment (RTT) number of total ongoing pathways is below trajectory at 28,210 and the number over 40 weeks has reduced to 2126.
- (As at February) There were 1485 breaches of the RTT >52 weeks standard due to COVID-19, which is above the monthly trajectory.

Introduction

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

Key to Scorecard Symbols

Variation

	No significant variation or change in the performance data (Common cause variation)
	Significant improvement in the performance data that is not due to normal variation (Special case variation)
	Significant deterioration in the performance data that is not due to nornal 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	0		No target set to provide assurance against
M64.3	CDIFF - COHA	not set for 2020	1		
M64.4	Cdiff Cumulative from April (HOHA& COHA)	not set for 2020	69		
M65	MRSA	not set for 2020	0		
M124	E-Coli (post 2 days)	not set for 2020	7		
M155	P. aeruginosa bacteraemia (total post 2 days)	not set for 2020	1		
M157	Klebsiella species bacteraemia (total post 2 days)	not set for 2020	3		
M66	Never Event Incidence	0	0		
M67	Medication errors causing serious harm (Steis reported date)	0	0		
M68	Maternal deaths	0	0		
M64.2	C Diff per 100,000 Occupied Bed Days (HOHA)	No Threshold Set	0.0		
M69	Serious Incidents (Steis)	No Threshold Set	17		
M70	CAS Alerts - non compliance	0	0		
C29	Proportion of patients risk assessed for Venous Thromboembolism	95%	98%		

Caring

	Indicator	Target	Actual	Variation	Assurance
C38	Inpatient Friends and Family - % who would recommend	90%	96%		
C31	NHS England Inpatients response rate from Friends and Family Test	No Threshold Set	39%		
C40	Maternity Friends and Family - % who would recommend	90%	91%		
C42	A&E Friends and Family - % who would recommend	90%	87%		
C32	NHS England A&E response rate from Friends and Family Test	No Threshold Set	7%		
C44	Community Friends and Family - % who would recommend	90%	91%		
C38.5	Outpatient Friends and Family - % who would recommend	90%	93%		
C15	Complaints – rate per 1000 contacts	0.40	0.32		
M52	Mixed Sex Breaches	0			

Effective

	Indicator	Target	Actual	Variation	Assurance
M53	Summary Hospital Mortality Indicator (HSCIC Published data)	Within Expected Levels	1.10		
M54	Hospital Standardised Mortality Ratio (DFI Indicative) (as at Dec-20)	Within Expected Levels	108.89		
M74	Hospital Standardised Mortality Ratio - Weekday (as at Dec-20)	Within Expected Levels	106.23		
M75	Hospital Standardised Mortality Ratio - Weekend (as at Dec-20)	Within Expected Levels	116.96		
M73	Deaths in Low Risk Conditions (as at Dec-20)	Within Expected Levels	10.67		
M159	Stillbirths	<5	1		
M160	Stillbirths - Improvements in care that impacted on the outcome	No Threshold Set			
M89	CQUIN schemes at risk	CQUIN Suspended for 2020/21			

Responsive

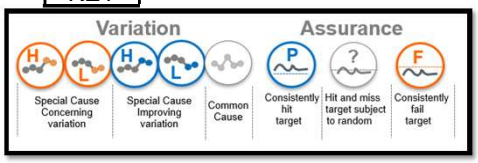
	Indicator	Target	Actual	Variation	Assurance
C2	Proportion of patients spending less than 4 hours in A&E (Trust)	95.0%	85.4%		F
C2ii	Proportion of patients spending less than 4 hours in A&E (Pennine A&E Delivery Board)	95.0%	86.1%		F
M62	12 hour trolley waits in A&E	0	6		F
M82.1	Handovers > 30 mins ALL (Arrival to handover)	0	286		F
M84	Handovers > 60 mins (Arrival to handover)	0	6		F
C1	RTT admitted: percentage within 18 weeks (Feb 21)	No Threshold Set	52.0%		
C3	RTT non- admitted pathways: percentage within 18 weeks (Feb 21)	No Threshold Set	84.2%		
C4.1	RTT waiting times Incomplete pathways Total (Feb 21)	<28,524	28,210		?
C4.2	RTT waiting times Incomplete pathways -over 40 wks (Feb 21)	No Threshold Set	2126		
C37.1	RTT 52 Weeks (Ongoing) (Feb 21)	1365	1485		
C17	Diagnostic waiting times: patients waiting over 6 weeks for a diagnostic test	1.0%	21.1%		?
C18	Cancer - Treatment within 62 days of referral from GP	85.0%	79.0%		?
C19	Cancer - Treatment within 62 days of referral from screening	90.0%	91.7%		?
C20	Cancer - Treatment within 31 days of decision to treat	96.0%	95.7%		?
C21	Cancer - Subsequent treatment within 31 days (Drug)	98.0%	100.0%		P
C22	Cancer - Subsequent treatment within 31 days (Surgery)	94.0%	97.4%		?
C36	Cancer 62 Day Consultant Upgrade	85.0%	88.4%		?
C25.1	Cancer - Patients treated > day 104	0	5		?
M9	Urgent operations cancelled for 2nd time	0	0		
C27a	Not treated within 28 days of last minute cancellation due to non clinical reasons - actual	0	5		?
M138	No.Cancelled operations on day	No Threshold Set	52		
M55	Proportion of delayed discharges attributable to the NHS	New reporting in development			
C16	Emergency re-admissions within 30 days	No Threshold Set	11.9%		
M90	Average LOS elective (excl daycase)	No Threshold Set	3.3		
M91	Average LOS non-elective	No Threshold Set	5.5		

Well Led

	Indicator	Target	Actual	Variation	Assurance
M77	Trust turnover rate	12.0%	7.7%		P
M78	Trust level total sickness rate	4.5%	5.0%		?
M79	Total Trust vacancy rate	5.0%	3.7%		F
M80.3	Appraisal (AFC)	90.0%	47.0%		F
M80.35	Appraisal (Consultant) Reported up to February - now suspended	90.0%			?
M80.4	Appraisal (Other Medical) Reported up to February - now suspended	90.0%			?
M80.2	Safeguarding Children	90.0%	94.0%		P
M80.21	Information Governance Toolkit Compliance	95.0%	89.0%		?
F8	Temporary costs as % of total paybill	4%	10.0%		F
F9	Overtime as % of total paybill	0%	0%		
F1	Adjusted financial performance surplus / (deficit) (£M)	(£17.7)	-£3.0		
F3	Liquidity days	>(14)	(6.3)		
F4	Capital spend v plan	85.0%	100.0%		
F18a	Finance and UoR metric - capital service capacity	>1.25	0.9		
F19a	Finance and UoR metric - I&E margin	>(3%)	-0.5%		
F21a	Finance and UoR metric - agency spend (in millions)	£11.2	£15.8		
F12	BPPC Non NHS No of Invoices	95.0%	98.2%		
F13	BPPC Non NHS Value of Invoices	95.0%	98.3%		
F14	BPPC NHS No of Invoices	95.0%	96.5%		
F15	BPPC NHS Value of Invoices	95.0%	98.4%		

NB: Finance Metrics are reported year to date.

KEY

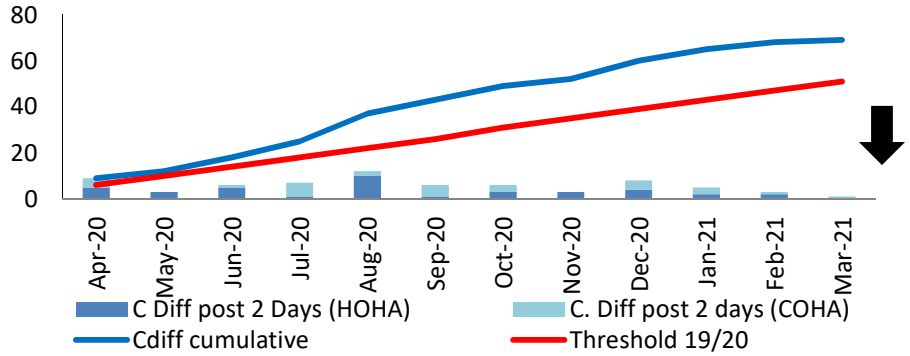


SPC Control Limits

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

SAFE

C Difficile

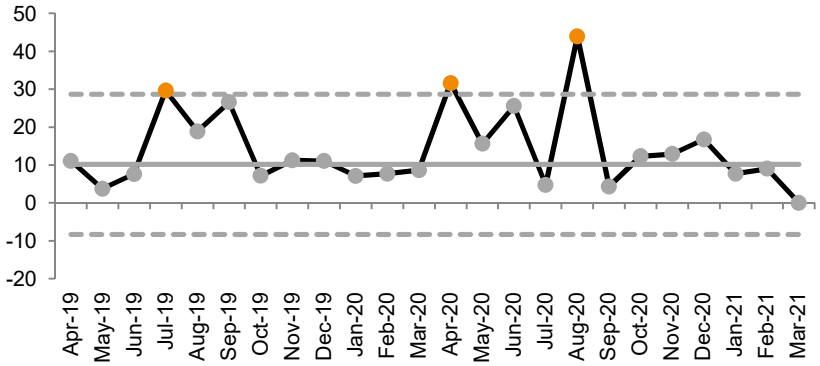


There were no post 2 day MRSA infection reported in March. So far this year there have been 3 cases attributed to the Trust.

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

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

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

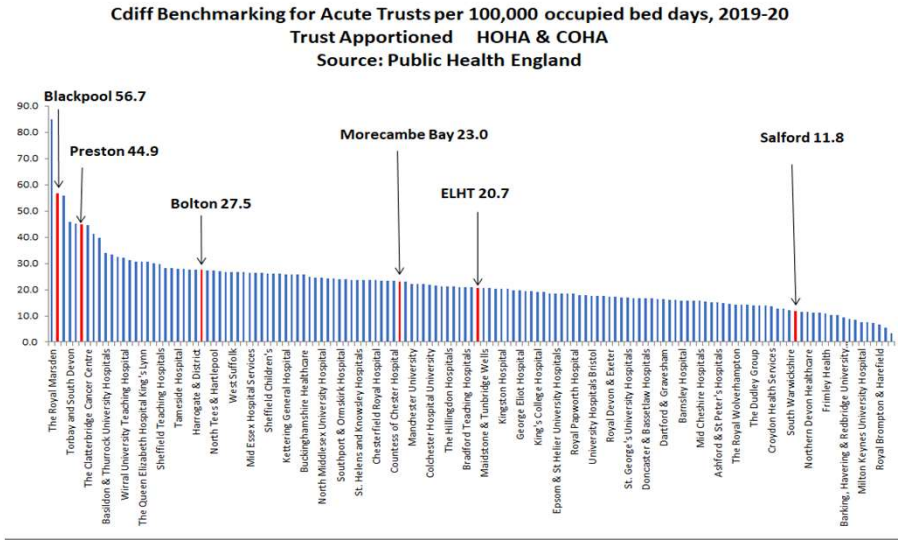


There was 1 healthcare associated Clostridium difficile toxin positive isolates identified in the laboratory in March, post 2 days of admission, which was a 'Community onset healthcare associated (COHA)'.

The year to date cumulative figure is 69. The detailed infection control report will be reviewed through the Quality Committee.

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

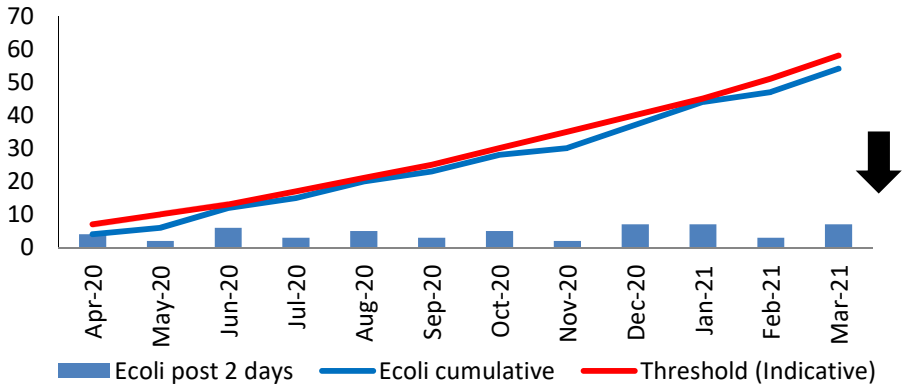
C Difficile benchmarking



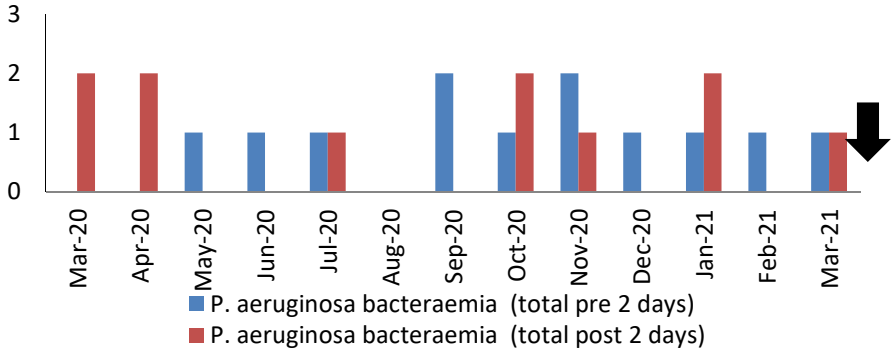
ELHT ranked 75th out of 146 trusts in 2019-20 with 20.7 HOHA & COHA clostridium infections per 100,000 bed days. The best performing trust had 0 and the worst performer had 85.0 infections per 100,000 bed days.

SAFE

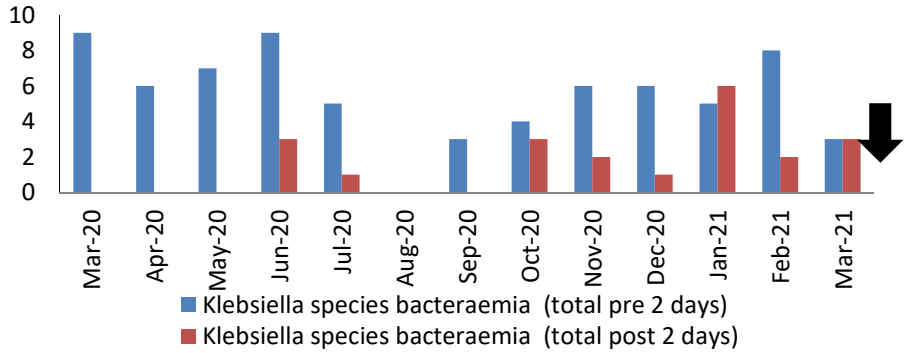
E. Coli



P.aeruginosa



Klebsiella



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

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

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

There were 7 E.coli bacteraemia detected in March, 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.

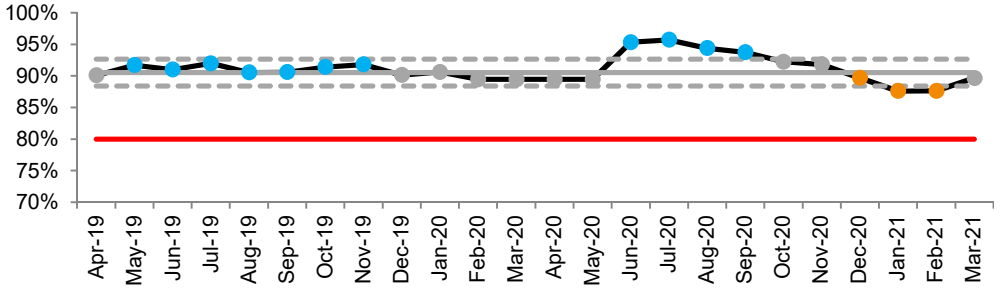
Surveillance will be undertaken in line with current requirements (e.g. E. coli bacteraemia). This surveillance will be carried out by the Infection Prevention and Control Team.

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

SAFE

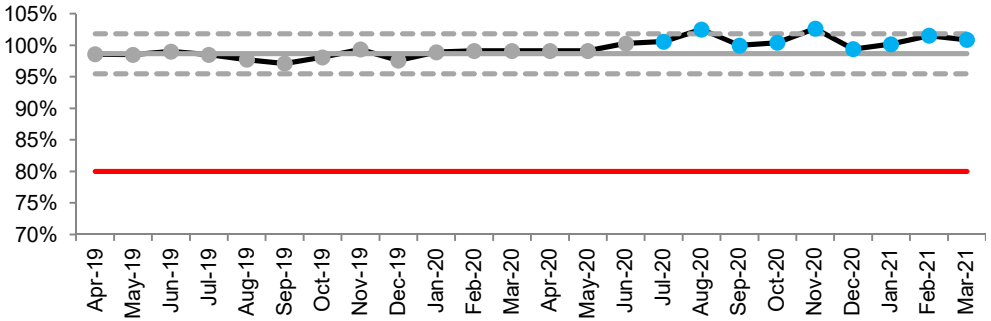
NB: Mar - May 20 figures were not collected due to COVID 19, so are estimated here for purposes of calculating the SPC control limits

Registered Nurses/ Midwives - Day



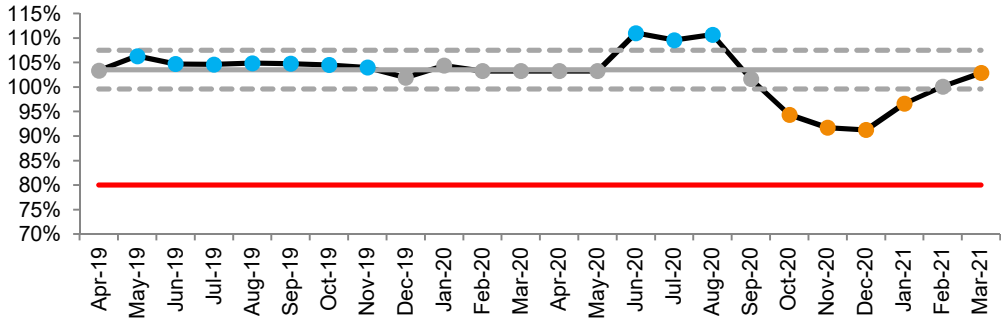
The average fill rate for registered nurses/ midwives during the day is showing normal variation in March, however based on current variation will consistently be above threshold.

Registered Nurses/ Midwives - Night



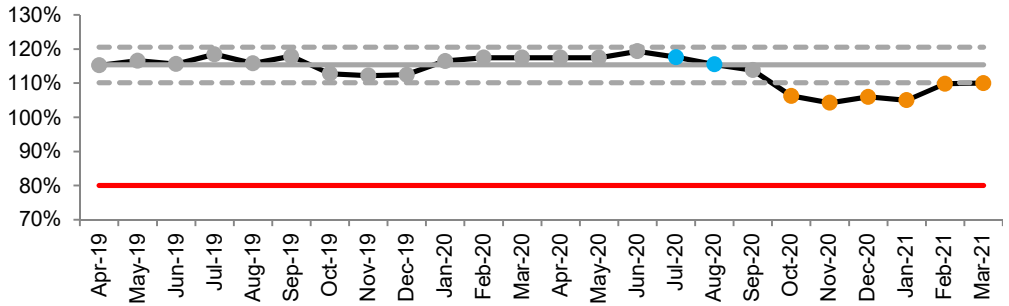
The average fill rate for registered nurses/ midwives at night continues to show a significant increase in March and based on current variation will consistently be above threshold.

Care Staff - Day



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

Care Staff - Night



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

SAFE

Staffing in March 2021 has continued to be challenging however, no further deterioration in the actual against planned. Trust Covid restoration and recovery plans are underway. This has seen the month of March with a period of stability with regards to reduced ward moves and need to open escalation areas. The already established vacancies, impact of acuity and staff sickness remains a consequence of COVID/self-isolation and more virulent strain of COVID.

Additionally, the recording of actual and planned hours against each ward continued to be problematic due to wards moving areas to 9 wards fell below the 80% for registered nurses in March for the day shift. The filling of Health Care Support Worker shifts has been less challenging than the previous month.

Wards below 80% for Registered Nurses during day shifts:

MEC

- **B18 on B6** - due to the reduction of 6 beds due to the ward move from B18 to B6 (from 26 to 20) and a lack of shift coordinators which is in addition to safe staffing numbers. The ward moved as part of the plan to manage patient pathways during COVID.

- **C5** – due to lack of shift coordinators

- **C7** – currently a COVID ward, has reduced number of patient occupancy

- **C11**- was a COVID ward, due to the reduced demand for COVID beds the capacity was reduced. March has seen the ward convert to a non-COVID ward with patient numbers reduced

The division didn't identify any harm on the above wards as a consequence of staffing

CIC

- **Ward 16** – occasions of reduced patient occupancy, safe staffing ratio maintained

- **Ward 22-** occasions of reduced patient occupancy, safe staffing ratio maintained

- **Hartley Ward** due to lack of shift coordinators, which is in addition to agreed staffing numbers. 5 shifts fell below planned staffing (sickness and vacancies)

- **Rakehead** due to lack of shift coordinators

- **Reedyford -** due to lack of shift coordinators, which is in addition to agreed staffing numbers. 3 shifts fell below planned staffing (late cancellation from agency, no fill from agency to cover vacancies)

SAFE

SAS

- No wards fell below 80% fill rate for registered nurses

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

Average Fill Rate

	Average Fill Rate				CHPPD		Number of wards < 80 %			
	Day		Night				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 (%)	Midnight Counts of Patients	Care Hours Per Patient Day (CHPPD)	registered nurses/ midwives	care staff	registered nurses/ midwives	care staff
Mar-21	89.6%	102.9%	100.9%	110.0%	24,868	10.31	9	1	0	1

SAFE

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
Aug-20	94.40%	110.70%	102.50%	115.50%	22750	10.53	1	1	0	2
Sep-20	93.70%	101.60%	100.00%	113.80%	23140	10	0	2	0	3
Oct-20	92.2%	94.4%	100.4%	106.3%	24,373	10.13	6	4	0	2
Nov-20	91.8%	91.7%	102.6%	104.2%	23,311	10.68	7	3	0	3
Dec-20	89.7%	91.2%	99.4%	106.0%	23,893	10.53	8	7	0	2
Jan-21	87.6%	96.6%	100.2%	105.0%	25,962	9.74	12	3	0	2
Feb-21	87.6%	100.1%	101.5%	109.8%	22,251	10.28	13	5	0	1
Mar-21	89.6%	102.9%	100.9%	110.0%	24,868	10.31	9	1	0	1

SAFE

Red Flags:

MEC

• OPU – staff reported concerns in relation to staff shortage. This caused delays with administering medications and staff missed their breaks. No patient or staff harms identified.

• D1 – staff raised concerns as felt the ward wasn't safely staffed due to high acuity. No patient or staff harms identified.

CIC

• No NICE red flags reported

SAS

• No NICE red flags reported

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

Support is ongoing to all areas through the divisional and corporate teams. We have recruited 86 WTE support workers to date to support with the pressures particularly around filling support worker shifts.

SAFE

Actions taken to mitigate risk

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

- Extra health care assistant shifts are used to support registered nurse gaps if available, however this is becoming increasingly difficult

- Relaunch of recruitment strategy

- New Lead Recruitment Nurse post appointed to

- International recruitment progressing as Global Learners ceasing

- Increase to student nurse placement

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

- Impact of COVID 19 on nursing and midwifery staffing levels and care provision paper ratified through ICC specifying expected staffing levels and minimum staffing levels in extremis with contingency for supporting ward staffing with the mobilisation of support from Allied Health Professionals and specialist nurses.

- Approximately 100 3rd year student nurses to be deployed onto wards as band 4 student practitioners from the 8th February up to the 2nd May.

Family Care

Red Flag Events- No NICE red flags reported. There was appropriate escalation and implementation of the escalation policy when acuity and activity was high. Safety huddles continuously reviewed the activity and acuity, workload was prioritised and staff moved to the areas with the highest workload. All area leads, shift co-ordinators, Matron on Call, and Night Manager were informed of plans and communication with all disciplines.

SAFE

Maternity Midwife to Birth Ratio

Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Staffed to full Establishment	01:27	1.27.11	01:27	01:26.5	01:24	01:26	01:26	01:25	01:26	01:27	01:26	01:27
Excluding mat leave	01:27	1.27.11	01:28	01:28	01:26	01:27	01:27	1:26.71	01:27	01:28	01:27	01:28
With gaps filled through ELHT Midwife staff bank	Bank usage	Bank usage	Bank usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage	Bank Usage
Per week	8.20wte	8.5wte	9.86wte	15wte	8.40wte	10.14wte	13.15wte	10.52wte	8.03wte	18.82wte	18.90wte	19.53wte

Maternity- The bank usage remains high at 19.53 WTE to cover vacancies, staff shielding, self- isolating and staff sickness. This is significantly higher than average, although more shifts have been filled as opposed to the average. A further extensive review on maternity staffing has taken place in the month of March along with an annual review of projected staffing in preparation to update trust board and Ockenden requirements. Midwifery posts recruited to in January 2021 to commence in post in April 2021.
Staffing levels are reviewed throughout the day at each safety huddle on the Central Birth Suite; midwives are redeployed to other areas to support acuity and activity point prevalent. Appropriate escalation sought with implementation of the safe staffing escalation policy if acuity and activity is assessed above average. Regular and bespoke Safety huddles continue. All area leads, shift co-ordinators, Duty matron and site Manager are informed of plans if any deviations from the norm become apparent.

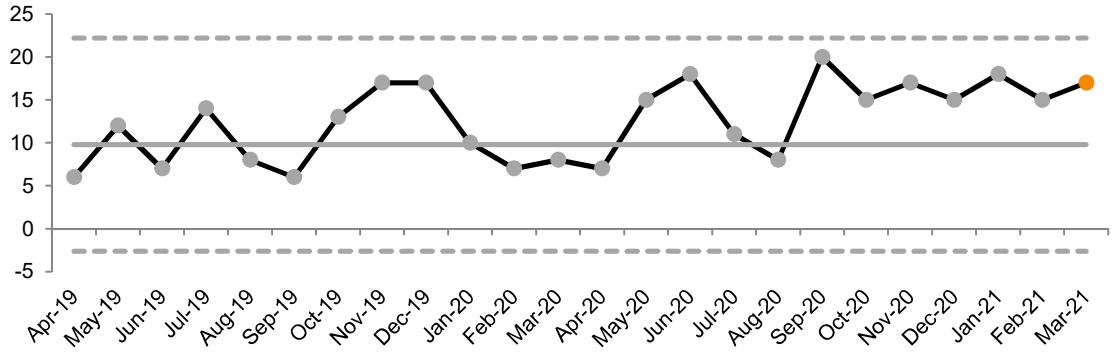
Neonatology - Bank and agency use required for staff related absences/Isolation intermittent periods continue and only when required in March.

Paediatrics - Activity/Acuity remains lower than average for bed capacity (24- 28 Patients daily on average) in the month of March, minimal bank spend for HCAs. Volunteers of Band 5- x5 Nurses x5 HCAs and x1 play leader redeployed to work in ITU to support acuity with COVID patients, remain to be redeployed in the month of February rostered to the end of April 2021.

Gynaecology – Staff shielding, absences, specialist posts all covered with bank/additional clinics where required to maintain services and the service

SAFE

Serious Incidents



There were no never events reported in March.

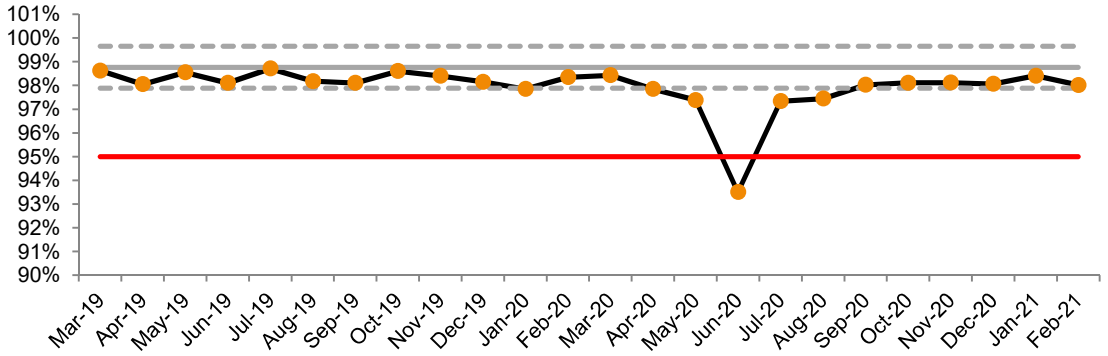
The Trust unverified position for incidents reported to the Strategic Executive Information System (StEIS) in March was 17 incidents.

The trend showing a significant increase.

StEIS Category	No. Incidents
Pressure ulcer	8
Abuse/alleged abuse of adult patient by staff	1
Pending Review	1
Treatment Delay	2
Surgical Invasive Procedure	2
Diagnostic	2
Maternity/ Obstetric (Baby only)	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

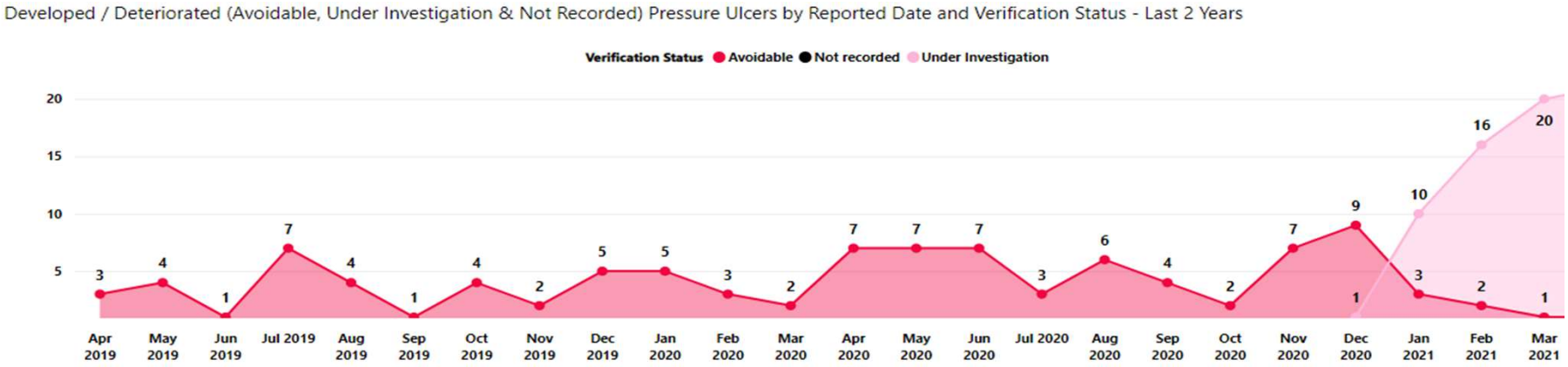


The VTE assessment trend is showing a deterioration, however based on recent performance will consistently achieve the standard.

SAFE

Pressure Ulcers

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



We are awaiting a meeting that was scheduled for 22nd March with NHS England, North West and CCG, to discuss our pressure ulcer data, to be rearranged.

The meeting is to agree consistent reporting across the network, in relation to incidents being reported before they are defined as having lapses in care or not.

ELHT currently StEIS report all pressure ulcers before confirming any lapses in care, which is in line with national guidance.

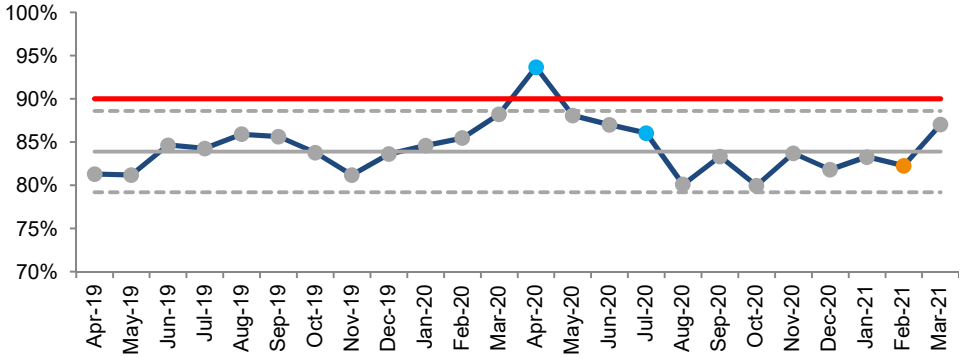
There are 56 incidents currently under investigation and based on the last 12 months of completed data, we would expect on average, 80% of these will be de-escalated due to no lapses in care.

CARING

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

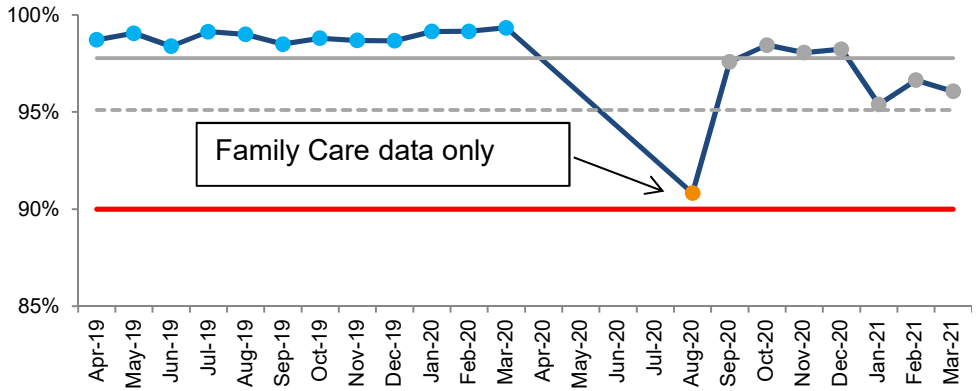
The submission of FFT data to NHS England from all settings is currently suspended. NHS England has confirmed all acute and community providers should resume submitting monthly Friends and Family Test data from 1 December 2020. The first data to submit will be December’s data, submitted in early January.

Friends & Family A&E



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

Friends & Family Inpatient

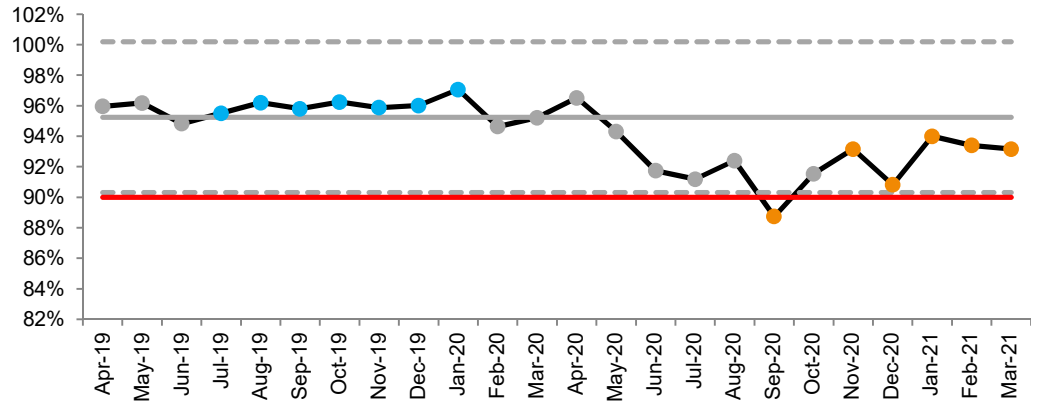


Inpatient data was suspended April - September due to the COVID pandemic. Paper surverys were resumed in Family Care from 1st August and across all areas from 1st September.

The trend is showing normal variation this month.

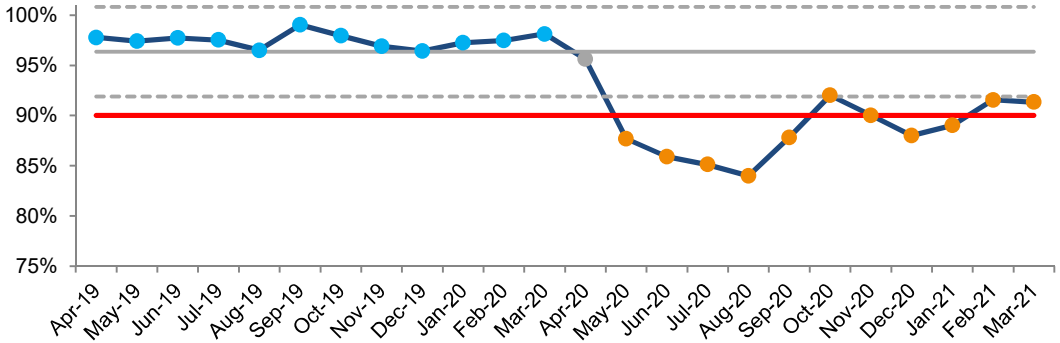
CARING

Friends & Family Outpatients



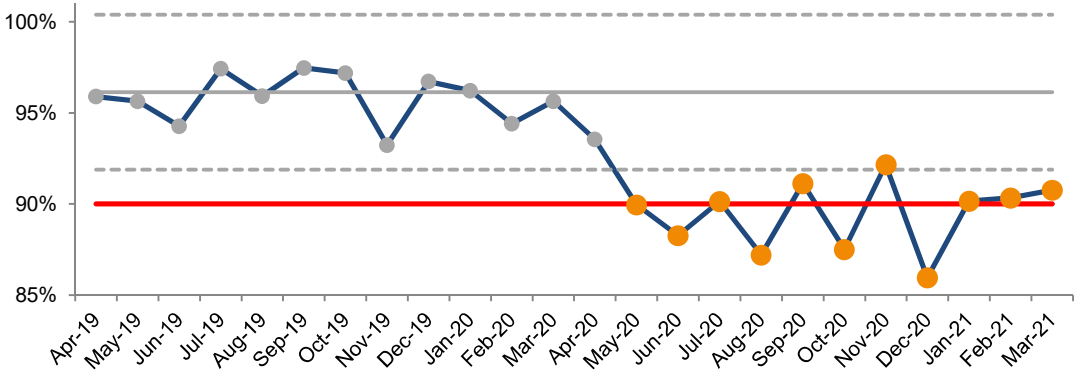
Outpatient scores continue to be below usual, however remain above target. Based on current variation this indicator should consistently hit the target.

Friends & Family Community



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

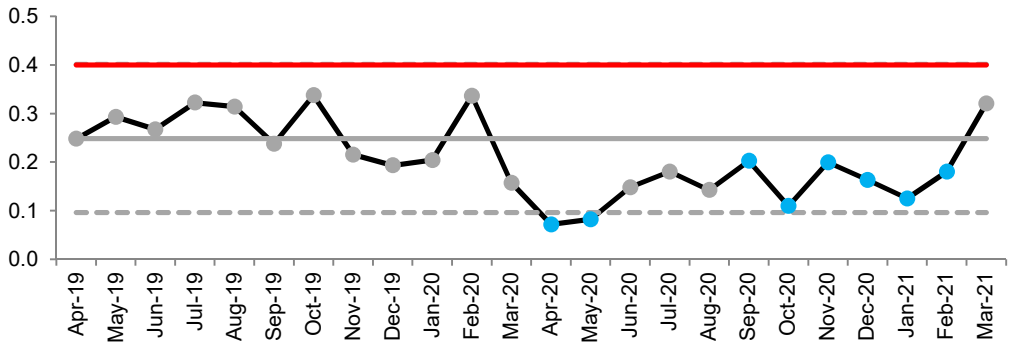
Friends & Family Maternity



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

CARING

Complaints per 1000 contacts



The Trust opened 19 new formal complaints in February.

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 February the number of complaints received was 0.18 Per 1,000 patient contacts.

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

Patient Experience

		Dignity	Information	Involvement	Quality	Overall
Type	**Division**	Average Score	Average Score	Average Score	Average Score	Average Score
Antenatal	Family Care	100.00	100.00	96.00	99.02	98.75
Community	Community and Intermediate Care Services	94.57	92.39	90.81	92.95	92.23
Delivery	Family Care	-	-	-	100.00	100.00
ED_UC	Surgery	84.68	82.35	82.24	85.00	83.42
Inpatients	Community and Intermediate Care Services	100.00	100.00	100.00	100.00	100.00
Inpatients	Family Care	97.62	95.69	94.09	97.00	95.86
Inpatients	Medicine and Emergency Care	95.45	87.50	92.24	92.86	92.06
Inpatients	Surgery	96.75	92.55	94.70	94.05	94.60
OPD	Diagnostic and Clinical Support	98.61	97.92	90.15	90.85	92.24
OPD	Family Care	95.00	91.67	92.31	92.86	93.02
OPD	Medicine and Emergency Care	100.00	88.94	95.12	92.38	92.75
OPD	Surgery	100.00	100.00	100.00	-	100.00
Paediatric	Family Care	99.85	95.83	74.59	99.71	95.00
Postnatal	Family Care	100.00	99.31	100.00	98.68	99.24
SDCU	Family Care	95.19	94.57	95.00	95.59	95.05
	Total	**97.05**	**93.71**	**91.63**	**95.69**	**94.38**

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

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

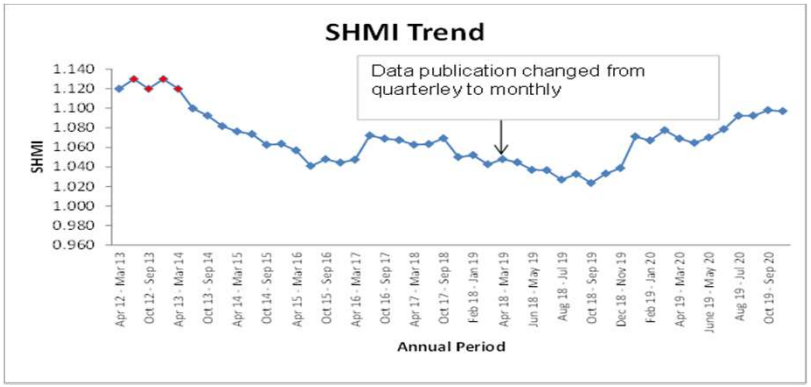
The threshold is a positive score of 90% or above for each of the 4 competencies.

The overall Trust performance from the range of patient experience surveys is above the threshold of 90% for all 4 competencies in February 2021

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

EFFECTIVE

SHMI Published Trend



The latest Trust SHMI value as reported by the Health and Social Care Information Centre and Care Quality Commission for the period November 19 to October 20 has remained within expected levels at 1.10, as published in March 21.

Dr Foster HSMR rolling 12 month

	HSMR Rebased on latest month Jan 20 – Dec 20 (Risk model Sep 20)
TOTAL	108.89 (CI 103.34 – 114.66)
Weekday	104.72 (CI 98.55 –111.17)
Weekend	116.96 (CI 105.55 – 129.26)
Deaths in Low Risk Diagnosis Groups	10.67 (CI 5.68 – 18.25)

The latest indicative 12 month rolling HSMR (January 20 – December 20) has deteriorated from last month and is now 'above expected' at 108.9 against the monthly rebased risk model.

Excluding COVID-19 cases, the relative risk is within expected levels at 101.7

There are currently three HSMR diagnostic groups with significantly high relative risk scores;

* Pneumonia
* Urinary tract infection
* Acute cerebrovascular disease

Dr. Foster HSMR monthly

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

Pneumonia, Urinary Tract Infection, Gastrointestinal hemorrhage and Secondary Malignancies are currently also alerting on the nationally monitored SHMI groups.

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

Learning Disability Mortality Reviews (LeDeR)

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

Structured Judgement Review Summary

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

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

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

	Month of Death																
Stage 1	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	TOTAL
Deaths requiring SJR (Stage 1)	47	212	250	258	12	14	14	6	9	16	13	36	13	8	18	10	900
Allocated for review	46	202	233	232	11	13	13	6	7	14	10	31	12	6	16	5	830
SJR Complete	46	212	249	258	12	14	14	6	8	14	13	30	11	5	6	2	887
1 - Very Poor Care	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
2 - Poor Care	8	19	21	33	0	1	3	1	0	0	2	9	3	1	0	0	100
3 - Adequate Care	14	68	70	67	4	3	4	2	5	4	5	7	4	2	2	0	257
4 - Good Care	20	106	133	129	7	7	6	3	3	10	6	13	3	2	3	2	446
5 - Excellent Care	3	18	25	29	1	3	1	0	0	0	0	1	1	0	1	0	82
Stage 2																	
Deaths requiring SJR (Stage 2)	9	20	21	33	0	1	3	1	0	0	2	9	3	1	0	0	102
Deaths not requiring Stage 2 due to undergoing SIRI or similar	3	2	1	4	0	0	1	0	0	0	0	0	0	0	0	0	11
Allocated for review	6	18	20	29	0	1	2	1	0	0	2	9	3	1	0	0	91
SJR-2 Complete	6	18	20	29	0	1	2	1	0	0	2	9	3	1	0	0	91
1 - Very Poor Care	1	1	1	2	0	0	0	0	0	0	0	0	0	0	0	0	5
2 - Poor Care	3	6	6	12	0	0	2	1	0	0	0	3	2	0	0	0	35
3 - Adequate Care	2	10	13	13	0	1	0	0	0	0	2	5	1	1	0	0	47
4 - Good Care	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	0	4
5 - Excellent Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

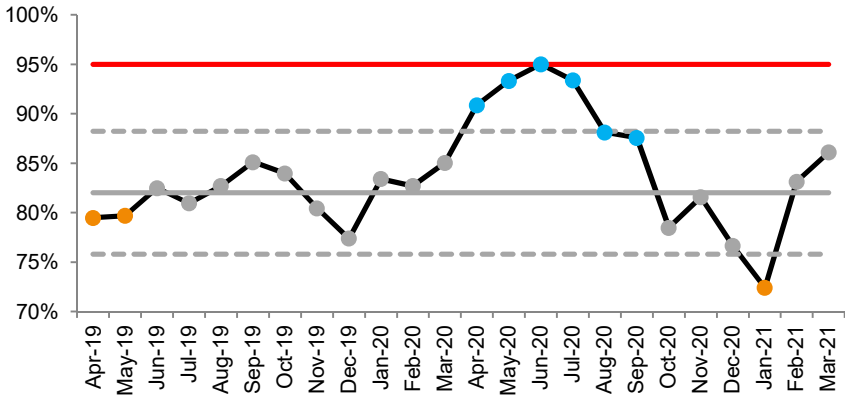
	pre Oct 17	Oct 17 - Mar 18	Apr 18 - Mar 19	Apr 19 - Mar 20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
stage 1 requiring allocation	1	10	17	26	1	1	1	0	2	2	3	5	1	2	2	5	70
stage 1 requiring completion	0	-10	-16	-26	-1	-1	-1	0	-1	0	-3	1	1	1	10	3	-57
Stage 1 Backlog	1	0	1	0	0	0	0	0	1	2	0	6	2	3	12	8	13
stage 2 requiring allocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
stage 2 requiring completion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Stage 2 Backlog	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Commissioning for Quality and Innovation (CQUIN)

On 1st July 2020 the Trust recieved notice form 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

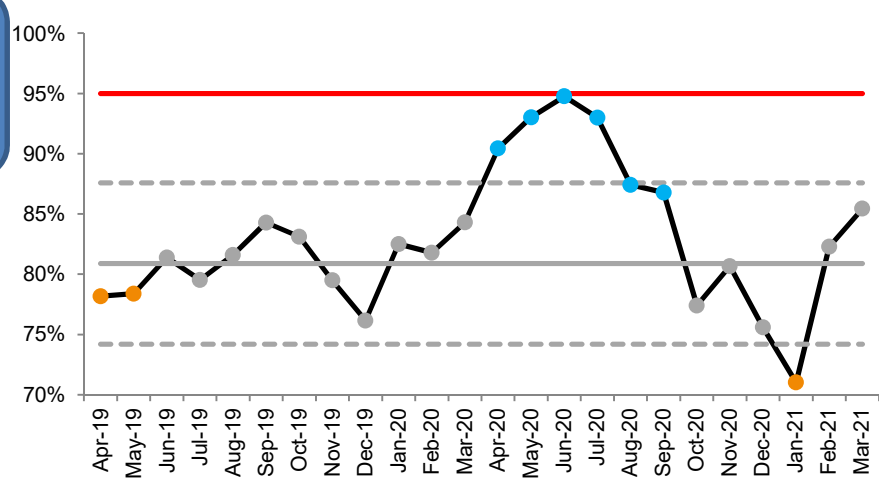
A&E 4 hour standard % performance - Pennine



Overall performance against the 'Pennine A&E Delivery Board' Accident and Emergency four hour standard was 86.1% in March, which is below threshold.

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

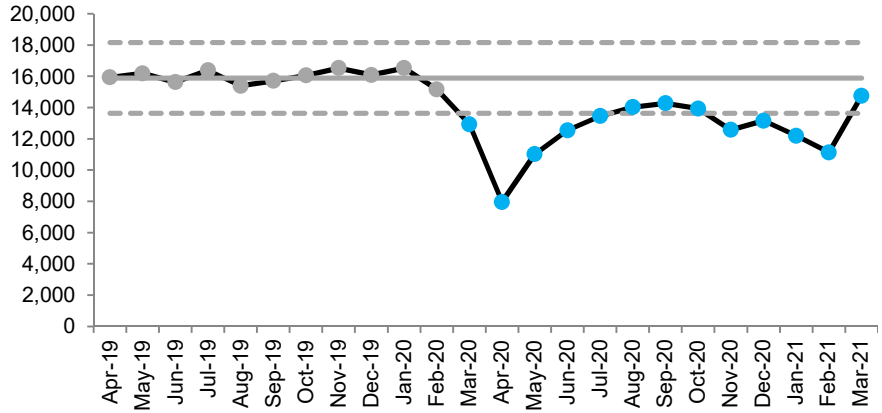
A&E 4 hour standard % performance - Trust



Performance against the ELHT four hour standard was 85.4% in March.

The national performance was 86.1% in March (All types) with 8 of the 113 reporting trusts with type 1 departments achieving the 95% standard.

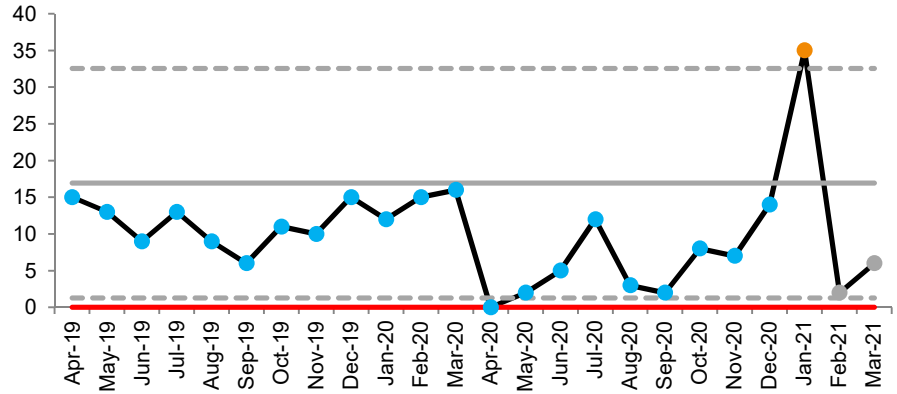
A&E Attendances - Trust



The number of attendances during March was 14,750, which remains lower than normal and likely to be as a result of the COVID-19 response.

RESPONSIVE

12 Hr Trolley Waits

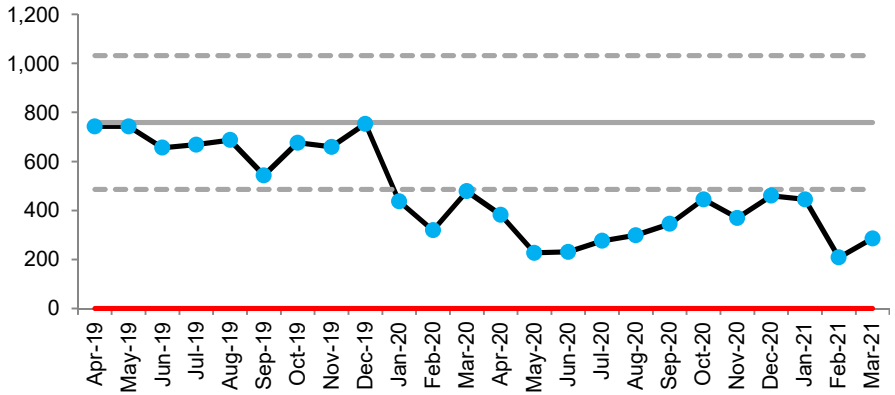


There were 6 reported breaches of the 12 hour trolley wait standard from decision to admit during March. These were all mental health breaches.

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	6	0
Average Wait from Decision to Admit	19hr 38 min	n/a
Longest Wait from Decision to Admit	25hr 54 min	n/a

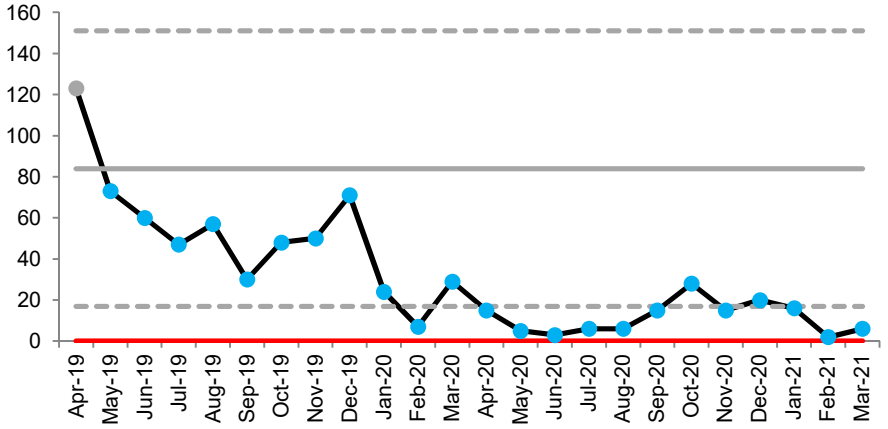
Ambulance Handovers - >30Minutes



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 286 ambulance handovers > 30 minutes in March. The trend is still showing significant improvement.

Ambulance Handovers - >60 Minutes

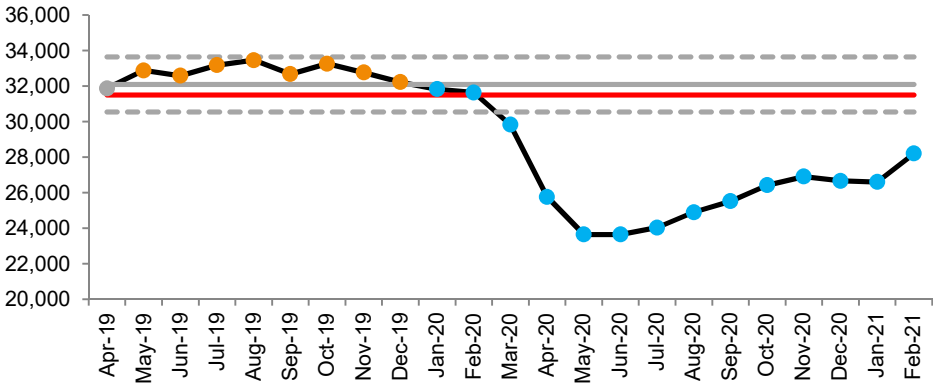


There were 6 ambulance handovers > 60 minutes in March, which continues to demonstrate a signifcant improvement.

The average handover time was 19 minutes in March and the longest handover was 1hr 17 minutes.

RESPONSIVE

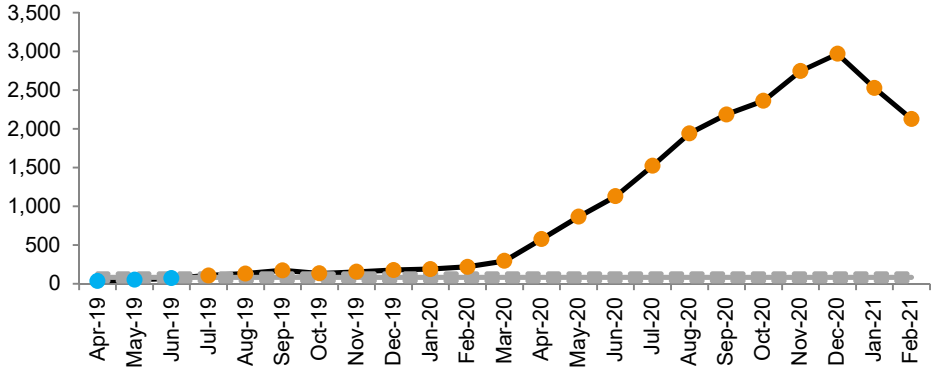
RTT Total Ongoing



Data is as at February as due to ongoing IT issues, the March position is not currently available

There were 28,210 ongoing RTT pathways at the end of February, which has increased on last month but remains below the February trajectory (29,259).

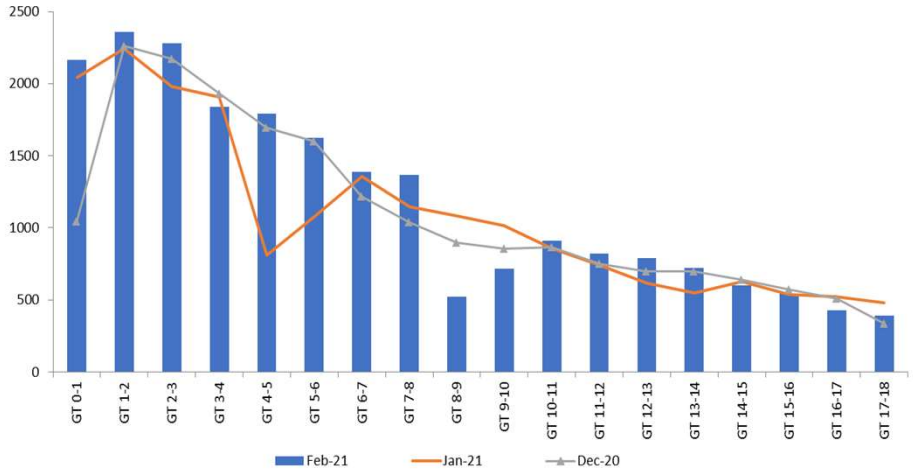
RTT Total Over 40 wks



The number of pathways over 40wks decreased in February with 2126 patients waiting over 40 wks at month end.

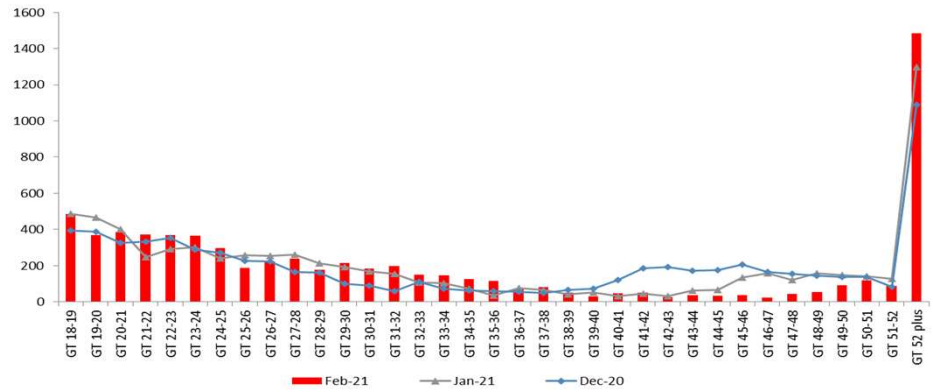
There were 1485 patients waiting over 52 weeks at the end of February, due to the COVID-19 pandemic, which is above the month end trajectory (1365).

RTT Ongoing 0-18 Weeks

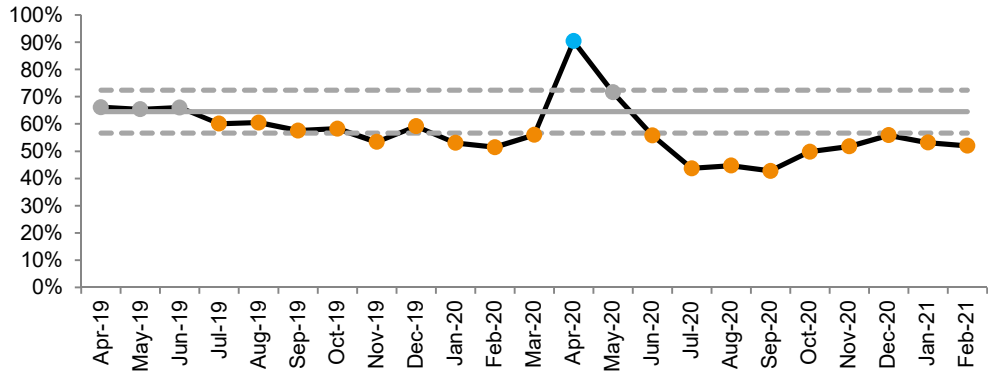


The bar charts show the numbers of RTT ongoing pathways by weekband, compared with previous 2 months.

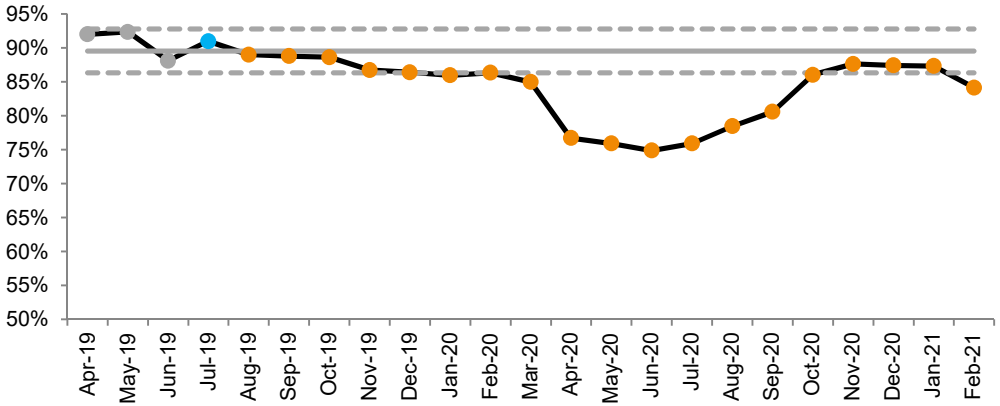
RTT Over 18 weeks



RTT Admitted



RTT Non-Admitted

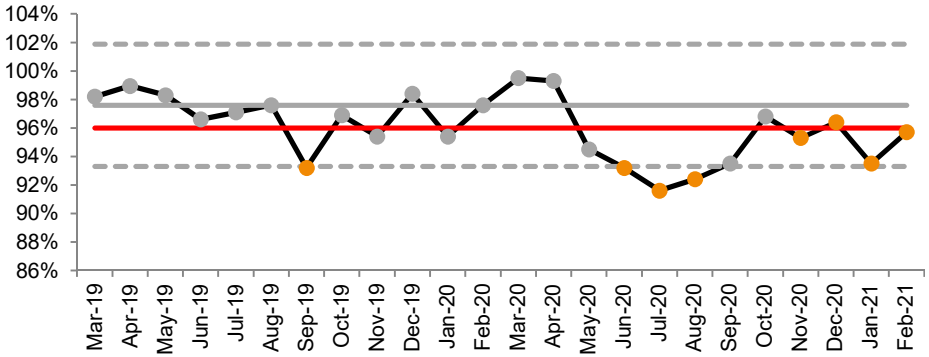


Although no longer a national target, the proportion of admitted and non-admitted patients, admitted within 18 weeks is included for information.

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

RESPONSIVE

Cancer 31 day

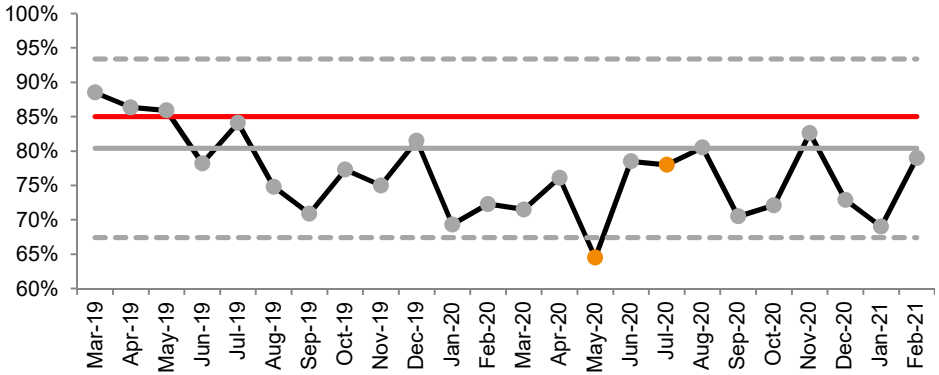


The 31 day standard was not achieved in February at 95.7%, below the 96% threshold.

The quarter 3 performance was achieved at 96.2%

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

Cancer 62 Day

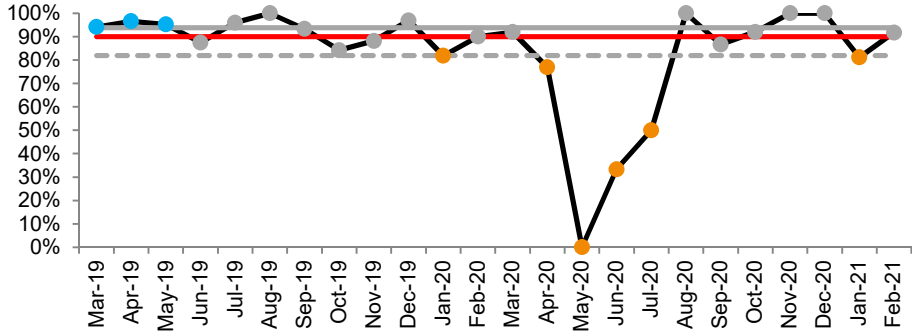


The 62 day cancer standard was not achieved in February at 79.0% below the 85% threshold.

The quarter 3 performance was not achieved at 75.5%

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

Cancer 62 Day Screening



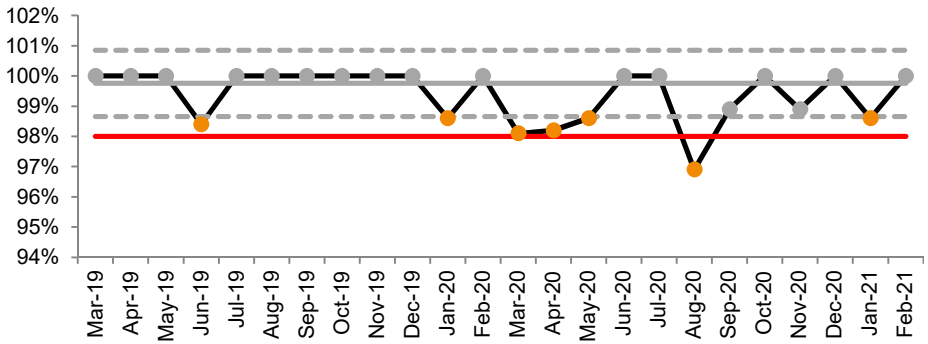
The 62 day screening standard was achieved in February at 91.7%, above the 90% threshold.

The quarter 3 performance was achieved at 97%

The trend is showing normal variation.

RESPONSIVE

Cancer - Subsequent treatment within 31 days (Drug)

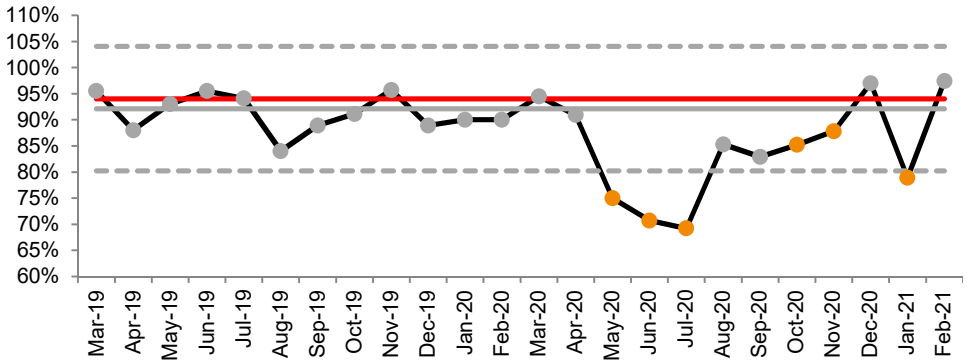


The subsequent treatment - drug standard was met in February at 100%, above the 98% threshold.

The quarter 3 performance was achieved at 99.6%

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

Cancer - Subsequent treatment within 31 days (Surgery)

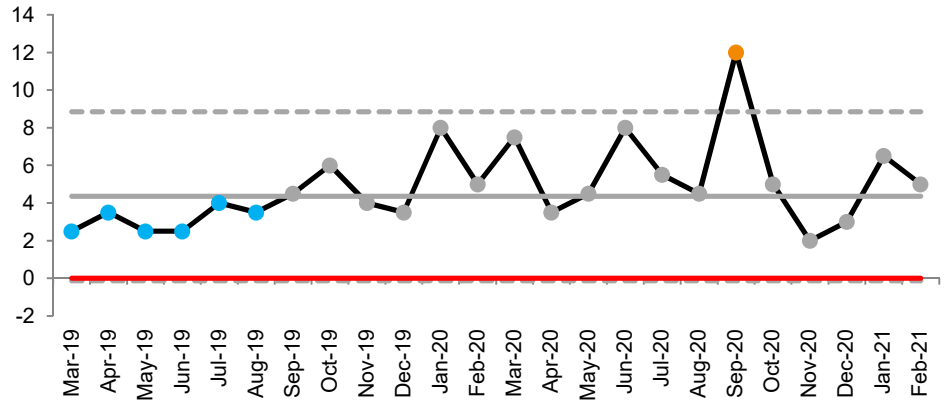


The subsequent treatment - surgery standard was met in February at 97.4%, above the 94% standard.

The quarter 3 performance was not achieved at 90.1%

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

Cancer Patients Treated > Day 104



There were 5 breaches allocated to the Trust, treated after day 104 in February and will have a detailed root cause analysis undertaken by the clinical director for cancer with the cancer oncology directorate manager liaising with the consultants involved in the pathway as required.

The trend is showing normal variation.

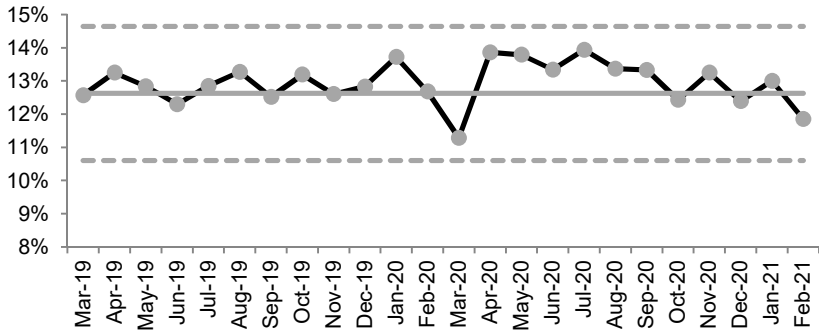
RESPONSIVE

Delayed Discharges

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

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

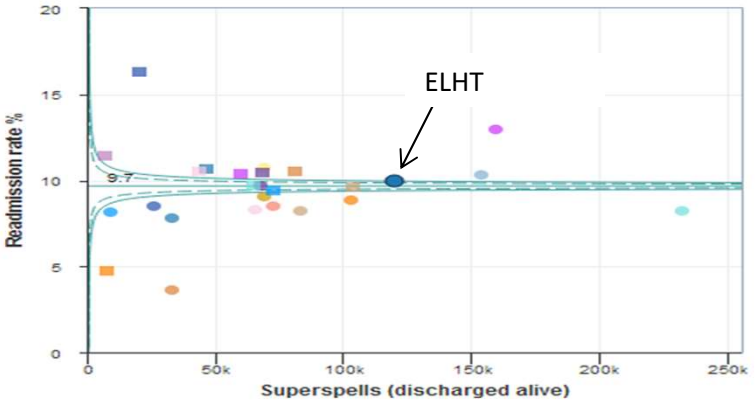
Emergency Readmissions



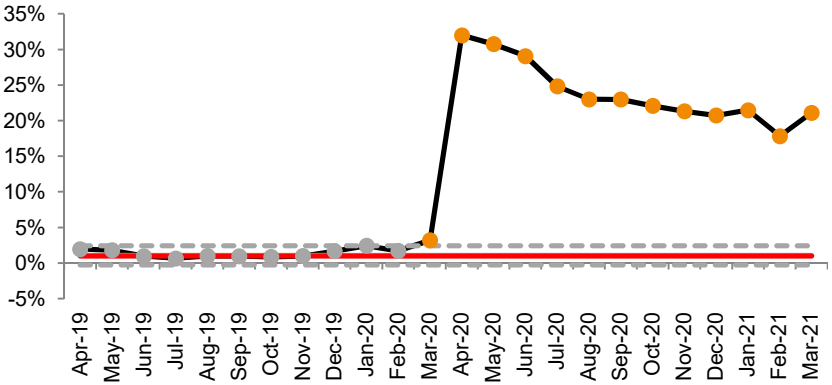
The emergency readmission rate trend is showing no significant change.

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

Readmissions within 30 days vs North West - Dr Foster
October 2019 - September 2020



Diagnostic Waits



In March 21.11% of patients were waiting longer than 6 weeks for a diagnostic procedure, which is above the 1% threshold.

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

Nationally, the performance is failing the 1% target at 28.5% in February (reported 1 month behind).

RESPONSIVE

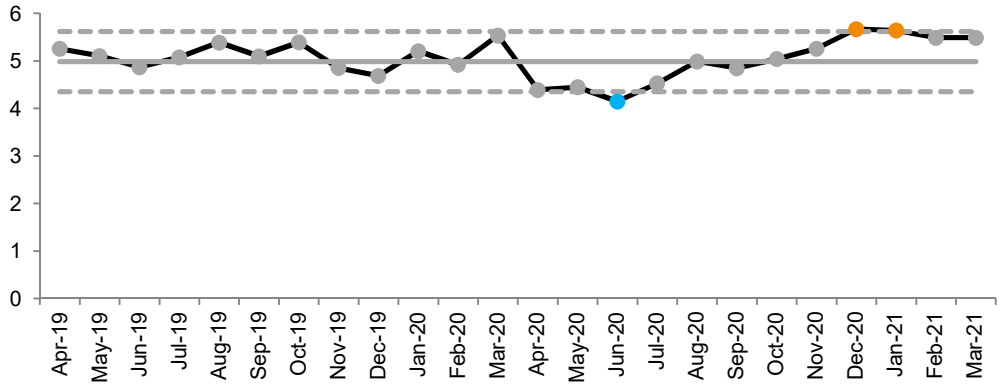
Average length of stay benchmarking

Dr Foster Benchmarking January 20 - December 20

	Spells	Inpatients	Day Cases	Expected LOS	LOS	Difference
Elective	45,142	7,301	37,841	3.3	2.5	-0.8
Emergency	52,712	52,712	0	4.3	4.2	-0.1
Maternity/ Birth	12,634	12,634	0	2.1	2.1	0.0
Transfer	144	144	0	9.6	24.5	14.9

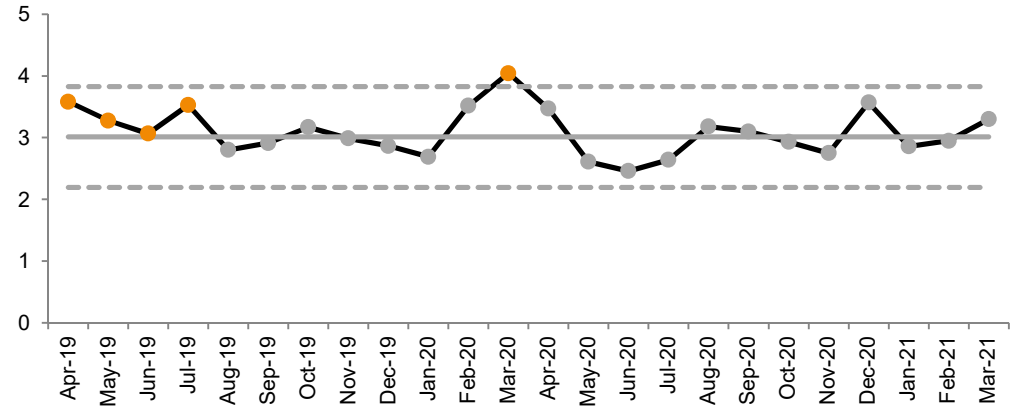
Dr Foster benchmarking shows the Trust length of stay to be below expected for non-elective and for elective when compared to national case mix adjusted, for the period January 20 - December 20.

Average length of stay - non elective



The Trust non elective average length of stay is showing a reduction this month.

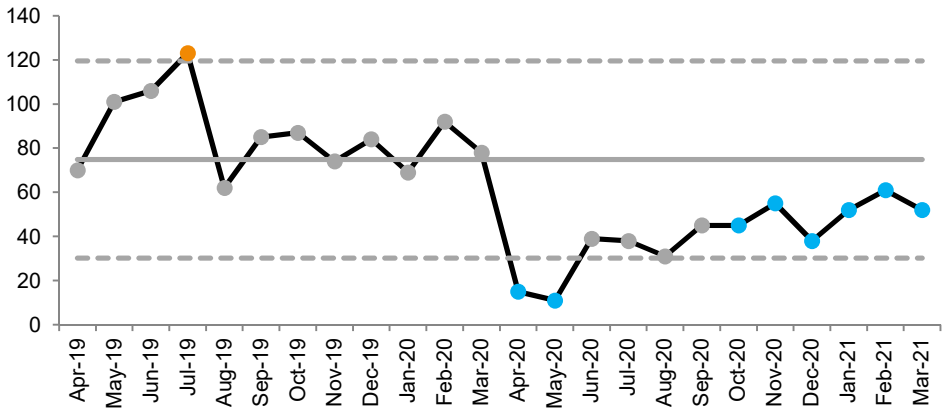
Average length of stay - elective



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

RESPONSIVE

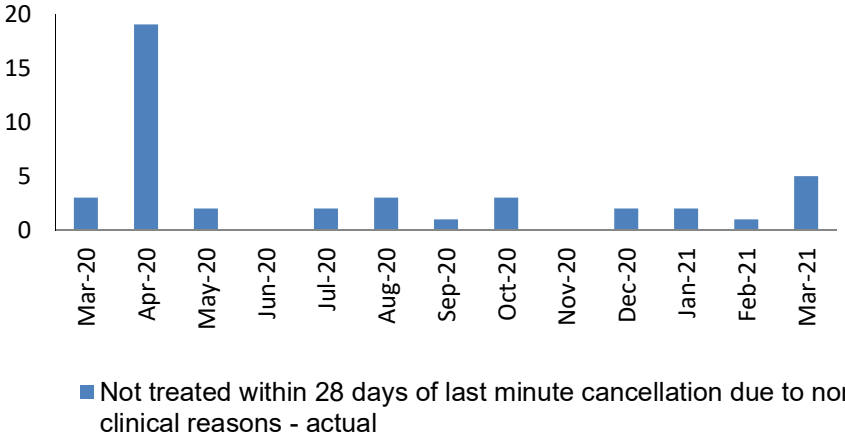
Operations cancelled on day



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

The trend is showing a significant improvement.

Operations cancelled on day - breaches of 28 day standard

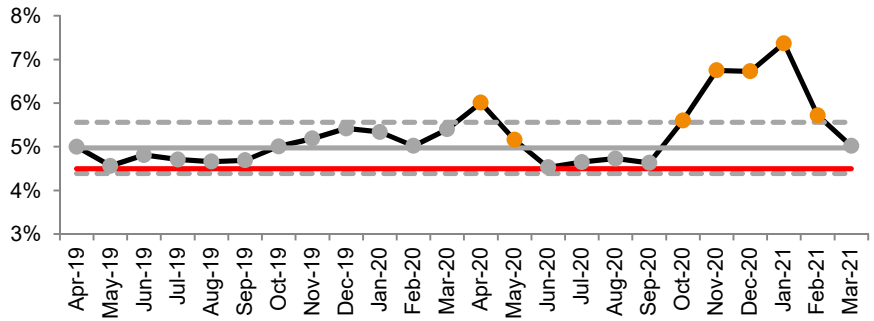


There were 5 'on the day' cancelled operation not rebooked within 28 days in March.

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.

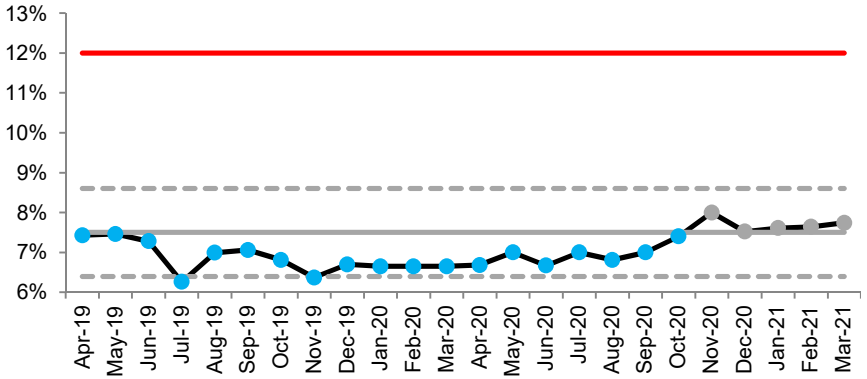
WELL LED

Sickness



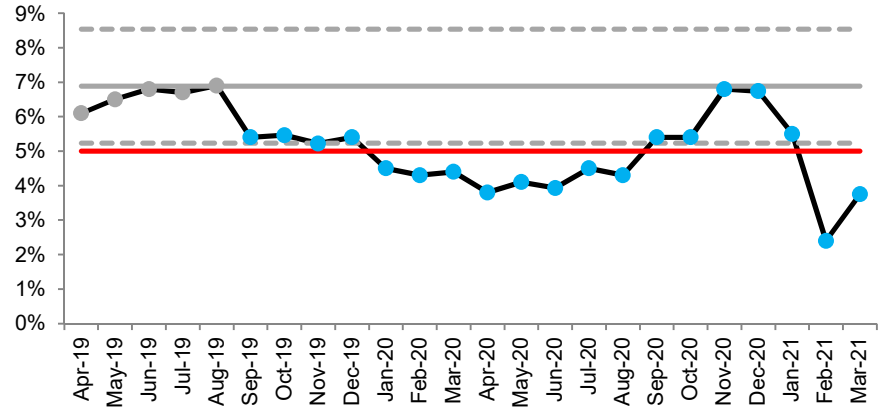
The sickness absence rate was 5.0% for March which is above the threshold of 4.5%. The trend is showing a return to normal variation this month and based on the current level of variaton, remains unlikely to acheive the target.

Turnover Rate



The trust turnover rate is showing normal variation at 7.7% in March which is below threshold. Based on current variation, the indicator will consistently be below the threshold.

Vacancy Rate



The vacancy rate is 3.8% for March which is below the 5% threshold.

This is a significant reduction on previous levels.

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

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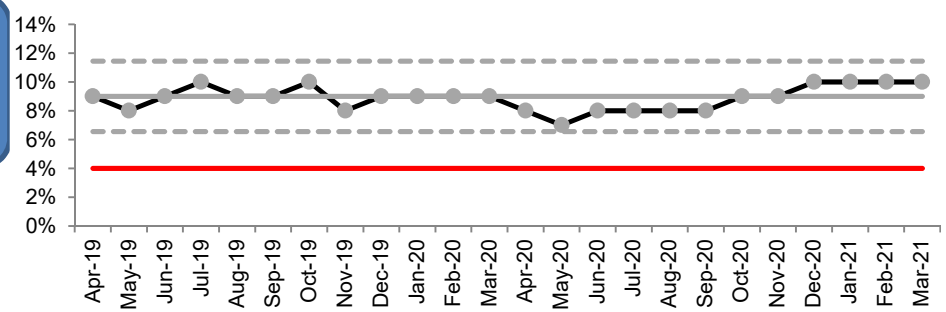
Temporary costs and overtime as % total pay bill

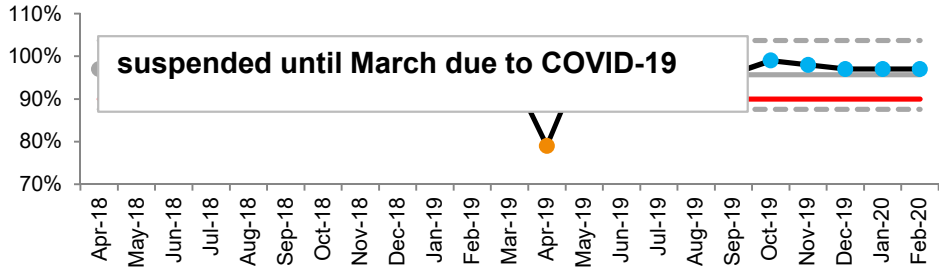


In March 2021, £5.7 million was spent on temporary staff, consisting of £2.7 million on agency staff and £3.0 million on bank staff.

WTE staff worked (9,903 WTE) which was 900 WTE more than is funded substantively (9,003 WTE).

Pay costs are £32.8 million more than budgeted establishment in March, largely due to the impact of a £8.3 million accrual for annual leave and £16.0 million of employer contributions to NHS Pensions for 2020-21 paid by NHSE on behalf of Trust, which have been accounted for in month.

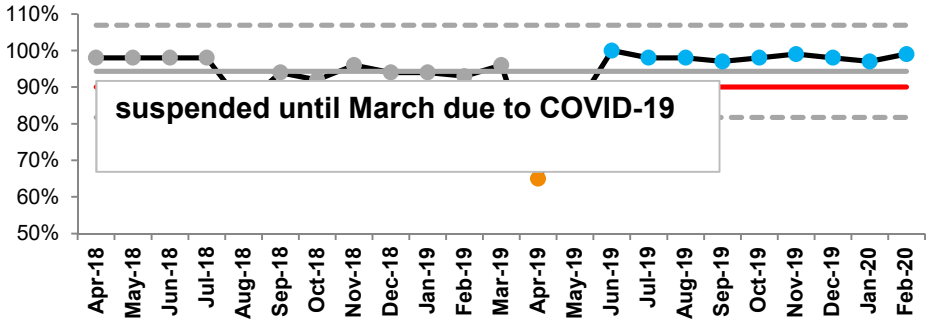
Appraisals, Consultant



At the end of March 21 there were 326 vacancies

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

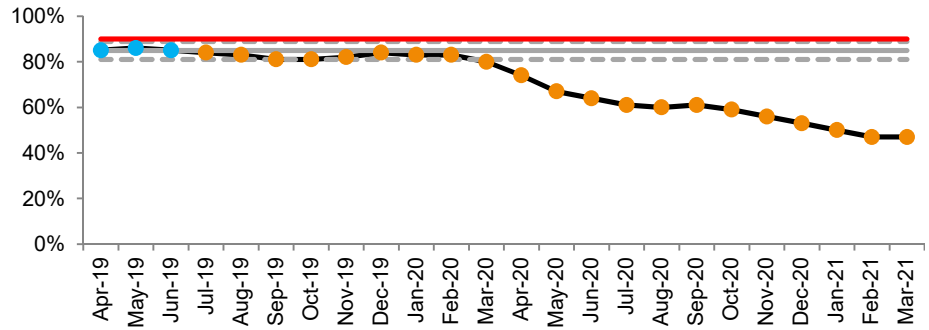
Appraisals, Other Medical



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

The appraisal rates for consultants and career grade doctors are reported cumulative year to date to February 19 and reflect the number of reviews completed that were due in this period.

Appraisals AFC



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

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.

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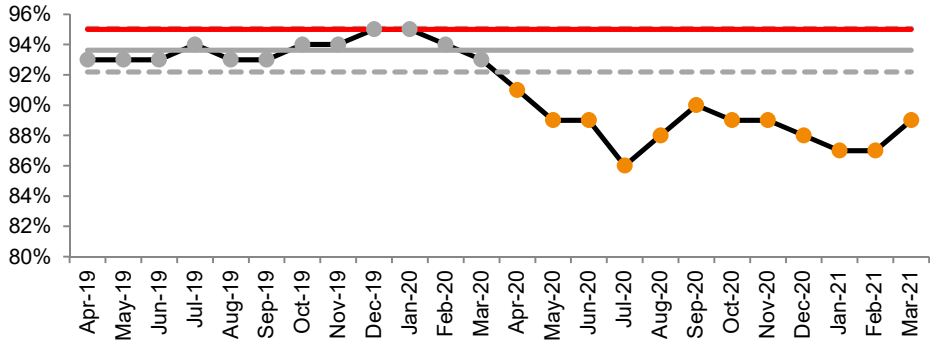
Job Plans

Stage	Consultant	SAS Doctor
Not Published	0	0
Draft	10	2
In discussion with 1st stage manager	183	24
Appeal	0	0
1st stage sign off by consultant	44	1
1st stage sign off by manager	32	1
2nd stage sign off	27	1
Locked Down	36	0

As at March 2021, there were 332 Consultants and 29 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 89% in March 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.

Core Skills Training % Compliance

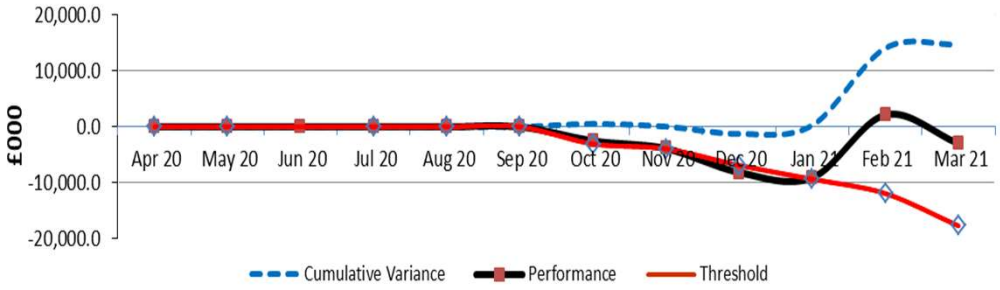
	Target	Compliance at end March
Basic Life Support	90%	90%
Conflict Resolution Training Level 1	90%	96%
Equality, Diversity and Human Rights	90%	95%
Fire Safety	90%	94%
Health, Safety and Welfare Level 1	90%	97%
Infection Prevention	90%	95%
Information Governance	95%	89%
Prevent Healthwrap	90%	95%
Safeguarding Adults	90%	93%
Safeguarding Children	90%	94%
Safer Handling Theory	90%	95%

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%

All training is above threshold except for information governance.

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

Finance & Use of Resource metrics



Adjusted financial performance suplus

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Efficiency Savings

The Trust has met the 2020-21 financial outturn expectations and is reporting a draft adjusted deficit of £3.0 million, in line with the forecast position previously reported.

The deficit of £22.4 million includes £20.8 million of impairments that are removed together with the impact of capital donations of £1.4 million. Resulting in the £3.0 million adjusted financial performance deficit. This is demonstrated on the Statement of Comprehensive Income in Appendix A.

The financial position has benefited from a number of one off items in order to achieve its financial obligations. It must be recognised that the underlying financial position requires considerable improvement and transformation to secure long term financial sustainability. The material non-recurrent factors within the financial position are summarised as follow:

- £11.6 million support for non NHS income not received as a result of Covid-19
- £8.1 million towards the cost of annual leave outstanding at year end, estimated to be £8.3 million
- £1.7 million funding as part of the ICS settlement agreement
- 0.9m million contribution towards Out of Hospital beds
- £0.6 million funding towards the cost of utilising the independent sector

In addition, the Trust has been instructed to account for the PPE stock issued from the national Covid-19 supply (£10.7 million), and its share of the additional cost of the NHS pension scheme (£16.0 million). Both of these costs have been matched by income, however they are material reasons as to the large income and expenditure variances that can be seen in month 12.

The cash balance in the bank was £56.6 million at the end of the 2020-21 financial year.

Capital spend is £48.0 million at the end of the financial year, a significant increase on the original plan for the year as a result of Covid-19 capital allocations to improve our estate

Approximately £3.0 million of efficiency savings were delivered in the second half of the year.

All better payment practice code (BPPC) targets have been achieved.

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

12 May 2021

Item: 64a

Purpose: Information
Action
Monitoring

Title	National NHS Staff Survey 2020 Results P/ICS Update
Author	Mrs L Barnes, Associate Director of Staff Wellbeing & Engagement ELHT and BTH
Executive sponsor	Mr K Moynes, Executive Director of Human Resources and Organisational Development

Summary: Board members are asked to note the 2020 National Staff Survey report and the key findings identified. Members are also asked to discuss, support and approve the outlined recommendations.

Report linkages

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

Impact

Legal	Yes	Financial	Yes
Equality	Yes	Confidentiality	No

Previously considered by:

Executive summary

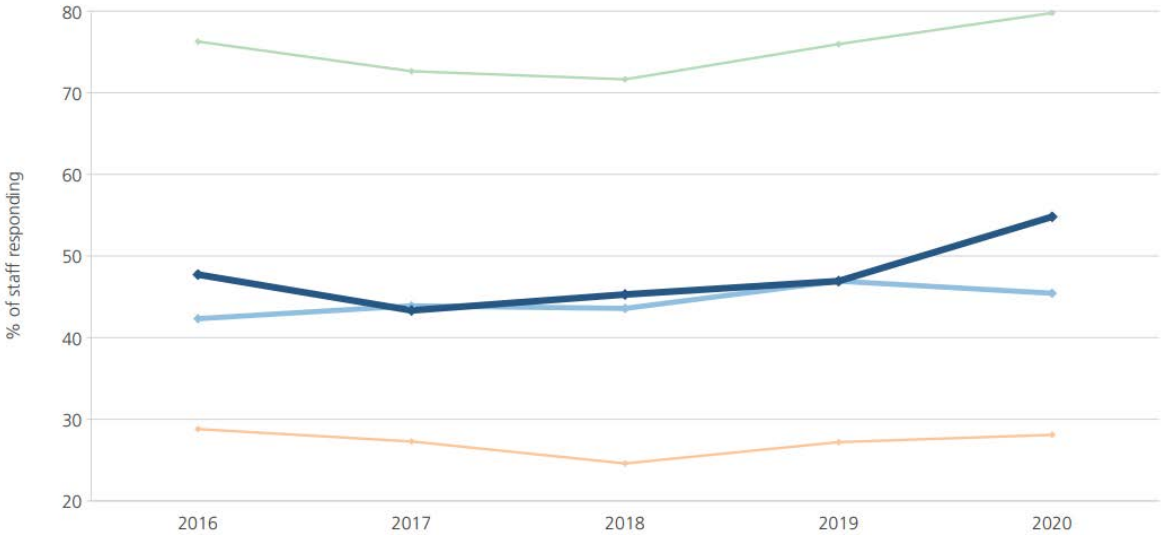
1. This report summarises the findings from the 2020 NHS Staff Survey for East Lancashire Hospitals NHS Trust (ELHT). Members are asked to note the current findings and support the recommendations detailed within the report.

Introduction

2 The Trust undertook a full census in 2020 and a total of 9174 staff were eligible to complete the survey. 4795 staff returned a completed questionnaire, giving a response rate of 55% which is above average for Combined Acute and Community Trusts in England, and compares with a response rate of 47% (3942) in the 2019 survey.

3 This is an increase of 8% from the previous year's response rate and an indicator that staff engagement through employee voice has improved within the last 12 months and taking a longer term analysis it can be seen that the response rate has significantly improved as a trend over the last 4 years by 12%.

Figure 1 below details the response rate trend over the last 5 years.



	2016	2017	2018	2019	2020
Best	76.3%	72.6%	71.6%	76.0%	79.8%
Your org	47.7%	43.3%	45.3%	46.9%	54.8%
Median	42.3%	43.9%	43.6%	46.9%	45.4%
Worst	28.8%	27.3%	24.6%	27.2%	28.1%

Figure 2 below details the return rate by division/directorate and compares with 2019 response rates.

Figure 2: Return rate by division/directorate

Locality	Response rate 2019	Response rate 2020
Trust Head Quarters	68%	62% ↓
Diagnostics & Clinical Support	55%	60%↑
Estates and Facilities	57%	64%↑
Family Care	38%	56%↑
Finance Performance and IM&T	82%	80%↓
Quality and Safety	78%	69%↓
Medicine & Emergency Care	32%	42%↑
Community & Intermediate Care Services	40%	46%↑
Human Resources & Organisational Development	87%	88%↑
Research and Development	74%	89%↑
Surgical and Anaesthetics Services	47%	53%↑
Overall	**47%**	**55%**↑

Summary of Themes

4 The National Staff Survey Benchmark report for East Lancashire Hospitals Trust contains results for themes and questions from the 2020 NHS Staff Survey, and historical results back to 2016 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations (see appendix 1 for the full report and appendix 2 for the summary report). The report is presented in the form of ten themes to provide a high level overview of the results for an organisation. The themes are as follows:

a) Equality diversity and inclusion.
b) Health and wellbeing.
c) Immediate managers.
d) Morale.
e) Quality of care.
f) Safe environment- Bullying and harassment.
g) Safe environment- Violence.

h) Safety culture.

i) Staff engagement.

j) Team working

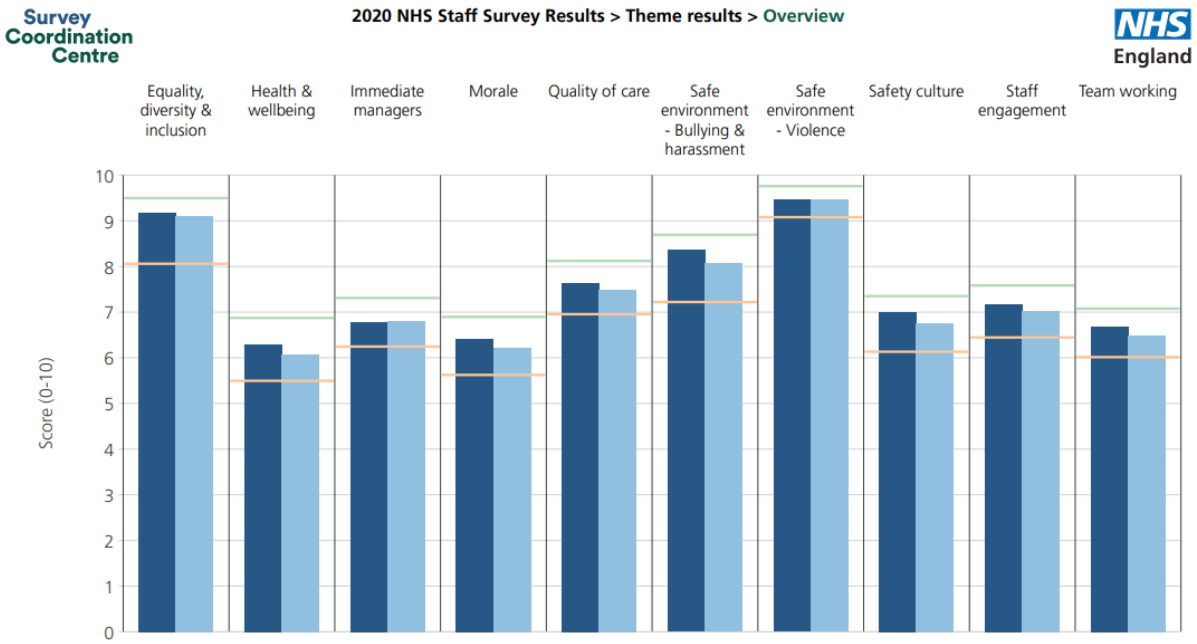
*The 11th theme: “Appraisals” was not included in the 2020 census.

5 The ten themes are scored consistently on a 0-10pt scale with 10 being the best possible score. As in previous years the question level data is presented in percentage scores.

6 The Trust staff satisfaction responses scored above average for 8 of the 10 themes when compared with all Combined Acute and Community Trusts. The 8 themes ELHT scored above average were: equality diversity and inclusion, health and wellbeing, morale, quality of care, safe environment- bulling and harassment, safety culture, staff engagement and team working.

7 The Trust staff satisfaction responses scored average for 2 of the 10 themes when compared with all Combined Acute and Community Trusts. The 2 themes ELHT scored average were: immediate managers, safe environment- violence.

Figure 3 below outlines the theme results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.2	6.3	6.8	6.4	7.6	8.4	9.5	7.0	7.2	6.7
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	4,667	4,687	4,690	4,637	4,171	4,519	4,641	4,664	4,733	4,692

Statistically significant changes

8 Figure 4 below presents the results of significance testing conducted on this year's theme scores and those from last year. It details the organisation's theme scores for both years and the number of responses that each of these are based on. The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's. Whereas: ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

The table below demonstrates six themes with statistically significantly lower scores when tested using a two-tailed t-test with a 95% level of confidence. The themes demonstrating the significantly lower scores compared to last year are: immediate managers, morale, quality of care, safe environment- violence, staff engagement, team working.

ELHT has maintained scores in four themes: equality, diversity and inclusion, health and wellbeing, safe environment- bullying and harassment, and safety culture.

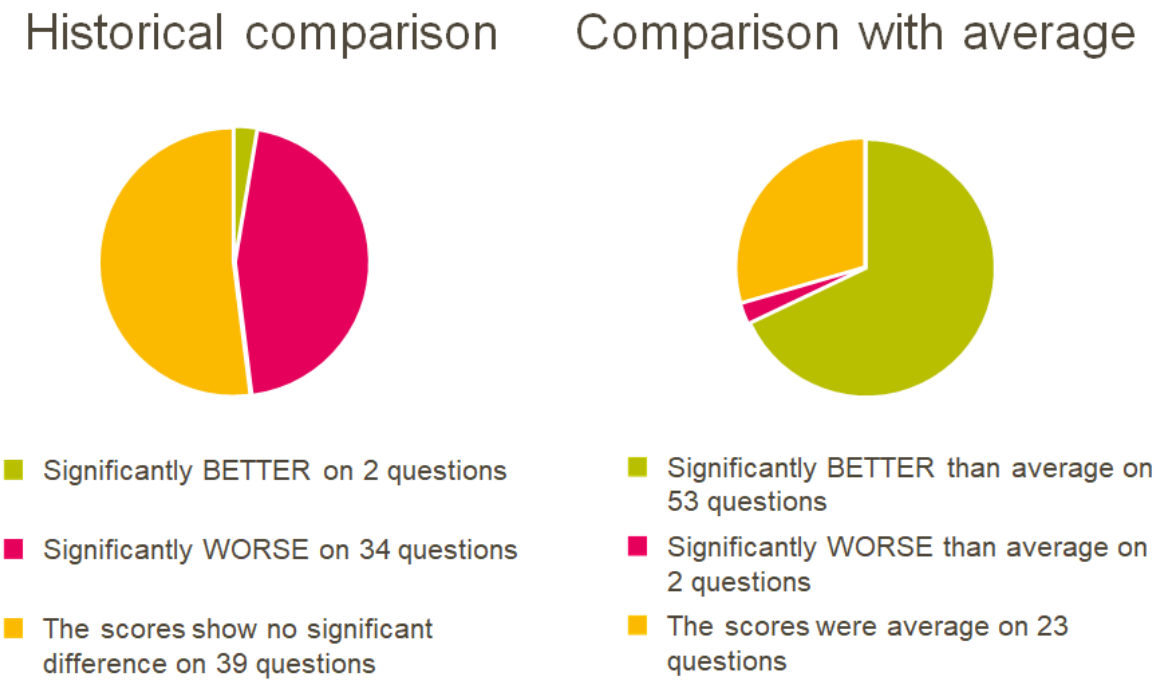
Figure 4: Significance testing – 2019 v 2020 theme results

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.2**	3864	**9.2**	4667	Not significant
Health & wellbeing	**6.3**	3889	**6.3**	4687	Not significant
Immediate managers †	**7.0**	3892	**6.8**	4690	↓
Morale	**6.6**	3820	**6.4**	4637	↓
Quality of care	**7.8**	3419	**7.6**	4171	↓
Safe environment - Bullying & harassment	**8.3**	3843	**8.4**	4519	Not significant
Safe environment - Violence	**9.5**	3846	**9.5**	4641	↓
Safety culture	**7.1**	3856	**7.0**	4664	Not significant
Staff engagement	**7.3**	3935	**7.2**	4733	↓
Team working	**7.0**	3903	**6.7**	4692	↓

Question level comparisons

9 75 questions can be compared historically between 2019 and 2020. The historical comparison pie chart below demonstrates that 2 questions scored significantly better, 39 questions no significant difference and 34 questions significantly worse when compared with ELHTs 2019 questions. When compared with the Picker average 53 questions scored significantly better, 23 questions scored average and 2 questions significantly worse.

Figure 5: Question level historical and Picker average comparison



Overall indicator for staff engagement at East Lancashire Hospitals Trust

10 The staff engagement indicator score is 7.2. Please note: the staff engagement score is still calculated using the same questions as in prior years but has been adjusted to a scale of 0-10 with 10 being the best possible score.

The Trust's score of 7.2 is above average when compared with all Combined Acute and Community Trusts (Combined Acute and Community Trust average 7.0) and has deteriorated on the previous year's overall indicator for staff engagement score of 7.3.

11 The overall indicator of staff engagement is calculated using 9 questions which focus on advocacy, motivation and involvement.

Staff advocacy

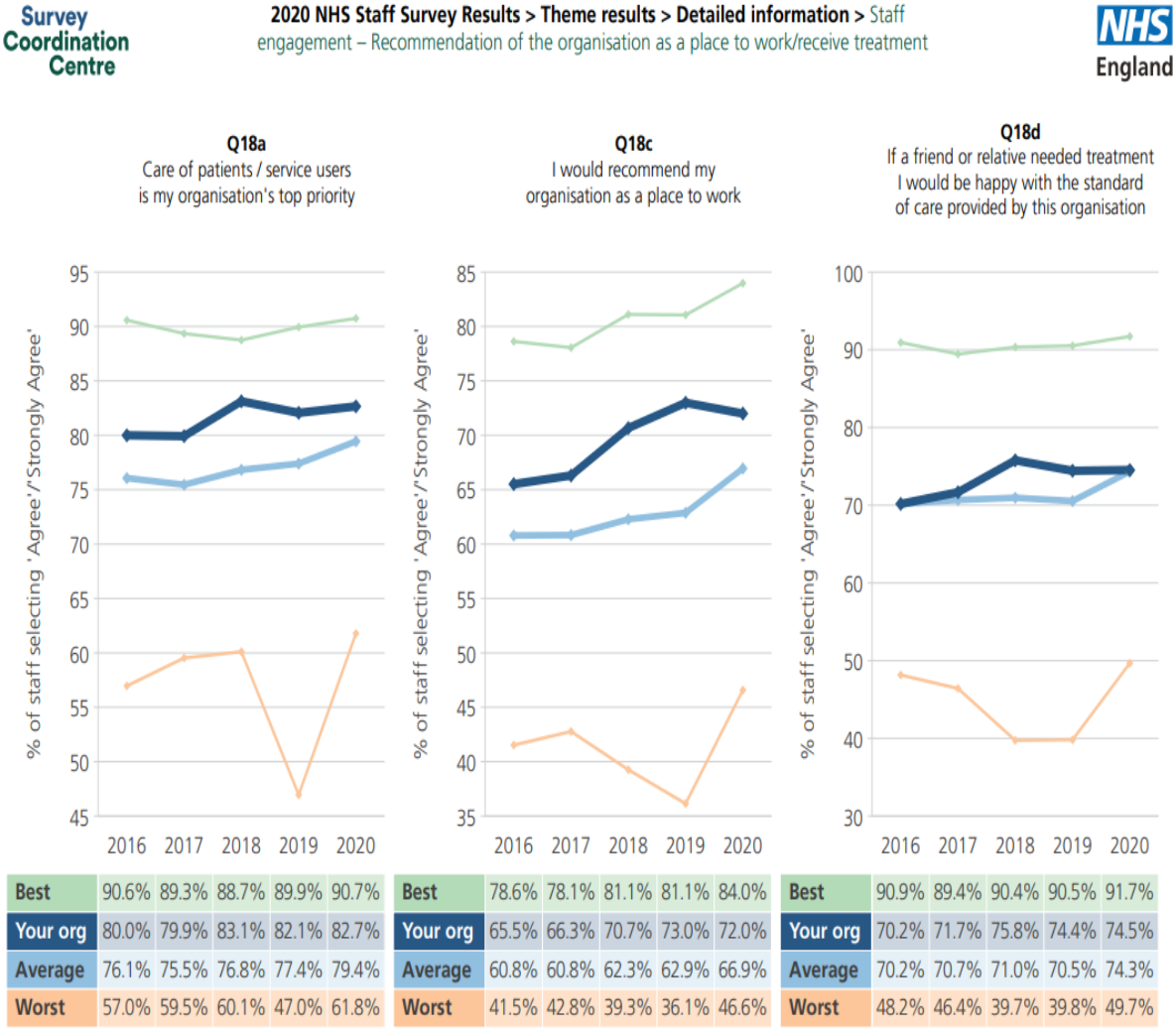
12 Staff belief that care of patients/service users is the organisations top priority (Q18a): this response is above average for Combined Acute and Community Trusts.

Staff recommendation of the Trust as a place to work (Q18c): is above average.

If a friend/relative needed treatment I would be happy with the standard of care provided by this organisation (Q18d): is above average when compared with other Combined Acute and Community Trusts.

Historic comparisons demonstrate that responses to 2 of the 3 advocacy questions have improved from the previous year.

Figure 6: Staff advocacy questions



Q18a	2016	2017	2018	2019	2020
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	80.0%	79.9%	83.1%	82.1%	82.7%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%

Q18c	2016	2017	2018	2019	2020
Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	65.5%	66.3%	70.7%	73.0%	72.0%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%

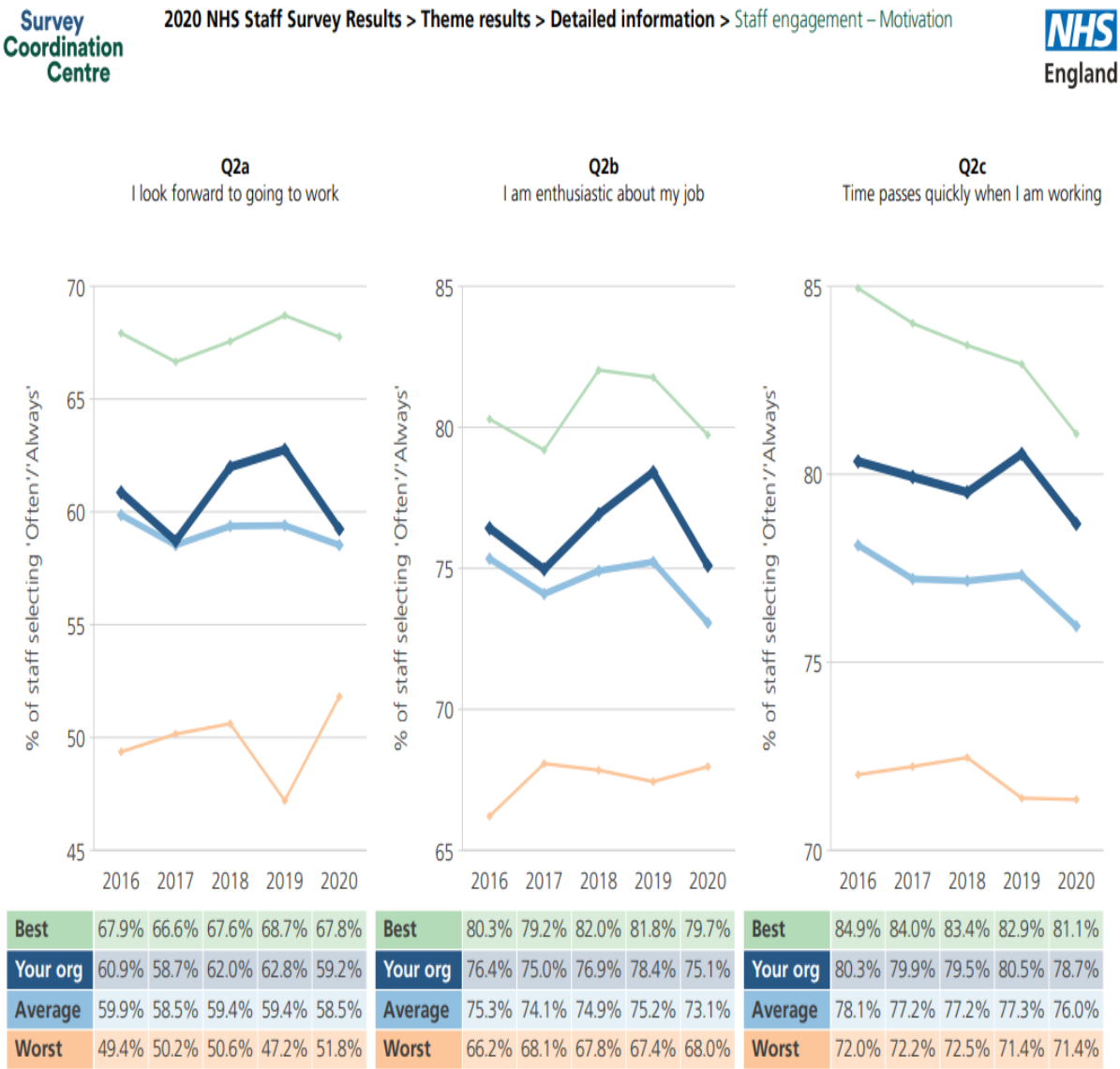
Q18d	2016	2017	2018	2019	2020
Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	70.2%	71.7%	75.8%	74.4%	74.5%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%

Staff motivation

13 I look forward to going to work (Q2a) I am enthusiastic about my job (Q2b) and Time passes quickly when I am working (Q2c) scores are all above average when compared with other Combined Acute and Community Trusts.

Historic comparisons demonstrate all three questions have deteriorated from the previous year.

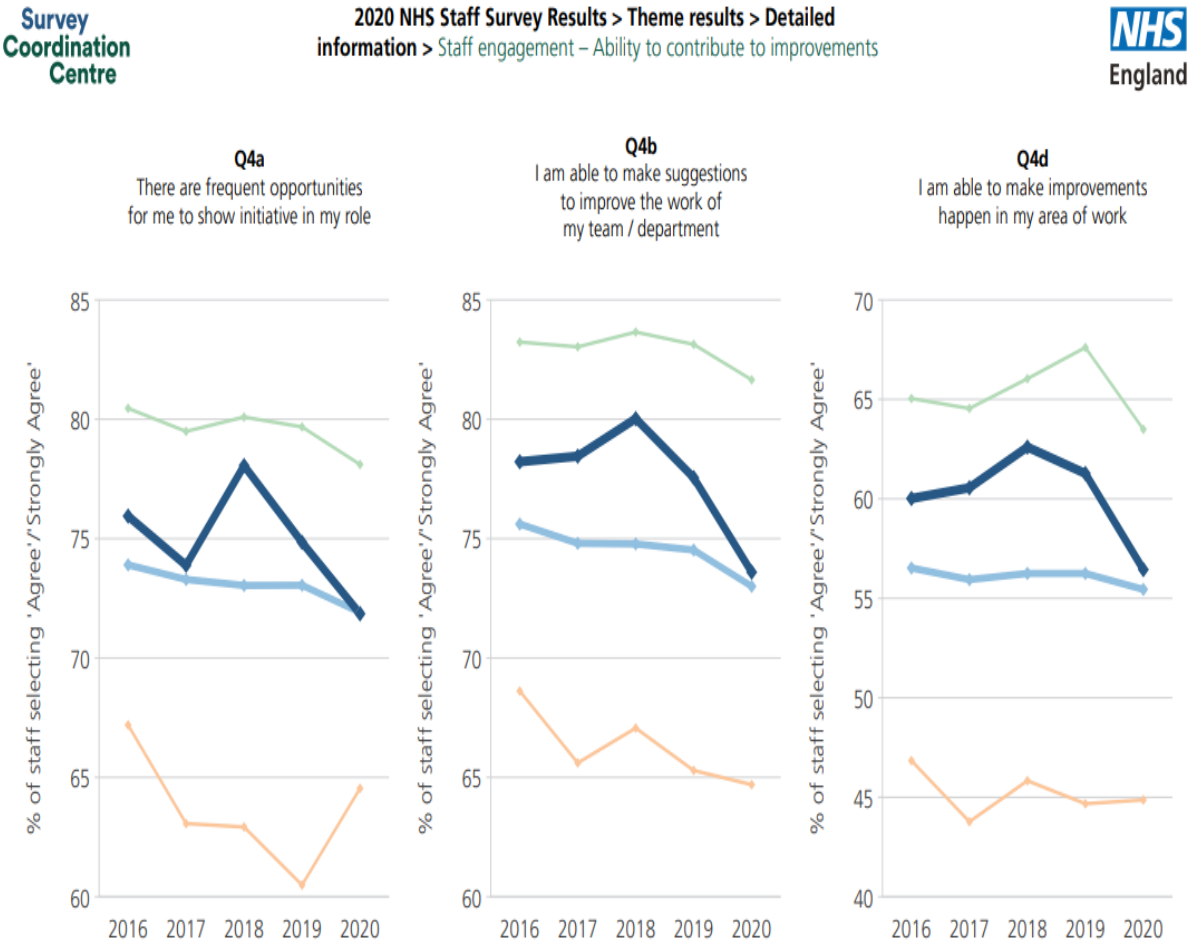
Figure 7: Staff motivation questions



Staff involvement

14 There are frequent opportunities for me to show initiative in my role (Q4a) scored average whilst, I am able to make suggestions to improve the work of my team/department (Q4b) and I am able to make improvements happen in my area of work (Q4d) scores are above average when compared with other Combined Acute and Community Trusts. Historic comparisons demonstrate all 3 involvement questions have deteriorated from the previous year.

Figure 8: Staff involvement questions



Workforce Race Equality Standard (WRES) Indicators

15 Four of the WRES indicators are drawn from the national NHS staff survey. Within the last 2 years; BAME staff have been engaged in meaningful and sustained ways to start exploring why there are such differences between the treatment and experiences of white and BAME staff, and importantly, how the existing gaps can be closed.

16 In the spirit of continuous learning and transparency, the Trust has initiated a number of engagement activities to improve the experience of our BAME colleagues supported by our BAME network and our inclusion priorities.

a) **WRES Indicator Five** - *Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months*. This has improved by 0.9% from the previous year for White staff but deteriorated by 2.2% for BME staff. The score for BME staff is 25.6% and 22.9% for White staff. Scores are better than the average for both groups.

a) **WRES Metric Six -** *Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months*.

This has increased by 0.2% from the previous year for White staff and increased by 1% for BME staff. The score for BME staff is 24.5% and 20.4% for White staff. Scores are better than the average for both groups.

b) **WRES Metric Seven-** *Percentage believing that the Trust provides equal opportunities for career progression or promotion*.

BME staff remain less likely than white staff to believe that ELHT provides equal opportunities for career progression. However for BME staff this has decreased from 73% in 2019 to 72% in 2020. Likewise there has been a slight decrease for White staff from 90% in 2019 and 89.7% in 2020. The gap between white and BME staff on this indicator has remained the same from 17% in 2019 to 17% in 2020.

c) **WRES Metric Eight-** Q17B*. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues?*

BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers, the percentage of BME staff reporting that in the last 12 months they have personally experienced discrimination at work from staff was 16.3% compared to 4.9% of White staff. There has been a 2.6% increase when compared with the previous year for BME staff. Likewise there has been a 0.1% increase for White staff when compared with the previous year.

Recommendations and Considerations

17 Given the average score of safe environment- violence it is recommended all leaders champion staff safety by reviewing, highlighting and utilising the mechanisms in place to protect staff from unacceptable behaviour.

18 The theme immediate managers scored average and has deteriorated from the previous year. The evidence base is clear that a high quality relationship with line managers is critical for staff engagement and experience in the workplace. However we also know that line managers have been stretched significantly over the last year due to competing priorities due to the extraordinary year and their resilience may need enabling and supporting as compassionate leadership cannot flourish without self-compassion. With this in mind it is recommended that all line managers are trained in workplace wellbeing and trauma support to assist themselves and their teams.

19 ELHT should design and deliver training and development which enables managers to model compassionate and inclusive management practices thereby ensuring staff have opportunities to show initiative, are able to make suggestions to improve the work of their team and are involved in deciding changes that affect their work.

20 It is recommended there is a specific focus from all leaders to restore and champion the benefits of timely feedback including regular 1:1s and high quality appraisals/personal development reviews/plans. This includes the implementation of health and wellbeing conversations with all staff across the Trust on an annual basis.

21 All teams should develop a set of shared objectives aligned with the Divisional National Staff survey action plans and should be encouraged to meet regularly to discuss the teams' effectiveness and, where relevant, champion new ways of working that have evolved from the Covid pandemic (e.g. Microsoft teams) that support our agile workforce.

22 Whilst scores around staff health and wellbeing have remained above average over the last year many staff will need additional support following the Covid 19 pandemic and it is important early intervention is facilitated where appropriate for all staff. Therefore it is recommended the staff health and wellbeing strategy and services are reviewed and were necessary re-modelled to ensure restoration and recovery is enabled.

23 Continued collaboration between the Trust Board / Senior Management and the Staff Guardian to embed the culture of speaking out safely. Further promotion of the "If You See Something, Say Something" campaign to raise awareness and assure

all staff that the Trust encourages and supports staff who raise concerns if they feel safety is at risk. Further education and communication should be deployed to ensure all staff know how to report unsafe clinical practice and understand how concerns raised by service users are acted upon.

24 It is recommended that there is a continued focus and effort to increase visibility and communication from senior managers on all sites at ELHT and include a structured programme of: Back to the Floor visits; Meet the Board events and patient safety walkabouts with on site and virtual question and answer sessions with divisional leads beyond the RBTH site.

25 Given the disparities of staff satisfaction from staff with protected characteristics it is recommended ELHT progress the Trust wide action plan on equality, diversity and inclusion to ensure all staff have equal opportunities.

26 Divisions should make time to better understand and action their divisional data, particularly divisional strengths and areas for improvement. This has been supported by feedback workshops facilitated by the Staff Engagement Team during March and April 2021. Many line managers along with the senior management team of all divisions/directorates attended these sessions.

27 Divisions are utilising this year's Big Conversations; specifically focusing on staff experience and engagement as a mechanism to discuss the current climate and culture at ELHT. Sessions have focused on supporting staff health and wellbeing and the recovery and restoration work in the Trust. Using a participative approach; divisions will work with their staff base to formulate bespoke action plans that target areas of improvement and celebrate successes, with an agreed communications campaign plan '*you said, together we did'* for each division which will be supported by the Staff Engagement Team HRBP'S and Divisional management.

28 It is recommended that there is development of a transparent and measurable corporate action plan with supporting Divisional action plans facilitating a joined up approach to addressing staff satisfaction and engagement in 2021 with oversight and support of these plans on a quarterly basis to the board or appropriate committee.

29 It is recommended that if any directorate teams that were identified as hot spots for poor staff experience in the 2019 National Staff Survey remain hotspots in the 2020 National Staff Survey; further diagnostics, support and interventions are agreed and implemented.

30 Given the successfully increasing response rate over the years at ELHT, it is recommended that the vast majority of 2021 staff surveys are sent via electronic survey rather than paper survey. This has proven to be more successful in Trusts

that have consistently maintained high response rates across their organisations and has proven successful in increasing our response rate.

Conclusion

31. it is inevitable that staff sentiment and engagement has been impacted by the ongoing pandemic and factors largely outside our control have changed the way we work in a short period of time, however we remain committed to improving our employee experience through robust actions plans and taking the opportunity to ensure staff voice is heard at every level; continuing to build on previous years' work and encouraging staff to share their experiences and together make ELHT a great place to work.

Next steps

32. It is hoped that the Trust board will discuss, support and approve all of the above recommendations and following this together we will continue to mobilise each strand of this essential priority to support recovery, restoration and transformation.

Lee Barnes

Associate Director Staff Wellbeing & Engagement ELHT and BTH 29.4.21

Appendix 3: Comparison table of the 4 Acute and Community Trusts in Healthier Lancashire and South Cumbria ICS benchmarking group via theme.

Theme	Top performing Trust	Top score	ELHT ranking	ELHT score
Equality diversity and Inclusion	University Hospitals of Morecambe Bay NHS Foundation Trust	9.2	3	9.1
Health and Wellbeing	East Lancashire Hospitals NHS Trust	6.3	1	6.3
Immediate managers	Lancashire Teaching Hospitals NHS Foundation Trust	6.9	4	6.8
Morale	East Lancashire Hospitals NHS Trust	6.4	1	6.4
Quality of Care	Blackpool Teaching Hospitals NHS Foundation Trust	7.7	2	7.6
Safe Environment Bullying and Harassment	East Lancashire Hospitals NHS Trust	8.4	1	8.4
Safe Environment Violence	University Hospitals of Morecambe Bay NHS Foundation Trust	9.6	2	9.5
Safety Culture	East Lancashire Hospitals NHS Trust	7.0	1	7.0
Staff engagement	East Lancashire Hospitals NHS Trust	7.2	1	7.2
Team working	East Lancashire Hospitals NHS Trust	6.7	1	6.7

The themes are summary scores for groups of questions, which taken together give more information about each area of interest. They are worked out by assigning values to responses (on a scale from 0 to 10) and calculating their average. All values reported relate to an average (mean) score, where a higher score indicates a more favourable outcome for the given indicator

**Lancashire and South Cumbria Foundation Trust are reported separately as they are in the national group for Mental Health Trusts.*

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

12 May 2021

Item 64b

Purpose Information
Action
Monitoring

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

Summary: This report provides an update in relation to the implementation of the Trust People Strategy and outlines key priorities for the first half of 2021/22.

Recommendation: The Board is asked to note the contents of the report and approve the proposed priorities for the first half of 2021/22.

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 September 2021.
2. The key priorities have been identified taking account of the Covid-19 pandemic restoration plan and the NHS People Plan, and the implementation plan has been refined and re-prioritised as a result.

Context

3. The Trust is now faced with the challenge of managing the restoration of services, alongside business as usual and the implementation of the People Strategy and NHS People Plan. In view of the threat of a potential further Covid-19 wave, planning has been worked on the basis of priorities for the first half of 2021/22.
4. On this basis, 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 ensures that we continue to prioritise looking after our workforce, now more than ever.
5. The refreshed implementation plan continues to ensure 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 attract, recruit and retain our people, and welcome back colleagues who want to return
6. Like the NHS People Plan, the ELHT People Strategy Implementation Plan covers key actions to be taken over the first half of 2021/22 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 2021/22 in many of the areas set out in the plan.

7. Work is underway at an Integrated Care System (ICS) level as part of the current planning round, to reshape people priorities for our Lancashire and South Cumbria ICS. This will also take account of the Elective Care Recovery Fund and required gateway criteria, requiring us as an ICS (and as ELHT) to detail specifically our plans in regards to; :
    - Our Wellbeing Guardian role, using annual leave, health and wellbeing support, assessing staff experience, managing staff availability, improving staff retention and managing inequalities.
8. All of which will be critical in managing restoration and specifically the elective care restoration programme.

Progress to Date and Key Priorities

9. The following provides a summary of progress made since the last update to Trust Board in September 2020 and key priorities between now and the end of September 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 associated work backlogs accumulated over the last 12 months.

<u>People Priority 1: Recruitment and Retention</u>

September 20 – April 21

a) During the course of the pandemic, recruitment activity increased significantly across the Trust compared to the same period last year, ELHT now has 9,696 staff in post compared to a figure of 8,964 staff this time last year, a significant difference of 1,002 additional staff in post. The team also secured an additional 2,507 Bank staff during the same period, an increase of 664 compared to the previous year.
b) The recruitment required to establish the Staff Vaccination Hub at Burnley and at Blackburn was turned around in weeks enabling the successful vaccine roll out.
c) Since late November 2020, the Trust took on the role of Lead Employer on behalf of Lancashire & South Cumbria Integrated Care System (ICS) for the Covid-19 vaccination services at the mass vaccination sites. Since the Programme started, the Trust has managed over 3141 applications, recruited and deployed over 380 new staff members to fixed term contracts and engaged an additional 256

through the staff bank. It has also TUPE transferred 27 staff to University Hospitals of Morecambe Bay Trust and 125 to Lancashire Teaching Hospitals Trust and now remains lead employer for staff at sites in East Lancashire and Blackpool.

d) In March 21, a contract was signed with a highly regarded international nurse recruitment agency, Jane Lewis, to recruit 40 additional nurses from India and the Philippines on behalf of ELHT, with interviews commencing w/c 26 April 21. Alongside the ongoing Global Learners Programme (GLP) this will yield 72 additional nurses in total by March 22. It should be noted that the current Covid travel restrictions and increasing number of Covid cases in India present the biggest risk to delivery of this project; however plans are in place to both manage and mitigate this risk with overall programme management via NHSIE.

e) Additional funding was secured (£174k) to reduce the Healthcare Support Worker (HCSW) vacancy to zero and as a result over the 3 months to March 21 we recruited and trained an additional 126.99 WTE, HCSW's and as a result closed the vacancy gap (which will reduce bank and agency spend). Our local community was targeted specifically and 66 of these offers were made to local residents. 25 of the candidates will be starting on an apprenticeship contract and therefore using our levy to undertake a Health & Social Care Qualification with our partners at Nelson and Colne College. We are working to ensure that support is available for these staff, on completion of their qualification to transition (where appropriate) into the Nursing Associate cohort in March 2023.

f) ELHT are one of 3 Trusts in the NW selected to take part in an NHSEI Research project around early attrition of HCSWs which will contribute to a national piece of work around improving the experience and retention of HCSW.

g) A new role was designed, funded and appointed, to support nurse recruitment and retention and the post holder is already making a significant impact.

April 21 – September 21

a) Deliver the international nurse recruitment programme with Jane Lewis and the GLP.

b) Redesign employer 'brand' to incorporate new more agile/flexible 'offer' and weave into all communication and engagement plans, enabling us to improve our

ability to attract, recruit and retain. This will be launched at the Festival of Inclusion.

c) Review redesigned HCSW large scale, fast track recruitment approach using SPEC+ methodology to identify lessons learnt and improvements which can be incorporated into all recruitment campaigns.

d) Launch recruitment campaign for Volunteer Responders (having previously been put on hold due to the pandemic).

e) Enhance our Recruitment approach, introducing a more proactive 'head hunting' and social media driven approach to seeking talent.

f) Programme of work focused upon increasing diversity of the workforce through recruitment processes and targeted campaigns.

g) Implementation of the digital passport for all Trust staff (currently rolled out to Mass Vaccination Site staff),

h) Roll out of eJob planning for Allied Health Professionals and specialist nurses.

i) Implement plan to improve recruitment from local population (link to Anchor Institution and unemployment situation post Covid). This will align to the Integrated Care Partnership (ICP) People priorities and feed into the ICP People Board.

<u>People Priority 2: Engagement and Communication</u>

September 21 - April 21

a) The Annual National Staff Survey took place between September and November 20 and 55% of staff completed which is the highest uptake yet for ELHT, and an 8% increase on last year.

b) Big conversations and staff survey workshops are now underway virtually and the outputs will feed into lessons learned and inform the 'new normal'.

c) Terms of reference for the Trust Joint Local Negotiating Committee (JLNC) and Joint Negotiation and Consultation Committee (JNCC) were reviewed in partnership.

d) A Joint Staff Guardian Office across ELHT and Blackpool Teaching Hospitals NHS Foundation Trust (BTHT) was established.

e) More staff than ever before decided to 'Speak Up' equating to an 11% increase when compared to 2019/20.

April 21 – September 21

a) Pulse Surveys will be reinstated (Q1) enabling a temperate check to be done quarterly during 2021/22.
b) Staff Survey Big Conversations outputs will be used to shape new ways of working at both Trust and Divisional levels.
c) A health and wellbeing early warning tool will either be developed in house or purchased (as and ICS) to enable hotspot areas within the trust to be identified on a quarterly basis, triggering appropriate support intervention.

<u>People Priority 3: Leadership, Organisational Development and Talent Management</u>

September 20 – April 21

a) Co-designed with divisional leadership teams and launched a virtual 80 minute training package for managers 'Leading Virtual Teams' and trained over 50 managers, prior to this being put on hold due to the pandemic.

April 21 – September 21

a) Following the national decision to pause appraisals at the start of the Covid-19 pandemic, appraisals were reinstated by the Trust on the 1st April 2021. The compliance overall for the Trust currently stands at 47% and the decision has been taken to focus this year's appraisals on the completion of the health and wellbeing conversation due to the experience of staff over the previous year and the requirement within the National People Plan and Operational Planning Guidance for these to be completed during the first half of 2021/22.
b) A working group has been set up to review our leadership and management development to reset and refresh our approach following the pandemic, acknowledging that a number of new and improved skills may be required to support line managers and teams during recovery and restoration. A big conversation will take place in May to understand the needs of managers prior to design and roll out of the new leadership and management development offer across the organisation.
c) The Behaviour Framework will be reviewed and redesigned in view of lessons learnt over the last 12 months, our desire to become a more flexible and agile employer, to become an employer of choice and to help embed an improvement

mind-set within ELHT. This will be launched at the Festival of Inclusion in September/October 21.

People Priority 4: Workforce Transformation

September 20 – April 21

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 2077 (1270 as of September 20) staff to work in an agile manner. The savings as a result of agile working are significant, amounting to £840k in travel expenses and £180k in printing and stationary in the year to March 21.
b) A group of senior leaders met in April 21 to open the conversation about how we truly create an agile and flexible working culture, with the aim of fundamentally redesigning the way we work, to improve our employment offer, ability to attract and retain, our culture and levels of engagement. This will be a key priority for 2021/22. Consensus reached on next steps, monthly meetings to take place for 6 months.
c) Several members of the HR & OD team have been trained in delivering Health Education England STAR facilitated workshops and as 'train the trainers'.
d) Refreshed employment 'offer' and brand for recent large scale campaigns to assist with attraction.
e) Continued to support Divisions with workforce review and redesign to deliver services that meet demands now and in the future, e.g. Development of Physician Associate business case and an international nurse recruitment business case, review of service demands vs staff availability in Blood Sciences.

April 21 – September 21

a) Design an ELHT workforce redesign approach and toolkit, aligned to the SPE+ methodology and create a redesign network across Divisions for support, upskilling and sharing of best practice.
b) Cascade tailored STAR training within Divisions and access support services to build capacity and capability to support workforce redesign.

c) Modernise the Trust Flexible Working Policy and ways of working and ensure that there is a Board level commitment to supporting flexibility.
d) Build in flexible working conversation into the appraisal process.
e) Develop flexible working employment offer and include in all Trust job advertisements
f) 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

September 20 – April 21

g) A Recruitment Project Group and action plan is now in place to redesign recruitment and promotion practices to ensure that future are more reflective of our community, regional and national labour markets.
h) The Trust has 4 Staff Networks established with oversight through the Equality and Inclusion Group and each now has a senior executive sponsor. Sponsors commit to investing their time into understanding what needs to be done and who take personal responsibility for making sure it happens.
i) 5 BAME staff has been trained as Staff Guardian Champions to encourage BAME staff to 'speak up'.
j) 12 employees from protected characteristic groups are reverse mentoring 12 Executive Directors to understand lived experience and impact of working in ELHT.
k) A 'positive statement' setting out our commitment to inclusion at ELHT has been published.
l) Over 1000 employees have completed the LGBTQ+ e-learning training to support the rainbow badge scheme, making it the most popular e-learning course at ELHT.

April 21 – September 21

a) Enable an ESR diversity data refresh has been carried out and new guidance developed to encourage employees to update their protected characteristics via ESR self-serve.
b) Develop an action plan for improving the Race Disparity ratio in BAME staff to 1.5

c) Incorporating the six high impact recruitment actions outlined by NHSEI in order to frame best practice in recruitment and promotion pathway.

d) Review staff network governance arrangements to ensure that networks have the infrastructure, expertise and board oversight to ensure optimal network functioning.

e) Implement the WRES/WDES improvement plans.

f) Plan and implement the 2021 Festival of Inclusion week, themed Civility and Respect to support improvements in staff survey results.

g) In partnership with Blackpool Hospitals NHS FT roll out the NHS Leadership Academy Reciprocal Mentoring for Inclusion programme. The programme includes set up and support for 20 reciprocal mentoring pairs.

h) Carry out a more detailed data analysis against all 8 protected characteristics to understand out hotspots as a Trust in all areas.

i) Appoint to the Strategic lead role for Equality and Inclusion across ELHT and Blackpool has been appointed too.

People Priority 6: Health and Wellbeing

September 20 – April 21

a) The Covid-19 pandemic has seen the Trust Occupational Health Department deal with an additional 54,000 related queries since March 20.

b) 145 clinically extremely vulnerable staff have been successfully supported to return to the workplace following the national pausing of shielding on the 1st April 2021 with the support of an Occupational Health consultation and risk assessment and subsequent risk reduction action plan with their line managers.

c) The Occupational Health Department has co-ordinated and deployed the Trust Hospital Hubs for Covid-19 vaccinations so that ELHT and external staff across the health and care system can gain protection against Covid-19. A total of 30854 vaccinations have been completed up until the 22nd April 2021.

d) Overall, sickness has increased slightly to 5.53% compared to 4.76% at the same time last year. However 0.98% of this was related to Covid-19 absence and therefore by removing this absence levels were lower (4.54%) compared to the previous year 2019/20 (4.76%).

e) Musculoskeletal related absence continues to decrease since the introduction of the Trust EASE service and is currently 1.09% compared to 1.22% at the same time last year (based on March 21 data).

f) ELHT launched the Workplace Trauma Support and Wellbeing training and set a goal of having all line managers trained by the end of March 2021. To date only 40 line managers have completed the programme due to competing demands on their time. The method of delivery is being reviewed to make it easier to access and complete.

g) A Board level Wellbeing Guardian has been appointed.

h) The Trust was instrumental in shaping the creation of the Lancashire and South Cumbria Resilience Hub, which launched in September 2020 to provide fast track psychological interventions to our workforce and their families and this has been promoted at ELHT and included in the Wellbeing Directory.

April 22 – September 21

a) Training managers to carry out effective and compassionate H&WB conversations.

b) Mental health related absence has seen a rise over the course of the pandemic and the 2020 national staff survey results demonstrate that there has been a sharp rise in work related stress. A business case is being submitted to request the approval for additional investment in a consultant clinical psychologist focussing specifically on staff support to help staff recover following the pandemic.

c) Completion of H&WB conversations for all staff.

d) Review of H&WB provision to ensure that as signposting and awareness increase (following wellbeing conversations) that supply can meet demand and that the required provision is available in a timely way.

e) Implementation of a days' annual leave as a thank you to ELHT staff along with a £50 voucher.

<u>People Priority 7: Education and Training</u>

September 20 – April 21

a) Continued placement capacity expansion working across the ICS and achieve the key objectives of the Placement Hub Project Plan.

b) Supported 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.

c) Delivered a revised clinical skills programme that ensures upskilling competencies were maintained.
d) Maximised available funding opportunities to enhance and expand the offer.
e) Apprenticeship strategy group commenced.
f) Developed a business case to allow for expansion of Simulation facilities.
g) Expanded digital learning technology to enable increased accessibility for training and education across a range of platforms.
h) Continued work across Integrated Care Partnership (ICP) and ICS to drive the Education agenda forward though the newly established Education Leads Group and People Board.

April 21 - September 21

a) To develop an Education, Research and Innovation strategy with delivery plans and KPI's.
b) Increase the Trust's research activity and further develop and enhance partnerships with regional networks and Higher Education Institutions (HEIs). This will include increasing jointly funded posts, honorary contracts and supporting staff to undertake research studies up to PHD level.
c) To continue working with partners across the ICS to embed the proof of concept work in relation to multi-professional placement capacity.
d) To continue work across Integrated Care Partnership (ICP) and ICS to drive the Education agenda forward though the now established LSC Collaborative Education Forum and People Board.
e) To embed Apprenticeship Strategy across ELHT and increase number of apprentices to fully utilise the levy.
f) To submit the Business Case for simulation and expand our offer.
g) To continue to work with internal and external partners to support the education requirements of workforce transformation.
h) To undertake augmented and virtual reality projects to support placement expansion and clinical skills development.
i) To develop our technology enhanced learning offer working in partnership across the system.

j) To review core skills training to ensure alignment across the ICS.

k) To work with all Divisions to ensure training is mapped and documented for all areas, starting with the Surgery Division.

l) To undertake mapping of all education and funding requests to ensure all activity is captured.

As part of restoration and the reprioritisation of the People Strategy priorities the People A3 will be updated and measures of success refined to reflect deliverables for quarter 1 and 2 and will be displayed on the Executive Visibility Wall. The work underway will identify how impact will be measured at the end of quarter 1 and 2 using a dashboard.

Recommendation

10. It is recommended that the Trust Board approve the proposed People Strategy implementation plan for the remainder of the financial year 2021/22

11. To receive an update on delivery against the strategy and plans for 2021/22 activity, at Trust Board in October/November 2021.

Emma Schofield, Deputy Director HR & OD, 26 April 2021

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

Item 65

12 May 2021

Purpose Information Assurance

Title	Finance and Performance Committee Information Report
Author	Mr M Pugh, Corporate Governance Officer
Executive sponsor	Mr S Barnes, Non-Executive Director, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Finance and Performance Committee meeting held on 31 March 2021.

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Finance and Performance Committee Update

At the meeting of the Finance and Performance Committee held on 31 March 2021 members considered the following matters:

1. The Committee received the financial performance report for the month 11 (February 2021) financial position. Members noted the position was a forecast deficit of £9,500,000 and that the Trust remained on target to meet the required year-end financial control total. Members noted that there was no expectation for the Waste Reduction Plan (WRP) to make savings within the first quarter of the 2021/22 year. It was confirmed that the Divisions were developing their WRPs and following the conclusion of year-end work, meetings would take place to review them. Members briefly discussed the role Non-Executive Directors (NED's) could play in meeting the targets and the need for transparency at ICS level. In addition, a brief discussion looked the issue of assurance at Trust and ICS level and it was noted that there was the likelihood that the system would be held to account rather than individual Trusts in the future.
2. The members received an update advising that work continues to identify and mitigate and risks caused by the UK exit from EU.
3. The Committee received the Integrated Performance Report. Members noted that the performance against the four-hour standard for the months of February and March 2021 had fallen short of the 95% target. Members noted there had been two breaches of the 12-hour trolley wait standard in February 2021 with a further six recorded in March. It was established that all of the breaches were due to patients awaiting mental health services. The Committee members received a presentation highlighting the number of COVID-19 positive inpatients over the last quarter of the 2020/21 year and received an overview of the progress against restoration plans.
4. The Committee received an update on the restoration of services following the COVID-19 pandemic. Members noted that the number of COVID positive patients had reduced to 13. It was reported that the Trust is currently the best performing organisation in the Integrated Care System (ICS) in terms of restoration of services and that the number of attendances within the Emergency Department continued to increase with presentations regularly exceeding 500 per day. It was noted that there was a general feeling across the ICS that the impact of COVID-19 was reducing and there is a need to focus efforts on looking after staff whilst returning to more normal financial and operational matters.
5. Members received a presentation on the Trusts Private Finance Initiative (PFI) contracts. It was noted that the Trust's contracting team had recently had an internal

audit of the management of the PFI contracts and, although currently at draft stage, the assurance rating is 'substantial assurance'

6. Members also received an update on the Clear Programme Hosting Arrangements and the Pathology Collaboration Board.

Martyn Pugh, Corporate Governance Officer, 12 May 2021

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

Item 66

12 May 2021

Purpose Information

Title	Quality Committee Information Report
Author	Mr D Byrne, Corporate Governance Officer
Executive sponsor	Mrs P Anderson, Committee Chair

Summary: The report sets out the summary of the papers considered and discussions held at the Quality Committee held on 31 March 2021.

Recommendation: The Board is asked to note the report.

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Quality Committee Update

At the meeting of the Quality Section of the Quality Committee held on 31 March 2021 members considered the following matters:

1. The Committee received an update from the Trust's Infection Prevention and Control (IPC) team and noted that there had been a decrease in the numbers of COVID positive patients being treated within the Trust over recent weeks. Members also noted the reduction in the numbers of confirmed cases of Methicillin-Sensitive Staphylococcus Aureus (MSSA) and Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia. Assurances were provided that, despite the fall in COVID infection rates, regular audits were being carried out on hand hygiene, social distancing and the use of Personal Protective Equipment (PPE) to ensure IPC principles continued to be adhered to.
2. The Committee received an update on recent mortality performance. It was noted that the Trust was currently showing as above expected levels in the Hospital Standardised Mortality Ratio (HSMR) measure but, when COVID-19 was factored out, was performing well within expected tolerances. Members were also informed that the Trust had recently expanded its base of clinicians who were able to carry out Structured Judgement Reviews and was exploring whether this could be further expanded to include senior nursing and allied health professional colleagues.
3. The Committee members received an update on patient safety and experience matters. Members noted there had been an increase in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reportable incidents and that the main themes, pressure ulcers and falls, continued to be monitored closely. Members were also informed that a significant number of the Trust's Quality Governance meetings would be reinstated over coming months, following their temporary suspension earlier in the year due to the COVID-19 pandemic, and that discussions were in progress regarding the commencement of the Patient Safety Incident Reporting Framework (PSIRF), which would replace the Serious Incidents Requiring Investigation (SIRI) Panels.
4. A presentation was provided to the Committee regarding the development of the COVID Virtual Ward that had been established in late 2020 to ease pressure on the system over the winter period. Members noted that the virtual ward had been a success, with uniformly positive feedback provided by patients, and had already been presented as best practice to both regional and national groups. It was confirmed that

plans were already underway for the same model to be adapted for a number of other treatment pathways.

Dan Byrne, Corporate Governance Officer, 30 April 2021

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

Item 67

12 May 2021

Purpose Information Assurance

Title	Audit Committee Information Report
Author	Mr M Pugh, Corporate Governance Officer
Executive sponsor	Mr R Smyth, Non-Executive Director, Committee Chair

Summary: The report sets out the matters discussed and decisions made at the Audit Committee meeting held on 12 January 2021.

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Audit Committee Update

At the meeting of the Audit Committee held on 12 January 2021 members considered the following matters:

1. The internal audit report listed below was presented to the Committee:

   a) Catering Services (Financial Procedure) - **Limited Assurance**

   Members noted that owing to the COVID-19 pandemic, any audits that were not able to be undertaken would be moved into the first quarter of 2021/22 (April to June 2021). In relation to the Head of Internal Audit Opinion, members noted that the Trust had agreed to work with internal audit colleagues to ensure sufficient evidence is submitted by bringing forward as many other non-clinical audits as possible.

2. Members were informed that following the updates to and benchmarking of the Consultant Job Planning policy, it had been approved by the Deputy Medical Directors and was to be presented to the Local Medical Group and then to the Policy Council for publication.

3. The Committee received the progress report from the new external auditors, Mazars, highlighting the work that had taken place since taking over from Grant Thornton LLP. Members were informed that the previous auditors had provided a limitation of scope for the 2019/20 accounts due to the inability to undertake an audit of the Trust's inventory and confirmed that this would have an effect on the opening balances for the audit of the current year and the overall audit for 2020/21. Members also noted that there was currently no information available in relation to the development of the Quality Account and it was explained that an interim visit would be undertaken to allow work needed on the financial systems and some early testing on transactions to take place.

4. Members received the Anti-Fraud Service Progress Report and noted the progress being made in relation to referrals and investigations. The Committee members discussed the potential for fraud due to the number of scams involving the pandemic and noted that the Trust had not fallen foul of any to date. It was agreed that the Trust would raise awareness of potential scams that had the possibility of their impacts to members of the public (patients and visitors).

5. The Committee were updated on the Draft 202/21 Annual Report and Accounts timetable, noting that the accounts timetable had not yet been issued by NHSE/I and it was expected to be a similar timetable to the one received for 2019/20. It was proposed circulating the timetable outside of the meeting rather than waiting until the next meeting.

6. Members were also informed that NHSE/I had not yet issued their template set of accounting policies and were advised that any changes would have little impact on the current 2019/20 policy. It was proposed that the draft accounting policies be shared with members once the final template was issued.
7. Members were provided a copy of the Waivers Report and feedback sought to help shape future reports. It was noted that a large number of wavers were due to the ongoing COVID-19 pandemic and this was likely to reduce as the pandemic subsided.
8. Committee members also received copies of the minutes from the Quality Committee and the Finance and Performance Committee.

At the meeting of the Audit Committee held on 13 April 2021 members considered the following matters:

1. Management Responses to Internal Audit Reports: Catering Services
2. Internal Audit Progress Report and Follow-Up Tracker
3. Internal Audit Charter 2021/22
4. Draft Internal Audit Plan 2021/2
5. Legal Services Review Update
6. External Audit Progress Report
7. Anti-Fraud Service Progress Report
8. Anti-Fraud Workplan 2021/22
9. Waivers Report
10. Draft 2020/21 Annual Report and Accounts Timetable
11. Review of Accounting Policies
12. Draft Annual Governance Statement 2020/21
13. Draft Going Concern Report
14. Quality Committee minutes
15. Finance and Performance Committee minutes

A more detailed report from this meeting will be provided at the next Board meeting.

Martyn Pugh, Corporate Governance Officer, 12 May 2021

TRUST BOARD REPORT

Item 68

12 May 2021

Purpose Information
Assurance

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

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

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Previously Considered by: NA

Trust Charitable Funds Committee Update

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

1. The Committee received the ELHT&me Annual Accounts for 2019/20, members noted a series of minor amendments that had been made following their initial presentation at the previous meeting. Members also confirmed that they were content to recommend the Annual Accounts for approval by Board members after the meeting.
2. A draft copy of the ELHT&me Annual Report for 2019/20 was presented to the Committee for comments and feedback. Members noted and approved a number of minor amendments proposed by the Trust's external auditors prior to the meeting and confirmed they were content for the Annual Report to be circulated to Board members for approval.
3. The Committee received a copy of a letter of representation for ELHT&me and confirmed they were content for it to be forwarded to the Trust's external auditors to allow them to release their certificate in a timely manner.
4. An update on the recent activities of the ELHT&me Fundraising Manager was presented to members. It was noted that the Charity had recently diversified its approach to raising funds in response to the challenges caused by the COVID-19 pandemic and had recently received a substantial amount of donations both from the public and from a number corporate sponsors.
5. Due to the short timeframe available before the deadline for submission of the ELHT&me Annual Accounts and Annual Report members requested that both documents were amended as agreed and circulated to Board members for approval as soon as possible. This has since been completed and the documents were submitted to the Charity Commission in line with the required timeframes.

At the meeting of the Trust Charitable Funds Committee held on 28 April 2021 members considered the following matters:

1. Report of the Investment Manager
2. Applications to Use Funds, Fund Performance and Utilisation Report
3. Transfer of Funds from Mackenzie Medical Centre to ELHT&me

4. ELHT&me Report
5. ELHT&me Strategic Plan 2021-23
6. Surgical Robot Funding Update
7. New Staff Lottery Proposal
8. Charity Risk Policy
9. Charity Complaints Policy
10. Any Other Business: Union Representation at Future Meetings

A more detailed report from this meeting will be provided at the next Board meeting.

Dan Byrne, Corporate Governance Officer, 04 May 2021

TRUST BOARD REPORT

Item 69

12 May 2021

Purpose Information

Title	Remuneration Committee Information Report
Author	Miss K Ingham, Acting Head of Corporate Governance
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The list of matters discussed at the Remuneration Committee held on 10 March 2021 are presented for Board members' information.

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

Report linkages

Related strategic aim and corporate objective	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 10 March 2021 members considered the following matter:

   a) Executive Directors Pay Award

East Lancashire Hospitals NHS Trust
A University Teaching Trust

TRUST BOARD REPORT

Item 70

12 May 2021

Purpose Information

Title	Trust Board Part Two Information Report
Author	Miss K Ingham, Acting Head of Corporate Governance
Executive sponsor	Professor E Fairhurst, Chairman

Summary: The report details the agenda items discussed in closed session of the Board meetings held on 10 March 2021.

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

Report linkages

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

Impact

Legal	No	Financial	No
Equality	No	Confidentiality	No

Trust Board Part Two Information Report

1. At the meeting of the Trust Board on 10 March 2021, the following matters were discussed in private:
   a) Round Table Discussion: New Hospitals Programme Quarter 3 Report
   b) Round Table Discussion: White Paper on Integrating Care
   c) Round Table Discussion: Risk Appetite
   d) Business Cases: Endoscopy Technology Review
   e) Business Cases: Hybrid Endovascular Theatre
   f) Nosocomial Infection Update Report
   g) Performance: Field Tested Standards
   h) National Staff Survey Results 2020
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.